

PLUG INTO PLAY

AN NWSRA VIRTUAL PROGRAM



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PLUG INTO PLAY

An NWSRA Virtual Program

Northwest Chicago, IL

Introduction and Background

NWSRA (Northwest Special Recreation Association) has enriched the lives of children and adults with disabilities by providing exceptional recreational opportunities over its 44-year history. Located in the northwest suburbs of Chicago, NWSRA serves 17 Park Districts in the area. Through the expansion of programming space in collaboration with these Park Districts, current and future NWSRA sites will offer a diverse range of recreational options. In the heart of their community, individuals with disabilities have the opportunity to make friends, have fun, visit new places, learn new things, be included and celebrate their lives at NWSRA (NWSRA, n.d.).

Certified staff lead and oversee over 2,000 innovative recreational programs and services each year and receive more than 14,000 registrations annually. Programs include day camps, weekly virtual and in-person programs, trips, special events, cultural programs and more. Their fully accessible Dream Lab offers advanced technology and features virtual reality stations, 3D printing, adjustable computers, sensory pod chairs, a 70-inch iPad and more. For participants with sensory needs, a Snoezelen room (a controlled multisensory environment) provides a space for meaningful, therapeutic and productive play. Athletics are also popular at NWSRA, with more than 600 athletes competing in 16 sports. Certified staff provide the tools and leadership for individuals with disabilities to achieve their personal goals, including social skills, community integration, health & wellness, sensory integration and more (NWSRA, n.d.).

NWSRA holds the distinction of Distinguished Accredited Agency from the Illinois Park and Recreation Association, and won the National Recreation and Park Association Excellence in Inclusion Award, which is given to one organization throughout the nation that has proven its leadership in the promotion of inclusion and diversity initiatives (NWSRA, n.d.).

With an increasing need for virtual and remote programs, NWSRA now offers a wide selection of virtual programs in addition to their in-person offerings.

Plug Into Play is a series of 4-week, virtual programs being offered through NWSRA to children, teens, and young adults that meet physical, social, emotional, and leisure needs while providing a fun, educational, engaging, and inclusive environment. Topics include Cooking and Nutrition, Nature and Travel, Fitness and Wellness, Crafts, and Sensory and Music.

Needs Assessment

The participant is required to submit the NWSRA Assessment, Medications, and Medical Needs forms upon registration for programs.

Recreational Therapy is a “treatment service designed to restore, remediate and rehabilitate a person’s level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition” (ATRA, 2015). With recreation therapy’s conceptual roots being in leisure, wellbeing, and quality of life, we believe that helping individuals explore leisure opportunities, promoting well-being, and increasing one’s quality of life are essential to our practice. This comprehensive plan is composed of purposeful and meaningful programs to help individuals achieve their unique psychological, social, emotional, physical and spiritual benefits through therapeutic interventions (Stumbo, 2002) using a strengths-based approach. Examples of these potential benefits are as follows:

- Increased leisure awareness and expansion of leisure interests
- Increased community inclusion
- Improved stress management
- Opportunity to participate in inclusive and person-centered programming for all participants
- Exercise promotion
- Decreased symptoms of anxiety and depression
- Increased fine motor skills
- Increased positive social interactions with peers
- Increased self-confidence and self-esteem
- Increased cognitive skills
- Decreased sense of isolation and loneliness experienced due to COVID-19 and pandemic restrictions

Drawing from this strengths-based approach, it is also recommended that the participant take the Quality of Life Scale (Anderson, 2007), which measures “perceptions of life quality in core domains of emotional well-being, interpersonal relationships, material well-being, personal development, self-determination, social inclusion, rights, physical well-being, and an overall assessment of satisfaction with life.” (Anderson, 2012). This scale is an effective way of measuring change in the participant over time.

Theory Base

The following theories provide a conceptual base from which this comprehensive program was built upon. Drawing mainly from psychological and sociological perspectives, and utilizing a strengths-based approach, therapeutic recreation aims to draw from these theories to create a framework from which we can understand our participants better and facilitate a positive change in their well-being and quality of life.

BROADEN AND BUILD THEORY OF POSITIVE EMOTIONS

Barbara Frederickson’s theory sees positive emotions such as joy, anticipation, interest, and pride as essential for humans to flourish. By opening ourselves up to new experiences that provide opportunities for these positive emotions, such as leisure and recreation, these positive emotions broaden our outlooks and build resources that help contribute to this flourishing (Anderson & Heyne, 2012).

SELF-DETERMINATION THEORY

This program gives participants an opportunity for autonomy, self-actualization, and self-regulation, making choices in accordance with their values and acting independently, building upon their own strengths and talents to reach their full potential. Individuals have 3 basic needs related to self-determination - competence, relatedness, and autonomy (Anderson & Heyne, 2012). Through this comprehensive program, participants are provided with a wide range of activities to choose from, allowing them opportunities to meet these 3 basic needs. According to Dattilo (2008), leisure participation plays a strong role in fostering self-determination with people that have developmental disabilities. When they choose their preferred leisure activities, they have already started building self-determination. Leisure also helps participants experience enjoyment, creativity, and self-expression (Anderson & Heyne, 2012).

SELF-EFFICACY

While this theory relates mainly to the well-being of the individual, a supportive environment is also highly influential in how participants perceive their capability. The group sessions offered in this program help participants believe in their ability to succeed through Bandura's four pathways to self-efficacy:

1. Mastery experiences - presenting opportunities for individuals to excel at their favorite activities
2. Social Modeling - by observing others succeeding at skills that we would like to master, it strengthens our belief that we can also succeed.
3. Social persuasion - encouragement that reflects our abilities helps us build confidence
4. Physical and Emotional States - Feeling good both physically and emotionally helps improve self-efficacy

By motivating and setting up people to improve and reach their goals, therapeutic recreation specialists can help participants to build a sense of self-efficacy (Anderson & Heyne, 2012).

SOCIAL ROLE VALORIZATION

In Wolfensberger's theory, he believed that service providers need to improve the social value of people with disabilities by enhancing the person's social image, competencies, and skills.

Therapeutic recreation aims to achieve this through leisure activities that follow guidelines based on the principles of Social Role Valorization and its predecessor, Normalization:

1. Provide opportunities for participation in a full range of leisure activities
2. Offer participants with disabilities the same opportunities for leisure and recreation that are available to and valued by their same-age peers without disabilities
3. Provide leisure experiences that are culturally normative
4. Give participants with disabilities the opportunity to exercise their right to choose their own activities, with whom they will participate, where they will participate, and whether or not they will participate
5. Structure activities to encourage social interaction and promote friendships
6. Provide opportunities for participants to build skills, to gain confidence, and to grow personally
7. Provide roles within recreation activities that are socially valued
8. Advocate for architectural and programmatic accessibility of recreation programs and facilities

9. Use Person First language, which focuses holistically on people's attributes and capabilities, apart from any disability they may happen to have (Anderson & Heyne, 2012).

Guiding Principles

In order to systematically provide purposeful, inclusive, and individualized programming, this comprehensive plan follows a set of guiding principles adopted from theoretical frameworks and models. According to Seligman (2011), the five elements of well-being are positive emotion, engagement, relationships, meaning and achievement. These elements have the potential to bring forth happiness, flow, a sense of belonging, and satisfaction; aiding participants in achieving "the good life" (Aristotle, 2001) .

At the heart of recreation therapy is leisure exploration/participation for the purpose of well-being as seen through the many therapeutic recreation service models. For example, The Flourishing Through Leisure Model, extended from the Leisure and Well-Being Model developed by Carruthers and Hood (2007), considers the ways in which environmental and/or contextual factors influence well-being. "Grounded strongly in the ecological approach and the social model of disability, the Flourishing Through Leisure Model situates the person in the environment and outlines the scope of therapeutic recreation practice to include services directed not only toward helping the person but also toward changing social and physical environments" (Anderson & Heyne, 2012). It is the recreation therapists' job to enhance participants' leisure experiences by building participant's internal strengths while tapping into environmental resources to support the participant's progress toward greater well-being. Below are guiding principles for the recreation therapist to follow to increase participant's leisure experiences in our programs:

- All individuals shall be treated with respect and in an equitable manner.
- Intervention plans shall be individualized and based on a participant's strengths (Anderson & Heyne, 2012)
- All recreation personnel shall ensure the autonomy of participants by letting each individual have the opportunity to determine his/her own course of action in accordance with their specific intervention plan.
- "Assessment, Planning, Intervention, Evaluation, and Documentation (APIED) are the foundation of Recreational Therapy" and should be used throughout each activity program. (ATRA)
- Taken from the Broaden and Build Theory, positive emotions like curiosity and love, "broaden" one's outlook and "build" resources over time, adding value to one's life (Fredrickson, 2001). Recreation staff are responsible for creating pleasurable experiences to help cultivate well-being and provide a strong foundation for strengths-based therapeutic recreation practice.

Purpose

To create meaningful, virtual, activity-based interventions using a strengths-based approach, to help individuals with disabilities achieve optimal physical, mental, spiritual, intellectual, and emotional health and well-being. Through the therapeutic application of leisure and recreation activities and programming involving music and sensory therapy, arts and crafts, nature and travel, nutrition and cooking, and fitness and wellness, individuals can gain the skills necessary to reach their goals and aspirations.

Goals

- To provide therapeutic recreation services that focus on music/sensory, fitness and wellness, nature and travel, nutrition and cooking, and crafts.

- To provide services using a strengths-based approach to provide a theoretical framework for our programs designed to facilitate participant skill and knowledge development.
- To provide appropriate adaptations for participants to fully participate in programming.
- To provide services using evidence-based practices for up-to-date and improved activities/patient care.
- To improve participants' quality of life and well-being
- To help participants think and act beyond their disabilities and to experience autonomy.
- To increase participants' confidence in decision making.
- To increase participants' social and community engagement skills.
- To educate participants on the different leisure/recreation opportunities available to them.

Projected Outcomes for Participants

Through participation in this comprehensive plan:

- Participants will increase their leisure awareness.
- Participants will demonstrate development in well-being on measures of mental health.
- Participants will demonstrate development in well-being on measures of physical health.
- Participants will demonstrate development in well-being on measures of social skills attainment.
- Participants will demonstrate development in well-being on measures of spiritual health/stress management.
- Participants will demonstrate development in well-being on measures of cognitive health.
- Participants will be able to identify the positive impacts recreation therapy has had on their quality of life.
- Participants will be able to recognize and utilize their strengths in recreation/leisure activities and also in activities of daily living.

Mission

To provide outstanding opportunities through recreation for children and adults with disabilities. (NWSRA, n.d.)

Vision

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

Values

Advocacy	Engagement
Collaboration	Enthusiasm
Communication	Equality
Community	Inclusivity
Creativity	Leisure
Confidentiality	Quality of Life
Diversity	Respect

Strengths

Well-being

Teamwork

Wellness

Program Impact Statement

Individuals participating in this comprehensive plan will have the opportunity to virtually engage in programming that is person-centered and inclusive of all abilities. Participants can expect to see improvements in physical, cognitive, spiritual, emotional, and social well-being through physical exercise, relaxation techniques, arts and crafts, nutrition-based activities, and music and sensory therapy-based activity plans. Improvements in the five domains of well-being can result in restored/improved functioning, enhanced sense of meaning, higher energy levels, increased goal-setting skills, and decreased feelings of isolation and loneliness. The skills gained through this comprehensive plan can be utilized during programming and in activities of daily living.

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Authors

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Specific Program Protocols

Title
Be Well: Discover A Happier, Healthier You
Brief Description of TR Service/Program
<p>Program participants will join a virtual Zoom session with at least two recreation therapists and up to 15 participants (if the program has more than 15 participants, the breakout room feature on Zoom can be utilized). With the stresses of everyday life and the pressures of being a teenager/young adult, it can be easy to overlook the need for fitness and wellness, which is vital for physical, mental, and emotional well-being. Participants will experience four different Fitness & Wellness sessions including the therapeutic use of exercise, self-care bingo, yoga, and a session incorporating relaxation and mindfulness practices. These activities will reinforce the importance of integrating fitness and wellness activities into one's daily routine by introducing participants to different types of fitness/wellness activities and teaching them wellness practices they can do independently or in their home.</p>
Research on Efficacy/Literature Review Summary
<p>Therapeutic use of exercise</p> <p>While all teens are at risk of obesity, teens with disabilities are disproportionately affected. Murphy and Carbone found that 18% of children and adolescents in the United States that have a chronic condition, may experience limited participation in fitness activities. Due to their limited participation in fitness activities, adolescents with disabilities may experience a more sedentary lifestyle that results in lower levels of muscle endurance, and lower levels of cardiorespiratory fitness (Murphy & Carbone, 2008). However, studies that highlight the benefits of exercise for individuals with disabilities are promising as it can improve flexibility, produce optimal body composition, and increase endurance. The therapeutic use of exercise is planned, intentional, and structured movements that can improve and/or maintain one's physical fitness according to their needs and abilities. This form of exercise can be implemented in group recreation settings like group exercise classes at a local community center, or they can be implemented through adaptive sports teams like wheelchair basketball and power soccer. Depending upon the equipment available and the participant needs, the therapeutic use of exercise can also be applied in a one on one setting with a recreation therapist or at home doing weight training and resistance band workouts. Other examples of therapeutic exercises can be aquatic therapy, therapeutic riding, adapted yoga, Tai Chi, walking, and dancing. Research has found that individuals with disabilities tend to experience more physical and environmental barriers to staying active, proving the need for therapeutic exercise programs within recreation and communal facilities to increase adherence to therapeutic use of exercise (CDC, n.d.). The CDC suggests that individuals with disabilities participate in activities that best meet their abilities and needs but that it's important to include aerobic physical activities that increase breathing and heart rate and to start slowly based on fitness level and abilities.</p> <p>Exercise and Fitness for Adults with Developmental Disabilities</p> <p>Individuals with developmental disabilities tend to participate in mainly sedentary activities, such as watching TV or listening to music. This, combined with limited access to fitness opportunities, can lead to low levels of physical fitness, resulting in obesity, diabetes, high blood pressure and cholesterol, and cardiovascular disorders, among other health issues. Individuals with developmental disabilities typically display cardiovascular fitness levels lower than their peers without disabilities.</p> <p>Full inclusion in recreation is a key aspect of life satisfaction, and interviews with individuals with disabilities suggest that those who are more regularly involved in recreation activities are significantly more satisfied with their lives, and integration and independence are essential in how they define quality of life. Research on barriers has shown that practices that promote delivery of inclusive programs include: hiring qualified professionals (CTRSs), collaborative planning, networking, advocacy, inclusive marketing strategies, mission and goal statements, transportation</p>

assistance, staff training, accessible facilities, and documentation of outcomes. Programmatic practices such as adaptations, orientation, behavioral reinforcement and peer partners also tend to promote inclusion opportunities and increase exercise adherence.

A 2004 report by Carter et al. describes the development and results of a group fitness program with 11 adults with developmental disabilities. The main focus of the project was to determine if a community-based fitness program would result in improved health and fitness levels of adults with developmental disabilities and also to identify inclusion practices that may be helpful in the design and delivery of the program at a rural community recreation facility.

A CTRS and a graduate assistant implemented the 11-week program, which included orientation activities during the first week, followed by 10 weeks of exercise sessions. The protocol consisted of 30 minutes of cardiovascular exercise and 30 minutes of weight training. Each session included warm-up, cardiovascular training, weight training, and cool down. Group stretching and flexibility exercises were used for warm-up and cool down. Delivery of the exercise sessions used the APIE process, peer partners, activity orientations, behavioral techniques, and adaptations which helped enable functional inclusion and took steps toward social inclusion.

Following the 11-week program, eleven (11) participants (ages 29-69) completed the post-tests. Six of the 11 participants attended 50 percent (11) or more of the 22 sessions. Results were mixed, however the exercise program appeared to positively impact participant weight, blood pressure levels, and resting heart rate. The impact on total cholesterol and blood sugar levels was varied for participants who attended at least 50 percent of the sessions. The program, therefore, appeared to be somewhat effective in improving the health and fitness levels of those adults who participated in at least half of the 11 week experience. A second focus was to determine which inclusion practices were helpful to the implementation of a group fitness program at a community recreation center during normal operating hours. The results confirmed the limitations of community-based programs as previously reported, but validated other best practices relating to inclusion such as: personalized social support, collaborative planning and networking, and the use of CTRSs, orientation and practice (the use of familiarization), behavioral strategies, adaptations in session length or routines, and documentation. In summary, this study, in combination with previous research, has found that group fitness interventions, under the supervision and guidance of a CTRS, can provide opportunities for inclusion while promoting health and quality of life (Carter et al., 2004)

Wellness

One of the core values and concepts on which we base our therapeutic recreation practice is quality of life. Quality of life, on an individual level, is the degree of enjoyment and satisfaction experienced in everyday life such as embracing health, as well as taking into account the quality of one's social life and leisure time (Anderson & Heyne, 2012). One of the components of quality of life is physical well-being (including wellness and leisure/recreation). The Global Wellness Institute defines wellness as the active pursuit of activities, choices and lifestyles that lead to a state of holistic health" (Global Wellness Institute, n.d.), illustrating how individuals must continually and intentionally choose to work toward having optimal health. While wellness is an individual choice, it is also impacted by our personal abilities, needs, cultural backgrounds, our community, and our social and physical environment. Unfortunately, studies show that people with disabilities face difficulties accessing fitness programs, fitness equipment, and fitness services (Rimmer, 2017).

Research shows that individuals with disabilities benefit greatly from physical activity but their lack of access often leads to a sedentary lifestyle, which can lead to the amplification of a primary or secondary disability/dysfunction. Nonetheless, participation in physical activities can lead to increased cardiovascular endurance, increased muscular strength, increased muscular endurance, and increased flexibility, all which increase overall wellness (Dattilo & McKenney, 2016). Recreation and wellness activities also support one's social and emotional domain as group fitness exercises, sports clubs/teams, and breathing techniques, for example, have the potential to meet functional, expressive, and leisure needs (Dattilo & McKenney, 2016).

Self-Care

According to the World Health Organization, self-care is defined as “the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider”. Self-care is a broad concept which can include hygiene, nutrition, lifestyle, habits, and other factors. It can also relate to the individual (empowerment, autonomy, etc.) as well as the greater community (WHO, 2021).

Various physical interventions such as exercise, yoga, and maintaining a healthy diet, along with mental exercises including mindfulness, journaling, and other inventions, can make a positive impact on overall well-being. Evidence has shown that techniques such as mindful meditation have even been proven to change the structure and function of the brain, resulting in reduced anxiety, depression, and stress (Beresin, 2019).

Teens and young adults are more stressed out today than ever before (American Psychological Association, 2014), due to a combination of world events, school and work demands, and social and family pressures. Educating youth about the benefits of wellness and self-care can make a lasting impact on their quality of life, helping them to avoid depression, anxiety, obesity, diabetes, and other health problems later in life.

Yoga for adults with intellectual and developmental disabilities

Adults with IDD (intellectual and developmental disabilities) show signs and symptoms of premature aging at an accelerated rate compared to the general population. They are prone to physical decline in sensorimotor skills, coordination, muscular strength, flexibility, and balance in part due to physical inactivity. Due to these limitations, adults with IDD may have difficulty with activities required for work, recreation, and independent living. The capacity to safely and independently perform daily physical activities is known as functional fitness.

To improve functional fitness in individuals with IDD, it is recommended that physical activity be focused on social activities that are age appropriate and feature balance, flexibility, and strength training. Low- to moderate-intensity exercises should target major muscle groups for approximately 2½ hours per week. One example of this is hatha yoga, which has been shown to improve functional fitness in adults with brain injuries after 6 weeks.

A study by Reina et al. (2020) examined the benefits of a group yoga intervention on the functional fitness of adults with IDD. This yoga intervention was developed, standardized, and taught by a team of certified yoga teachers and a yoga therapist, and included 12 sessions of yoga over 7 weeks (60-min sessions twice a week). The functional fitness test was used to examine physical functioning before and after the yoga intervention. The yoga intervention targeted muscular strength and balance. Participants could choose hands-on assistance, modifications, and alternatives to yoga postures, while utilizing props such as chairs, wall space, straps, and bolsters for modification. A supine relaxation pose ended all sessions.

Eight adults (average age 31) completed the pre- and post-yoga assessments. There were significant improvements in lower-body strength, upper-body strength, and agility and balance, which is particularly important in this population due to increased risk of falls at younger ages. Functional fitness often declines for people with IDD at a faster rate than the general population; and these results indicate that yoga may improve functional fitness for people with IDD. Although flexibility and endurance did not significantly improve post-yoga intervention, lower-body flexibility still improved by 47%. Some of the participants in the current study were also involved in other forms of exercises which may have contributed to improvements.

Despite the study’s limitations including small sample size and lack of a control group, this study provides indications that yoga may be an effective approach to increasing functional fitness in adults with IDD, including improved physical strength, flexibility, endurance, and agility and balance. (Reina et al., 2020)

Yoga for physical and mental health

While yoga originated in India over 5,000 year ago, it has become a widely practiced discipline providing mental, spiritual and physical benefits. “...Researchers have demonstrated the therapeutic efficacy of yoga for improving a host of mental health conditions ranging from post-traumatic stress disorder, depression and schizophrenia. Similar benefits have been documented regarding the physical health benefits of yoga...” (Hawkins et al., 2012). Yoga creates a

mind-body experience comprising stretches, postures, deep breathing and meditation that can be modified and adapted to an individual's needs and abilities. For example, yoga postures, or asanas, can be practiced standing, sitting on a mat, or even using a chair, at your own pace. Yoga has been known to reduce stress and muscle strain, proving it effective for a wide variety of individuals. Yoga may differ from other physical activities/exercises in that it develops muscle evenly over time to support flexibility, reduces stress on the respiratory system/lungs and heart, reduces cortisol levels and produces better cognition (White Swan Foundation, n.d.). Individuals that practice yoga often stress the purposeful incorporation of implementing the techniques used in their practice into other aspects of their life (in "Effect of yoga practices on psycho-motor abilities among intellectually disabled children").

Pise, Pradhan, and Gharote note that yoga can indirectly support other areas of physical and mental health and wellness that may not be obvious while practicing. For example, the authors found that yoga increases static balance, agility, reaction time, and hand eye coordination while reducing stress, tiredness and tension in teens after only three months of practice (Pise et al., 2018). Research shows yoga can benefit all individuals regardless of age and ability, but it is important to introduce the basics of yoga to teens who join therapeutic recreation programs to provide them with tools they can use with the group and independently to aid in overall wellness.

Mindful Breathing & Meditation

Results of data from a 2017 survey by the American Psychological Association revealed that teen stress is nearly as problematic as adult stress. Teens acknowledge these levels of stress, but underestimate the detrimental effects it has on their health and well-being. Among these sources of stress are school, getting into college, financial concerns, and peer pressure. This stress can lead to insomnia, overeating and/or skipping meals, and fatigue (Smith, 2020). Constant stress in our daily lives can build up over time and cause numerous physical (high blood pressure, weakened immune system) and mental (anxiety, depression) issues.

Deep breathing that occurs during meditation encourages full oxygen exchange which can slow the heartbeat and lower or stabilize blood pressure ("Relaxation Techniques", 2020). A 2016 study by Ryu et al. looked at the effect of daily mindful breathing practices on students who had test anxiety. A total of 36 participants were randomly assigned to either a) mindful breathing training b) a cognitive reappraisal training, or c) a non-training control group. After taking one educational session each of the participants did their own practice for 6 days. The results indicated that both mindful breathing and cognitive reappraisal showed significant effectiveness in reducing test anxiety. In addition, the mindful breathing group also scored significantly higher on positive thoughts than the other groups (Cho et al., 2016).

In addition, use of a mantra (a word or phrase that is repeated) is a powerful meditation tool as it helps you focus on one task while your body calms and adjusts to the pace of your breathing and pulse rate (Albrecht, 2018). Neuroscientists, using advanced brain-imaging tools, are beginning to understand its health benefits, which include calming the nervous system. To understand how mantra meditation affects the brain, Swedish researchers measured activity in a region of the brain called the default mode network—the area that's active during self-reflection and mind wandering. An overactive default mode network can mean that the brain is distracted—not calmed or focused. In their study, a group of subjects took part in a kundalini yoga course that included six 90-minute sessions over two weeks. Each session began with breathing and finished with 11 minutes of mantra meditation. The same group also performed a control condition in which they were told to press buttons slowly on a keypad. It was found that the participants' default mode networks were more suppressed during the mantra meditation than the control exercise – and this suppression grew as the mantra training increased. Herbert Benson, professor of medicine at Harvard Medical School, has also been researching meditation since the 1970s, particularly what brings on a meditative state, which he calls the 'relaxation response'. He has found that no matter what word or phrase a practitioner repeats, the effects are the same: relaxation and better coping skills for life's stressful situations (Moran, 2018).

Nature-Based Guided Imagery

Anxiety is described as one of the world's most debilitating mental health issues (World Health Organization, 2011)

and extensive research has been done in this area to find effective interventions. Spending time in nature has been found to be particularly beneficial for psychological health and wellbeing, and has been found to have anxiolytic effects. However, in some situations (e.g. living in an urban environment), spending time in nature is not possible. In these situations Guided imagery (GI) has also proven to be effective for reducing anxiety symptoms. GI is a relaxation technique that helps manage stress and tension within the body by visualizing peaceful settings (Nguyen & Brymer, 2018).

In a recent study by Nguyen and Brymer (2018), 48 participants (ages 19–71) with moderate levels of anxiety undertook both a nature-based GI session and a traditional (non-nature-based, 'urban') GI session. Pre- and post-state anxiety levels were measured and the results indicated that post-state anxiety scores were significantly lower for both GI conditions, but anxiety reduction was greater in the nature-based GI. These results indicate that nature-based GI interventions are effective interventions for anxiety that are also cost-effective and easily accessible (Nguyen & Brymer, 2018).

Participants in this study were asked to evoke sensory experiences of their imagined environment, such as noticing smells and sounds. Research has shown that under some circumstances, GI events are experienced as actual events (Kealy and Arbuthnott, 2003). This may be because the characteristics of GI events, such as the sensory and environmental detail, are similar to actual events. In these instances, imagery might actually be more effective than experiencing the real context because in imagery a participant might focus on the most meaningful characteristics of the environment rather than the unpleasant aspects. Evidence suggests that direct contact with nature is preferred as a psychological intervention intended to develop positive behavior. However, if this is not possible, then nature-based guided imagery is also highly beneficial (Nguyen & Brymer, 2018).

Progressive Muscle Relaxation

Adolescent stress is a growing area of interest and importance. Exposure to stress can cause a range of both physical and mental health problems in adolescents and is also related to the instigation of risky and aggressive behavior.

A 2005 study by Nickel et al., aimed to determine the effectiveness of progressive muscle relaxation (PMR) for anger in stressed male adolescents. PMR was used for 8 weeks for a randomly selected group of 40 out of 81 participants, while the other 41 formed the control group. The experiment group took 30-min PMR sessions twice weekly over the 8 weeks. The PMR process involved 2 steps: 1) applying tension to certain muscle groups and then 2) releasing the tension while focusing on how the muscles relaxed during the process. The participants also received instructions for practicing a shortened version (15 min) twice daily at home. The control group was prescribed movement with their extremities as a placebo intervention, also in 30-min sessions twice weekly. This group also received instructions for daily practice at home, using a shortened series of exercises (Nickel et al., 2005).

Treatment with PMR resulted in significant reductions in salivary cortisol concentration in comparison with the control group. In addition, the vitality (VITA), social activities (SOFU) and emotional problems (ROEM) that interfered with work or other daily activities and even mental health (PSYC) improved significantly. The time restrictions and low time commitment promote compliance. The subjects showed a significant reduction of aggression following treatment. Additionally, participants learned a relaxation technique that could be used in their daily lives as needed (Nickel et al., 2005).

Gratitude Journaling

Various studies have shown a link between gratitude and well-being, mood, and life satisfaction. A 1999 Gallup survey revealed that more than 90% of American teens and adults found expressions of gratitude made them happy. Gratitude interventions have been found to not only have emotional benefits such as decreased anxiety, but physical benefits as well, such as improved sleep quality and quantity (Nelson & Harvey, 2003). Froh and Kashdan et al. (2009) and Froh and Yurkewicz et al. (2009) also found a correlation between gratitude in youth and well-being and relationships (Wood et al., 2010).

The most standard gratitude intervention, and the one that has been the most researched, involves writing lists of things for which one is grateful. Feedback from participants often reveals that this technique is enjoyable and

self-reinforcing, therefore motivating them to continue the exercise on their own after the intervention is over (Seligman, 2005). This is one of the key findings, as even though clinical techniques are still found to be highly effective, participants are more willing to comply with gratitude interventions, indicating that they may even be more effective in specific situations (Wood et al., 2010).

In a 2008 study by Froh, Sefick, and Emmons, eleven classes of school children (ages 11–14) were randomly assigned to one of three groups over a 14 day intervention: (1) listing up to five things for which the participant was grateful, (2) listing five difficulties, and (3) no-treatment control. Compared to the other groups, the gratitude group reported a more positive attitude and satisfaction with their school experience, which is known to relate to both academic and social success (Verkuyten & Thijs, 2002). This was evident at the end of the study as well as at the 3-week follow-up (Wood et al., 2010).

Numerous studies using fMRI have shown that gratitude activates multiple regions of the brain, including those for moral reasoning, fairness, empathy, and psychological well-being. Participants who kept gratitude journals complained less about health, spent more time exercising, and had fewer symptoms of illness. Additional studies showed improved quality and quantity of sleep (Roszak Burton, 2020).

Another 10-week study compared participants who kept a daily gratitude journal and those who didn't. Participants in the gratitude group showed a 25 percent boost in happiness. Follow-up studies also found that those who regularly showed gratitude exercised more and achieved more goals (Conger, 2020).

Referral Criteria

Participants can be referred if they are diagnosed as having an intellectual, developmental, physical and/or sensory disabilities. Program participants will be placed in a teen group ages 13-22 years old.

Goals

- To explore new recreation/leisure interests
- To develop awareness of healthy techniques to manage stress
- To understand the value and importance of a healthy lifestyle
- To learn and utilize skills of progressive muscle relaxation, gratitude journaling, meditation, and breathing
- To increase understanding of the meaning of 'wellness' and wellness activities
- To increase self-confidence and self-esteem

Measurable Objectives

- Each participant will share with the group at least five wellness activities when prompted by the CTRS during the debrief 100% of the time.
- Participants will share or describe to the group at least two yoga poses they enjoyed doing when prompted by the CTRS during the debrief.
- Participants will share with the group at least one exercise move that made them feel empowered with the group when prompted by the CTRS during the debrief.
- Participants will be able to describe or demonstrate at least one technique that can help them manage stress, when prompted by the CTRS.
- During processing, each participant will be able to identify at least two ways they can positively manage their personal fitness/wellness after program participation a minimum of 80% of the time.

Time Required

Prior to participating in the program, participants will meet virtually 1:1 with the Recreation Therapist to complete an intake assessment.

Before and after participating in the A to Z Workout or Yoga for You sessions, the CTRS or home support will take participant's heart rate, or time a participant walking 50 feet pre- and post- program.

There will be a total of four, 60 minute sessions; two with a focus on physical health and two with a focus on enhancing overall well-being.

Session 1: Self-Care Bingo

Session 2: A to Z Workout - Therapeutic Use of Exercise

Session 3: Yoga for You - Yoga

Session 4: The Chill Zone – Relaxation and Mindfulness Practices

Materials, Equipment, and Resources Needed

- Self-Care Bingo Card
- Chair
- Bingo chips/markers
- Writing utensil
- Piece of paper

Activities (Content)

Session 1: Self-Care Bingo

It is important for teenagers to learn the importance of the many different wellness activities they can participate in to help manage stress and remain healthy. The session will include a variety of self-care activities presented on a bingo card as a mode to help increase leisure awareness and learn about what their peers do to practice healthy habits for physical, emotional, and mental well-being.

Session 2: A to Z Workout - Therapeutic Use of Exercise

The Center for Disease Control (CDC) notes that “children and adults with mobility limitations and intellectual or learning disabilities are at greatest risk for obesity” and that “20% of children 10 through 17 years of age who have special health care needs are obese compared with 15% of children of the same ages without special health care needs” (CDC, 2019). As evidenced, obesity is a complex, widespread problem that disproportionately impacts teens/young adults. A healthy way to combat obesity and to increase mental and physical well-being is to become more physically active. In this 60-minute session participants will learn and participate in fun and effective ways to workout at home with just their bodies.

Session 3: Yoga for You – Yoga

“Yoga is essentially a spiritual discipline based on an extremely subtle science, which focuses on bringing harmony between mind and body. It is an art and science of healthy living” (Basavaraddi, 2015). This program is designed to enhance the participants physical and spiritual well-being by introducing them to powerful seated postures and relaxing breathing techniques that will increase their yoga skills while also equipping participants with transferable skills for other leisure/recreation programs and the outside world. Rooted in the principles of positive psychology, “yoga has been shown to have important psychological benefits, as the practice of yoga can help to increase mental energy and positive feelings, and decrease negative feelings of aggressiveness, depression and anxiety” (McClafferty, 2017), and in this 60-minute seated yoga session, participants will gain an understanding of the ways they can participate in yoga to begin to experience yoga's many benefits.

Session 4: The Chill Zone – Relaxation and Mindfulness Practices

This program will introduce a variety of self-care activities to help participants relax, de-stress, and find peace of mind. Mindfulness training is a potentially powerful therapeutic recreation (TR) intervention that can enhance the well-being

of clients... TR practitioners can help clients acquire the mindfulness skills necessary to increase their positive emotion, decrease unnecessary suffering, and create a life of personal growth and meaning” (Carruthers & Good, 2011). Participants will be taught simple yet effective meditation and breathing techniques, muscle relaxation, visual meditation, and gratitude journaling so that they can be used in their everyday routine.

Methods (Process)

SESSION 1: SELF-CARE BINGO

A pdf of the Bingo card (see Annex) should be pre-distributed to attendees, which they can print out or mark up digitally. If facilitating a small group (less than 8 participants) who are tech-savvy, boards can be simultaneously shared via the meeting platform (Zoom, etc).

The CTRS will greet the group warmly and give a brief introduction to the concept of self-care.

“Hello everyone and welcome to Self-Care Bingo. Today we’re going to have fun but also learn about ways we can make ourselves feel better mentally, physically, and emotionally. Does everyone understand what we mean by ‘self-care’? Can anyone give an example of something you can do that is considered self-care?” (Facilitator should also give examples and explain why they are related to self-care)

The CTRS begins the game by randomly selecting squares on the Bingo card. Participants should mark each activity they’ve done in the past 2 weeks with an ‘X’.

“Ok, let’s get started. I’m going to pick randomly selected squares on the Bingo card, and if it’s something you’ve done in the past two weeks, mark it on your card with an ‘X’. We’re going to aim to get 5 in a row – whether it’s horizontal, vertical, or diagonal. Once you get 5 in a row call out ‘Bingo!’”

Facilitator begins calling out squares and asking each of the participants if it’s something they’ve done recently and to discuss how the activity contributes to self-care and/or how it affected them physically, emotionally, etc. There are also activities that can be done as a group during the session – the facilitator will lead these activities (i.e. ‘tried a new yoga pose’) and all who participate can place an ‘X’ on those spaces.

At the end of the game the CTRS asks the winner to lead the group in a favorite self-care activity (if the selected activity is not able to be done as a group, they can describe to the others how to do it for future participation).

End with a summary of what has been learned and debriefing questions

“Ok great job everyone. What did you like about this activity? For all the squares you haven’t marked with an X, are there any activities that you would like to start doing in the future? What are some of the benefits of self-care? How can you add more self-care into your everyday lives?”

SESSION 2: A TO Z WORKOUT

The A to Z Workout session will begin with an overall description and explanation of the therapeutic use of exercise and the five components of health-related fitness. The CTRS should explain how the five components of health-related fitness can improve one’s overall health and wellness and to give examples of exercises associated with each component. The CTRS will explain how incorporating exercise into one’s everyday routine can increase overall health and wellness. The CTRS will go over program goals which are to increase leisure awareness, to engage in physical activity, and to identify physical skills for improvement. Most importantly, the CTRS will remind participants to only do what’s best for their bodies and to ensure the group members are dressed in appropriate workout attire. (i.e. loose/breathable clothing, tennis shoes) The CTRS should also encourage participants to have water nearby and to take breaks, as needed.

Next, the CTRS will begin the warm-up to help the group become more acquainted and to prepare for the group exercise. An example of an appropriate warm up can be: *when asked by the CTRS, participants will be asked to share a physical activity they’d like to be more proficient in, whether it is an exercise, a sport, or simply an aspect of daily living.*

Once the warm-up activity is complete the CTRS should go into the group exercise activity. The CTRS will explain to the

group that the activity will be an A to Z letter workout in which the group will go through each letter of the alphabet. For each letter the group will have an exercise to do for 5-10 repetitions, dependent upon group needs and abilities. The CTRS should have modified exercises prepared for each letter. The CTRS should also encourage participants to think of other exercises for each letter. During the debrief participants can share which exercises they most enjoyed doing and which exercises they'd like to do in the future.

- A – Alternating back lunge/if seated, leg raise
- B – Butt kicks/if seated, try to touch your heel to your hand
- C – Crunch/if seated, bring knee to opposite elbow and alternate sides
- D – Dance
- E – Standing crossbody elbow to knee/if seated, bring knee to opposite elbow and alternate sides
- F – Front to back jump/if seated, lean forward and back
- G – Goblet squats/if seated, quad squeeze
- H – High knees/if seated, march in the chair
- I – Inch worm push-ups/if seated, push away from the table
- J – Jump rope/if seated, rotate wrists like you're jumping rope
- K – Kettlebell swings/if seated, mimic the movement
- L – Leg lifts/if seated, lift your legs as high as you can off the group
- M – Mountain climbers/if seated, mimic climbing a mountain
- N – Nothing, 30 second break!
- O – Overhead tricep extension
- P – Plank/if seated, do seated mountain pose
- Q – Quick feet/if seated, tap your feet on the ground quickly
- R – Run/if seated, pump your arms in a running motion
- S – Squat/if seated, lift your heels to add more weight on your toes
- T – Toe Touches/if seated, try to touch your toes as far as you can go
- U – Upright rows
- V – V-sit/if seated, make a V-shape with your arms in the air
- W – Wall sit/if seated, sit up straight and engage your core
- X – X abs (alternating jackknives), if seated, do side twists in the chair
- Y – Yoga pose/if seated, do a chair yoga pose
- Z – Zero activities left!

Debriefing questions: What makes exercise important? What exercises were your favorites? What exercises were too difficult? What exercises do you want to do more of? What exercises can you start doing on your own at home? What exercises will help you build the skills that you need? What can fitness do for your well-being?

SESSION 3: YOGA FOR YOU

The yoga session will begin with the CTRS greeting all participants and asking them to make sure they are in a quiet and comfortable space for the yoga session. The CTRS can even encourage the participants to dim the lights in their homes to create a calming environment. The CTRS should inform participants that for today's exercise they'll need a chair but can also use a yoga strap, yoga blocks, or a towel and textbooks if they don't have the yoga equipment. The CTRS should start the session by telling participants the mental, physical and spiritual benefits of yoga and how practicing yoga can aid in achieving transferable skills and reaching other goals. The CTRS will ensure participants are dressed in breathable/moveable clothing and that they have water nearby. The first step of practicing yoga for many yogis is setting an intention for the day's practice. An intention is the goal you set for yourself while practicing yoga; whether it's simply to breathe or to hold a challenging post for an extended period of time.

For the warm-up activity, participants will take some time to share their name and their intention for the day's practice with the group when prompted by the facilitator. Once everyone has shared, the CTRS can ask all participants to sit in their chairs, mute themselves, and the CTRS can play relaxing music from their computer for all participants to hear. While this aspect of the practice isn't required, it is helpful in creating a calm and quiet environment and music can aid in relaxation and meditation. The CTRS should then walk the participants through this seated yoga chair flow as so:

1. Ujjayi Breathing: Breathe in and let your belly expand and swell. As you breathe out, imagine you are bringing your belly button in towards your spine. Do this for 5-10 deep breaths.
2. Seated mountain: Take a deep breath and sit up straight in your chair, stretching your spine like you have a string pulling you up from the center of your head. On the exhale, push your tailbone into the chair and keep your knees directly over your ankles. Take a deep breath and as you exhale, roll your shoulders down your back, pull your bellybutton in toward your spine, and relax your arms down at your sides. Take 5-10 deep breaths.
3. Wrist and Finger Stretch: Hold your arms out front. Take time to wiggle each finger and move your wrists in clockwise and counterclockwise positions. Continue this movement for 5-10 deep breaths.
4. Seated Warrior I: Take a deep breath and lift your arms out to the sides, then raise your hands up above your head. Clasp your hands together, so that your pointer fingers and thumbs are out pointing at the ceiling. Take 5-10 deep breaths in this position before you release your hands on an exhale and let your arms go back to your sides.
5. Seated Crescent Moon Pose: Take a deep breath and lift your arms out to the sides, then raise your hands up above your head. Lace your fingers together, so that your pointer fingers and thumbs are out pointing at the ceiling, just like in Seated Warrior I. Keeping the abdominals engaged, and both hips on the seat of your chair as you lean over to one side, trying to stretch your body. Hold this stretch for 5-10 deep breaths and then repeat on the other side.
6. Seated Forward Fold: Inhale in Seated Mountain and fold over your legs, trying to stretch your spine. Take 5-10 breaths in this pose and when the group is ready, inhale as you lift your backup.
7. Seated Extended Side Angle: After your last forward bend, stay folded. Bring your left fingertips to the floor so that your hands are touching the outside of your left toe or as far down as it will go. Inhale and twist to the right and as you do this bring your right arm up and look up towards it. Hold this for 5 deep breaths and then slowly come out of the pose and try it on the other side.
8. Seated Downward Facing Dog: Move the chair far enough away so you can stretch your arms to the desk. Make sure your arms are shoulder width apart and lead with your palms as you let the upper body move toward the desk. Hold this posture for 5-10 deep breaths.
9. Seated Twist: Inhale and stretch your spine and raise your arms out to your sides and then raise them in the air. As you exhale, gently twist to the right with your upper body and lower your arms so that your right hand touches the top of the chair, try to look over your right shoulder. After 5-10 deep breaths, turn back to center and repeat on the other side.
10. Seated Cat/Cow: Sit up straight in your chair with both feet on the floor and take a deep breath. Place your hands

on your knees or the tops of your thighs. As you inhale, arch your spine and roll your shoulders down and back into cow pose. When you're ready to exhale, round your spine and drop your chin to your chest into cat pose. Flow through these two poses for 5-10 deep breaths.

11. Eagle Arms: Stretch your arms out to your sides and bring them in front of you. As you do this, put your right arm under your left arm and grab your shoulders with the opposite hands. This should look like you're giving yourself a hug. If participants are more flexible, they can try to wrap their forearms around each other until your right fingers can touch the left palm. Take 5-10 deep breaths in this pose and repeat on the other side.

12. Arm Hold: Stretch both arms out to your sides, with your palms facing down. Then, roll both shoulders forward a little, and turn your palms so they're facing behind you, then bend your elbows and let your hands swing behind your back. Grab hands (or fingers, wrists, or elbows depending upon flexibility) and gently stretch your hands away from each other without releasing your hold. Hold this position for 5-10 breaths.

13. Seated Pigeon Pose: Sit up straight in your chair and place your right ankle on your left thigh, (try to keep your knee in line with your ankle). To feel a deep stretch, you can lean forward. Hold this position for 5-10 deep breaths then switch legs and repeat.

14. Seated single leg stretch: Move closer to the edge of your seat. Sitting up tall, stretch your right leg out with your heel on the floor and your toes pointing up. Put both of your hands on the extended leg. Inhale in this position. As you exhale, bend over your right leg and use your hands to guide you as far down your leg as you can comfortably go. Do this for 5-10 deep breaths and try to extend your reach with each stretch. Repeat this on the opposite leg.

15. Nadi Shodhana Breathing: Start by emptying all the air from your lungs. Using the thumb of your right hand, block your right nostril with your nose. Inhale through your left nostril only. Once you are full of breath, seal your left nostril with the ring finger of your right hand and hold this breath for a moment. Remove your thumb from your right nostril and exhale, pause and then inhale again through the same side. Seal both nostrils once you've inhaled on the right side and exhale through the left side. Continue this for 5-10 deep breaths.

16. Chair Savasana: This is the final resting pose of yoga. Sit with your eyes closed and your hands resting loosely wherever you'd like them. Take 5-10 deep "yoga" breaths in and out of your nose to simply relax and observe how your body feels after your practice. When you're ready, slowly wiggle your fingers, toes and open your eyes.

Debriefing questions: What is yoga? What were some of the yoga postures/elements that you liked the most? What was the purpose of this activity? What about yoga makes it so beneficial? What did you notice about your body and your mood after practicing? What steps can you take towards practicing yoga every day? What skills do you want to work on while practicing yoga? What can yoga do for your overall wellness?

SESSION 4: THE CHILL ZONE

Preparation: The CTRS can show images related to each activity on the screen to make it more engaging.

The CTRS greets the group warmly and discusses the impact of stress and the benefits of managing stress through the use of relaxation techniques.

"Hi everyone and welcome to the Chill Zone, where we're going to practice four techniques that will help us to relax and deal with stress. Life can be very challenging sometimes with everything going on in the world and in our own lives, and we can often find ourselves feeling stressed out or sad. One way we can learn to manage stress is through relaxation and wellness activities - you can use these every day, anytime you're feeling stressed or sad, or to help prevent stress. The four activities we're going to focus on today are mindful breathing/meditation, muscle relaxation, gratitude journaling, and guided imagery, which is like taking a 'meditation vacation'."

CTRS explains each technique as follows and can either physically demonstrate or use images to help demonstrate.

Mindful Breathing & Meditation

"Now we're going to practice a technique that helps you to slow down your breathing, especially when you exhale (the

'out-breath'). By slowing your breathing, you reduce the flow of oxygen to your brain which helps you feel less anxious.

Make sure you are in a seated position and your body is relaxed. Place one hand on your belly and one on your chest.

Inhale, filling your belly with air, as you feel your belly pushing your hand out.

Now let the breath fill up your lungs, pushing your other hand out.

Holding the breath, count to four, then slowly exhale.”

Repeat 10 times.

“Now we are going to try mantra meditation. A mantra is a word or a phrase that you repeat either out loud or silently, and it helps you to relax. You are going to choose a word or phrase that makes you feel calm and relaxed. For example: ‘Peace’, ‘I am loved’, or ‘I am awesome’. Think of one that you like and keep it in your mind.

1. Begin by closing your eyes and taking a few slow, deep breaths.
2. Now say the mantra silently in your mind (you can move your lips if you want to), slowly and steadily with the rhythm of your breath. You can either split it up so you say the first half on the inhale and the second half on the exhale, or repeat it both on the inhale and the exhale (*CTRS should demonstrate both examples out loud so the participants understand*).
3. Continue to do this, focusing on your mantra. If other thoughts come to your mind, just gently bring your attention back to the mantra.”

After approximately 5 minutes CTRS ends the meditation

“How did both meditations feel? Do you prefer one over the other and why? During the mantra meditation was it hard to focus on your word?”

Progressive muscle relaxation

“Do you ever notice what your body feels like when you’re upset or worried about something? What are some of the things that you notice? (e.g., heart racing, sweating, etc) Often times when we’re stressed about something our body tends to react by tightening up – this is called ‘tension’. In order to help ourselves relax it’s important to notice the difference between when we feel tension and when we feel relaxed. It’s like a spaghetti noodle before it’s been cooked – it’s very hard and rigid. But after it’s been cooked it’s soft and flexible – that’s how our muscles should be when they’re relaxed – loose and flexible.”

“Now we’re going to try a series of exercises that help you relax by tightening your muscles first, and then relaxing them. Watch my hand as it looks relaxed (*CTRS demonstrates*) and then becomes tense as I tighten it into a fist (*CTRS demonstrates*). Once you start to notice the difference you’ll be more aware of the moments when you’re experiencing stress, so that you can help get rid of it. We’re going to start at the bottom of our bodies and work our way up to the top.

- Inhale and tighten your feet by curling your toes (*CTRS demonstrates*). Hold for 1-2-3-4. Exhale and relax the muscles.
- Inhale and tighten your legs by pulling your toes up and pointing them toward your head (*CTRS demonstrates*). Hold 1-2-3-4. Exhale and relax.
- Inhale and tighten your stomach (*CTRS demonstrates*) Hold 1-2-3-4. Exhale and release.
- Inhale and tighten your hands by squeezing them into fists, and tense your arms by making muscles (*CTRS demonstrates*). Hold 1-2-3-4. Exhale and relax.
- Inhale and tighten your shoulders by pulling them up towards your ears (*CTRS demonstrates*). Hold 1-2-3-4.

Exhale and relax.

- Inhale and tighten your face by scrunching it up as much as you can (*CTRS demonstrates*). Hold for 1-2-3-4. Exhale and relax.
- Take a few more deep breaths in and out.

“You can use these exercises anytime you find yourself feeling upset or stressed. And you can always do a shortened version of this exercise – for example, you can do just the feet or the fists if you’re sitting at a desk in school and don’t want others to notice.”

Guided Imagery ('Meditation 'Vacation')

“This technique takes you on a journey away from your stress and helps you to picture yourself in a peaceful environment. For this activity we’re going to close our eyes and:

1. Choose a peaceful scene. It can be someplace you’ve already been to, like a beautiful park, or a lake. Or it can be somewhere you’ve imagined about - floating in outer space, for example. You can let your imagination run wild with this one. Now we’re going to close our eyes and think about this scene, continuing to breathe. As I ask questions you don’t need to answer out loud, just think about it in your mind and imagine.
2. Imagine what it looks like - what time of day, the season and the weather? Is it sunny? Snowing? What colors do you see?
3. Notice any sounds that you hear in your scene.
4. Notice any scents that you smell.
5. Notice tactile sensation. How do you feel?
6. Let go of any stressful thoughts, keeping your attention on the scene.”

The CTRS keeps time while participants meditate on the scene for 5 minutes. End the activity by having the participants slowly come back to the present and open their eyes. Participants can share details about their scene and how they felt, if they choose.

Gratitude Journaling

“Showing gratitude is a great way to help your mind focus on the positive, which in turn helps the mind stop dwelling on negative things and also relieves anxiety. Gratitude can make us healthier, happier, sleep better, and enjoy life more. For this activity we’re going to reflect on what we did today, yesterday, or even in the past week, and write down 5 things that we’re grateful for. It can be a person, something about ourselves, or something you enjoy doing.”

Participants take 5 minutes to write a list of what they are grateful for. After the 5 minutes are up, each participant is invited to share their experience.

Facilitator ends the session with debriefing questions.

What did you experience/feel while practicing these techniques? How do you feel now compared to how you felt before this session? Which was your favorite technique and why? (Point out that some techniques may be more useful for some than others) Why is it important to learn how to deal with stress? In what kind of situation do you think these techniques can be useful? Which one of these exercises do you think you’ll use in the future?

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

It is important to acknowledge everyone’s varying fitness levels. Each session geared toward physical activity will be presented with a modified or adapted version of each movement. Another accommodation that can be made is printing out large bingo handouts. Participants are encouraged to take as needed breaks during sessions with physical activity and to ask questions if they don’t understand a movement or the purpose of a physical or mental exercise. Adapt wording/language if necessary, using alternate words if something isn’t clear.

Expected Outcomes and Contraindications (benefits and harms)
<p>Benefits:</p> <p>Participants will increase their leisure awareness.</p> <p>Participants will learn the importance of fitness and wellness.</p> <p>Participants will learn ways to cope with stress and ways to stay maintain their fitness and overall wellness.</p> <p>Harms:</p> <p>Participants may face potential injuries if they exert their muscles during participation in yoga and/or other exercises.</p>
Documentation (forms, frequency, etc.)
<p>An initial intake survey will be issued by one CTRS to one participant via Zoom to learn about the participants' interests, what they hope to take away from the four-week program, and to help the recreation therapist understand what well-being exercises best meet participant needs. SOAP notes and discharge summaries will be utilized for each participant and the documentation should take place after each program to ensure accurate notation of participants' progress.</p>
Evaluation Plan
<p>Initial Intake Form</p> <p>Participants will be asked to join a 45-60 minute intake Zoom session with a CTRS to understand participants' interest in the program. During this time the CTRS should take note of any modifications needed to ensure a quality delivery of services.</p> <p>Physical Evaluation</p> <p>CTRS or home support will take participant's heart rate before and after each session, or time a participant walking 50 feet pre- and post- program.</p> <p>SOAP Notes</p> <p>SOAP notes are to be completed by the recreation therapist after each program to most accurately note participants' progress of the four sessions.</p> <p>Discharge Summary</p> <p>Once participants have completed the four weeks of the program, they will receive a discharge summary with resources and suggestions for future interventions to help them meet their personal fitness and overall well-being goals.</p> <p>Post Program Survey</p> <p>The day after the four-week program, an email will go out to participant email addresses (or their guardian/caretaker) asking them to share their experiences and provide feedback about the program for evaluation purposes.</p>
Staff Qualified to Deliver Service (training or certification requirements)
<ul style="list-style-type: none"> ● Certified Therapeutic Recreation Specialist (CTRS) ● Proficient in: SOAP documentation process, 1:1 intake/participant virtual meetings, and group facilitation techniques ● Yoga training or specialization (optional) ● Mindfulness training or specialization (optional) ● Inclusive Fitness Trainer certification (optional)

Safety/Risk Management/Precautions

In order to receive the maximum benefits and prevent injury, participants should be reminded to only do what their body allows without pain and strain. To aid in risk management, the recreation therapist should refer to modified movements for each exercise.

During the intake process the recreation therapist should note if a participant has high blood pressure, heart issues or circulation issues. These participants should consult a doctor prior to practicing postures or movements that increasingly raise the heart rate.

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

Intake Form

SOAP Form

Self-Care Bingo Card

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Protocol Authors

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Intake Assessment Form

General Information. Please write your answer in the space provided next to the text.
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 under 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 meditation/relaxation practices? Explain.

What do you know about mindfulness?

Have you ever participated in yoga? Explain.

Have you ever participated in group exercise programs? Explain.

Do you have any concerns you would like us to be aware of about participating in any of the physical activity sessions? Explain.

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

What do you currently do to maintain your fitness level and overall wellness? Explain.

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:

SOAP NOTE TEMPLATE

Date of therapy:

Current Date:

Client name:

Therapist name:

Client Diagnosis:

S:

O:











A:

P:

Therapist Signature:

SELF-CARE

B I N G O

<p>Did a random act of kindness</p>	 <p>Drank 8 glasses of H2O in 1 day</p>	<p>Wrote a positive note to myself</p>	<p>Went for a walk outside</p>	<p>Tried a new fruit or veg</p> 
<p>Made a healthy snack</p>	<p>Cleaned my closet or room</p>	<p>Gave someone a compliment</p>	 <p>Tried a new yoga pose</p>	<p>Made someone laugh</p>
 <p>Learned something new</p>	<p>Did 1 minute of jumping jacks</p>	 <p>Treated My Self!</p>	<p>Set a goal for something I want to achieve</p>	 <p>Did something creative</p>
<p>Tried a new exercise class on YouTube</p>	 <p>Played a game</p>	<p>Sang or danced to my favorite song</p>	<p>Planted something & watched it grow</p> 	<p>Took a 24 -hour social media break</p>
<p>Called a friend I haven't seen in a while</p> 	<p>Wrote down 5 things I like about myself</p>	 <p>Hugged an animal, real or stuffed</p>	<p>Meditated for at least 5 minutes</p>	<p>Tried a new hobby</p>

Title
Tick Tock Time to Rock!
Brief Description of TR Service/Program
The <i>Tick Tock Time to Rock!</i> Protocol is intended to engage elementary school age participants with music and motion. Program participants will join a virtual Zoom session with at least one certified therapeutic recreation specialist and up to 6 participants. Music is fun and therapeutic. Accompanying the music with easy to follow physical motions that are replicated and/or created free-style can be a stress reliever, a means to serve as a creative outlet for energy and fitness, and a means to socially engage with other peers. Participants will experience two different sessions including the therapeutic use of exercise, joy, sensory stimulation and mindfulness. Intended outcomes relate to increased leisure education, positivity and well-being.
Research on Efficacy/Literature Review Summary
<p>Music as a therapeutic recreation intervention is effective and can be used with all levels of severity of autism spectrum disorder. When music is used with individuals who are lower functioning displaying minimal verbal skills, the outcomes consisted of increased verbal communication and an improvement in daily functioning (Saniford et al., 2013 as cited in De Vries, et.al, 2015). Individuals classified as being high functioning on the autism spectrum benefitted from the intervention of music in areas of increased social response behaviors and a decrease in anxiety (Raglio & Traficante, 2011; Wigram & Gold, 2006, as cited in De Vries, et.al., 2015). Based on these studies, it appears that music is effective and beneficial for a majority of individuals who have autism, regardless of the severity. (De Vries, D., et.al. 2015).</p> <p>In one systematic review, the effectiveness of music interventions in pediatric health care was explored as it related to individuals with autism spectrum disorder; disability; epilepsy; mental health; neonatal care; neurorehabilitation; pain, anxiety and stress in medical procedures; pediatric oncology and palliative care. The authors included a total of 13 systematic reviews/meta-analyses —published within the last five years (Stegemann, 2019).</p> <p>Individuals with autism spectrum disorders may present with “difficulties with social interaction and communication ...and music is used as an expressive and communicative means. Behaviors necessary for social engagement such as joint attention, eye contact, and turn-taking are characteristic events in shared, active music making and therefore inherent components of music therapy processes” (Geretsegger, et. al., 2014).</p> <p>Children with differing abilities (autism spectrum disorders, trisomy 21, Rett syndrome, or Williams syndrome) “are known to be very responsive to music listening and musical activities...music therapy is applied for assessment as well as for fostering communication, social competencies, emotional regulation, and motor skills (Hintz, 2013; Lathom-Radocy, 2014).</p> <p>While there is an increasing number of music intervention studies being published, there are “concerns about inadequate intervention reporting and inconsistent terminology.” Less than 50% of published music intervention studies provide enough detail about the music intervention, inhibiting meaningful interpretation and cross-study comparisons” (Robb, et. al., 2018).</p> <p>Snoezelen stresses the need for persons with developmental disability to have access to a sensory stimulating environment...the major emphasis should be on pleasure and enjoyment through the leisure experience (Hagger & Hutchinson, 1991 as cited in Patterson, I., 2004).</p>

Referral Criteria

Participants can be referred to the program if they are diagnosed as having physical intellectual, developmental, and/or sensory disabilities. Participants will be placed in a group with other individuals up to the chronological age of 12 years old.

Goals

- To increase participant awareness of joyful leisure functioning with music and motion.
- To increase positive participant social interactions with peers.
- To increase participant knowledge of music creating sources that could be accessed outside of the group setting.

Measurable Objectives

- While watching the music videos that demonstrate persons dancing, moving themselves to verbal/visual instructions, and singing out loud, the participants will attempt to replicate the movement patterns that they are observing and words they are hearing, as evidenced by their maintaining any combination of physical movements with verbal accompaniment.
- When prompted by the therapeutic recreation specialist, the participants will verbally/visually share a feeling as evidenced by utilizing the Happy/Neutral/Sad Facial Expression Chart.
- With adult assistance as needed during the virtual session, and under the facilitation by the therapeutic recreation specialist, participants will create musical elements as evidenced by sharing with the group their own unique recorded rhythms and unique art patterns created during the session, when requested by the therapeutic recreation specialist.

Time Required

45 minutes per session

Session 1: "Copy Cat!"

Session 2: "I Created That Music!"

Materials, Equipment, and Resources Needed

- Floor area and/or tabletop surface clear of obstacles
- Sneakers worn by those who will be standing
- Adult supervision
- Computer/iPad access
- Chair for rest breaks
- Water bottle for rest breaks

Activities (Content)

Session 1: “Copy Cat.” Participants follow along to various videos with musical accompaniments. The CTRS shares the video while still being able to monitor all members of the group session. The participants use their hearing skills and motor planning abilities to replicate the motions being demonstrated. The CTRS will make modifications for all abilities to join in the fun. This will be a joyous adventure through being active in a welcoming environment.

Session 2: “I Created That Music!” Against the backdrop of a pre-recorded video of music appreciation statements by students, the CTRS will first introduce various selections of music. Then the participants will visualize music through Google Chrome Music Lab. The first section of the Music Lab will be in “Rhythm.”

<https://musiclab.chromeexperiments.com/rhythm/>

After the CTRS demonstration, the participants actually go to that site on their own computers with adult assistance. For this rhythm section, the participant clicks on the animated character in order to hear each particular instrument.

Then the CTRS demonstrates the section called “Kandisky.” <https://musiclab.chromeexperiments.com/Kandinsky/>

This awesome section allows individuals to make a drawing of their choosing and then when the Play button is activated, their drawing takes on a musical form. The CTRS demonstrates first, then the participants go to the link and share with the group what they created.

Methods (Process)

SESSION 1: “Copy Cat!”

The CTRS has previously evaluated the registration information concerning the health and abilities of participants. Participants all begin the session seated at a table/desktop surface for the virtual session. Adult supervision in the participant environment is evidenced. The CTRS welcomes the participants by introducing themselves and their role as well as greeting each participant by their first name. “Hello name. Hello name, etc. Welcome to *Tick Tock Time to Rock!* Today we’re going to enjoy listening to music and having fun moving to the music. This is a chart of a green smiley face for feeling happy, a blue frowny face for feeling sad, and purple straight line face for somewhere in the middle: not happy or sad. How are you feeling right now?” CTRS takes inventory of beginning feelings as self-reported by each participant. “Music and motion can help to make us feel happier. We are going to listen to different types of songs today and I want you to feel comfortable. If you do not feel like singing or moving to a song, that’s okay. We will start by doing gentle stretches.” The CTRS leads participants in toe touching, arm raises, trunk rotation as appropriate and within available range of motion, verbally modifying for individual participants as indicated.

Then based on age and ability of participants, the CTRS chooses an appropriate video to screen share:

“Here is the first song. It is called “*The Animal Boogie*” (4:24) https://www.youtube.com/watch?v=25_u1GzruQM

Let’s all copy the:

- Shaking
- Swinging
- Stomping feet (or gently tapping the table with your hands)
- Flapping
- Leaping (or reaching)
- Slithering (can move upper body)
- Swaying

“Here is the second song. It is called “If you’re Happy and You Know It” (2:57)

<https://www.youtube.com/watch?v=71hqRT9U0wg>

Let’s all copy the:

- Clapping hands
- Stamping feet (or gently tapping the table)
- Turning around
- Wiggling hips
- Stretching arms
- Patting your head
- Touching your nose
- Pointing your toes
- Saying hello

“Here is the third song. It is called Koo Koo Kanga Roo - Pop See Ko 3 (Dance-A-Long)” (3:24)

<https://www.youtube.com/watch?v=vbpzfnEQjE>

Let’s all copy the:

- Reach hands up high
- Reach hands down low
- Roll arms around each other (as shown on video)
- Dance break free-style

Then the CTRS leads a summary of what was covered in the session. “You all did a great job listening to the different songs and doing the motions.” Then the CTRS leads the debriefing in which each participant can share which video they liked the best, what was the funniest moves, what kind of music they would like included in future sessions, etc. The CTRS asks the participants which emotion they are now feeling with the happy/neutral/sad feelings chart.

Session 2: “I Created That Music!”

The CTRS welcomes all of the participants by individual first names after introducing themselves. A video montage of student written responses to the statement “I love music because...” is shown as a shared screen (with group members still visible to the CTRS). <https://youtu.be/C7dZzxEIDWI>. The CTRS introduces the participants to different genres of music while the video plays. For example: classical music, jazz, rock, musical theatre, reggae, etc. The CTRS states “there are many types of music. Today I will introduce some of the different types of music. Feel free to free-style move or dance to the music you hear. You will then have a chance to create your own music today!”

The CTRS introduces the “Rhythm” section of Google Chrome Music Lab. “In this section called Rhythm, you will tap each animated character to hear the instrument played by that character. First watch me and then you will go to that link on their home computer with help from your adult.” Any questions? Now try it yourselves.

<https://musiclab.chromeexperiments.com/rhythm/>

Then the CTRS demonstrates the section called “Kandisky.” This really fun section is called Kandisky. You will watch me first. See how I make a drawing of whatever I choose? Dots and lines! Now I press the Play button. Watch how each

shape lights up and makes a unique sound! So cool! Now it's your turn to go to that link with help from your adult. Take a screen shot of your creation to share with the group. <https://musiclab.chromeexperiments.com/Kandinsky/>

"Congratulations on creating your own music today. What was your favorite part of making the music? Please share the image you drew today in the Music Lab. What would you like to listen to next time?"

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

For ages 6 - 9, animated videos with images of motions (Example: "If You're Happy and You Know It")

For ages 10 -12, less animations with actual performers to replicate (example: "Pop See Ko")

For abilities: With "Copy Cat!" if participants will be staying in a seated position, seek out more inclusive videos that involve minimal modifications so that the peer fits in with others.

Expected Outcomes and Contraindications (benefits and harms)

Expected outcomes: some fatigue based on endurance levels. Rest breaks as needed and required, including drinking of water during breaks. Contraindications: Awareness of seizures in past medical histories. Some videos have the ability to invoke seizures. Awareness of any shunts, stitches, recent surgeries, weight-bearing status, etc. for physical limitations/modifications.

Documentation (forms, frequency, etc.)

SOAP Notes for documentation

Discharge Notes as appropriate for the 2 sessions

Evaluation of participant feelings during "CopyCat!" at beginning, middle and end of the session

Post Program Survey

Evaluation Plan



Evaluation Plan to include participant self-reporting of feelings with 3 facial expressions: Happy/Neutral/Sad Facial Expressions Chart

Review of goals/objectives being met.

Review of Post Program Surveys

Repeat participants re-registering?

Staff Qualified to Deliver Service (training or certification requirements)

CTRS professional

Safety/Risk Management/Precautions

Adult supervision with each participant is required during the entire virtual session.
 Review of past/present medical histories from intake/registration is crucial.
 Rest/water breaks provided.
 Incident reports filled out for any injuries sustained during sessions.
 Stretching is indicated before full body movements.

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

Registration/intake form
 SOAP note documentation form
 Discharge form
 Post Program Survey
 Happy/Neutral/Sad Facial Expressions Chart as pictured above.

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<https://doi.org/10.3390/medicines6010025>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6473587/>

Music/Video References:**The Animal Boogie. Published by Barefoot Books.**

Text & lyrics © 2000 by Barefoot Books.

Illustrations © 2000 by Debbie Harper Vocals and musical arrangement © 2002 by Fred Penner.

Animation by Zachary Bennett with help from Juan Salvo & Karen Nourse, KZ Films, New York, NY.

https://www.youtube.com/watch?v=25_u1GzruQM

If You're Happy and You Know It! Published by Barefoot Books.

Singalong. Adaption & lyrics © 2009 by Anna McQuinn. Illustrations © 2009 by Sophie Fatus.

Vocals and musical arrangement © 2009 by Susan Reed. Performed by Susan Reed, Kate Reed, and Allison Reed.

Recorded, mixed and mastered by Eric Kilburn at Wellspring Sound, Acton, MA. Animation by karrot animation London.

<https://www.youtube.com/watch?v=71hqRT9U0wg>

Koo Koo Kanga Roo - Pop See Ko 3 (Dance-A-Long).

Vocalists Bryan Atchison and Neil Olstad. <https://www.youtube.com/watch?v=vbpzfnEQjJE>

Google Chrome Music Lab links:

Rhythm: <https://musiclab.chromeexperiments.com/rhythm/>

Kandinsky: <https://musiclab.chromeexperiments.com/Kandinsky/>

Clip Art Reference:

Deeder Do Designs.

Happy, Sad, and Neutral Faces Clip Art.

Purchased through Teachers Pay Teachers.

<https://www.teacherspayteachers.com/Store/Deeder-Do-Designs>

Protocol Authors

Deirdre Ryan

Title
Nature and Travel Protocol- Seasonal Sightseeing
Brief Description of TR Service/Program
Join us on a virtual exploration of seasonal celebrations around the world! Each session we will embark on a visual journey through different landscapes to see how nature influences culture in four different destinations around the world. Pack your bags and get ready to explore Asia, North America, and Europe. 8 tickets available.
Research on Efficacy/Literature Review Summary
<p>Best Practices for individuals with IDD</p> <p>Research on life satisfaction for individuals with IDD, or Intellectual or developmental disabilities, suggests that quality of life is dependent on their support needs and the value of the support they receive (Lucas-Carrasco & Salvador-Carulla, 2012). According to Lucas-Carrasco & Salvador-Carulla (2012), “supportive family and friends, work, satisfaction with the self, religious or spiritual life, learning and growth, leisure and health are components that go into most people’s experience of satisfaction.” To enhance overall wellbeing in the lives of individual with IDD, access to leisure and social participation are paramount.</p> <p>Best practices for individuals with ASD</p> <p>Literature on the well-being of individuals living with ASD suggests that when their needs are unmet, they experience lower levels of quality-of-life compared to typically developing individuals (A. Knüppel et al., 2018). When self-reporting, the areas that individuals feel the most negative impact are emotional wellbeing and interpersonal relationships. This is due to factors such as, “psychiatric comorbidity, sleeping difficulty, intellectual disability, maladaptive behavior, adaptive functioning, autism symptomatology, main daytime activity and residence” (A. Knüppel et al., 2018). Best practices to enhance overall quality of life for individuals living with ASD are those which actively engage the individual in activities that develop social skills and promote social interaction. For children living with ASD, this can be fostered during group activity with peers, involvement in inclusive classrooms, and increased independence in daily activity.</p> <p>Efficacy of Nature-Based Interventions</p> <p>Children with ASD (autism spectrum disorder) and IDD (Intellectual or developmental disabilities) can benefit from exposure to the nature and the natural world. Although there are significant studies that represent the benefits of nature for individuals with ADHD and typical developmental traits, there is still more research to be done regarding ASD and IDD. In a study conducted by Dongying Li, et. al (2018), they found that caregivers of individuals with ASD were able to witness benefits such as increase sensory-motor skills, engagement, physical activity, emotional control, and even some social skill development based on exposure to nature and nature-based settings. In addition to the above-mentioned benefits, Deborah Schien performed a study that proved that nature is also a means to obtain spiritual development throughout the development of all children. Schien states, “It [nature] nurtures our spiritual side—our sense of self, our basic dispositions of wonderment and joy, and our complex dispositions of caring, kindness, empathy, and reverence that are capable of guiding us to becoming kinder human beings, thus creating a better world” (Schein, 2014).</p> <p>Efficacy of Travel-Based Interventions</p> <p>As traveling has grown more and more popular, research has shown that there are significant benefits that all individuals can experience, especially if these experiences happen at a young age. Having cross-cultural experiences</p>

and an understanding of individuals can even support emotional awareness. Immordino-Yang et al. (2017) states that, “currently experienced emotion strength can correlate differently with neural activity fluctuations depending on culturally-shaped emotional behavior norms, such as behavioral expressiveness and styles of speaking about feelings.” Thus, individuals that have ASD or IDD and may be working to increase social skills and awareness can greatly benefit from traveling and being exposed to individuals and cultures that are different than their own. Immordino-Yang et al. (2017) goes on to state, “cultural meaning-making shapes the biological correlates of emotional feelings because it involves recognizing the significance of habitual patterns of mental and bodily engagement with other people and their actions, creations, and ideas.” Exposure to travel whether virtual or in-person can create opportunities for emotional, behavioral, and cultural growth.

Referral Criteria

Participants must meet the following criteria:

- Diagnosed with Autism Spectrum Disorder and/or an Intellectual or developmental disability
- Be between the ages of six to twelve
- Resides in an NWSRA service community
- Paying member if outside the NWSRA service community
- Able to follow the Participant Code of Conduct as outlined by NWSRA

Goals

1. Participants will demonstrate increased cognitive skills
2. Participants will practice their social emotional skills
3. Participants will utilize sensory integration skills

Measurable Objectives

1. Participants will be able to identify the four seasons with 100% accuracy at the culmination of four sessions.
2. Participants will identify a regionally specific place or thing through image analysis of four separate photos.
3. Participants will recall and verbally share their favorite seasonal activity with the group in at least one session.
4. Participants will take turns at least once during game play and group discussions in all sessions.
5. Participants will focus on their sense of hearing to distinguish at least 2 nature sounds during each warm-up.
6. Participants will be able to increase visual awareness through recalling at least 2 items while searching natural landscapes during each warm-up.

Time Required

- The program will run for 4 weeks with each session lasting 45 minutes including a warm-up, main activity, debrief, and game.

Materials, Equipment, and Resources Needed

- Computer or Laptop with Internet Connection
- Access to Zoom (Check for updates prior to session)
- Zoom link and password provided to participants/caregivers prior to session start
- URLs/Video Content
- Images/PowerPoint Slides

Activities (Content)

**The following instructions are for all sessions. See Process section for individual session material. See below for individual session theme.*

Session Themes:

- Session 1: Winter, China, Harbin International Snow and Ice Sculpture Festival
- Session 2: Spring, United States, National Cherry Blossom Festival in Washington D.C.
- Session 3: Summer, Nepal, Kukur Tihar (Day of the Dogs)
- Session 4: Fall, France, Lavender Festival

Warm-Up:

“Welcome everyone, my name is [CTRS’s name] and I cannot wait to get to know you all soon. Today we are going to explore one of the seasons and virtually experience a festival in another part of the world that is celebrated during that season.”

Intro Activity:

“To get us all started today, we are going to go on a virtual hike through the woods. It is going to be your goal to figure out what season we will be exploring today. You will have to use things you already know about the seasons to try and figure it out. As we are ‘hiking,’ **See if you can spot one thing you think would feel soft (*see below for daily instructions)**! The hike will start shortly, so get ready!”

* Daily instruction variations:

- Session 2: “Count how many distinct colors you can see.”
- Session 3: “Count the number of different sounds you can hear.”
- Session 4: “Think of one smell you think you would smell on this hike.”

“Thank you all for going on that hike with me! Raise your hand if you were able to identify one thing that was soft. What did you all spot? Can you guess what season we are exploring today? What are some clues that gave it away?”

Main Activity:

“We are now to going to learn and explore the [festival designated to session] that takes place in [corresponding country]. Does anyone know what continent that is located?”

Debrief:

“Raise your hand if you would like to go to [designated festival for session]? Is there anything that you found particularly interesting? (Additional questions can be added to meet group needs)”

“Does anyone have a tradition or activity that they enjoy doing during the [season]?”

Closing Activity:

“To finish our time together, we are going to play a game. I am going to put up an image that is zoomed in and we are going to take turns trying to guess what it is. As we go, I will pull up a different part of the image to give us a bit more of clue. As a hint, each one of the images is relevant to [country]. It is either a significant food, landmark, or item associated with that area.”

Methods (Process)

Warm up/ Intro:

- Allow a few minutes for participants to enter virtual session
- Greet participants
- Share screen with participants
- Mute all participants

- Give viewing instructions
- Play corresponding hike video (*see below)

URL to Virtual Hikes:

- Session 1 (Winter): Play from 17:45 to 20:00 minute markers
https://www.youtube.com/watch?v=EAR2OdKU_r4
- Session 2 (Spring): Play from 1:36:00-1:39:00 minute markers, adjust to 2x speed
https://www.youtube.com/watch?v=RZOcoZS_52Q
- Session 3 (Summer): Play from 1:39:00-1:42:00 minute markers
<https://www.youtube.com/watch?v=ROnTZp2wkSE>
- Session 4 (Fall): Play any two-to-three-minute section
<https://www.youtube.com/watch?v=G1nOrJLMa0M>

- Ask reflection questions
- Unmute and prompt participants to share their reflection

Main Activity:

- Introduce main activity
- Pull up the designated festival video for the specific session
- Mute participants
- Play festival video

Virtual Festival Tours:

- Session 1 (Harbin International Snow and Ice Sculpture Festival):
<https://www.youtube.com/watch?v=ctcBLN0hfS0>
- Session 2 (National Cherry Blossom Festival): <https://youtu.be/Sekg7kO0CeE>
- Session 3 (Kukur Tihar /Day of the Dogs): <https://youtu.be/qq6B1UNqxl0>
- Session 4 (Lavender Festivals in France): <https://youtu.be/5lxXXVw8aOk>

Debrief:

- Unmute participants
- Ask debrief questions to participants

Closing Activity:

- Introduce game
- Pull up session slideshow
- Facilitate participant turn-taking
- Mute participants if necessary to encourage listening skills
- Play the game until all images have been guessed/discussed or until time runs out.

Leadership Variations

Participant Age:

- Once the group has registered or upon meeting the group for the first time, activities may need to be altered to meet group needs based on actual age.
- Primarily 6-9 years of age: Concepts and recognition of season traits might be limited, gauge knowledge and adjust to meet their level. The instructor may have to drive in key characteristics of each session at the beginning of each session. Cultural and geographic awareness is still being developed; thus, it may be beneficial to have supporting maps and/or provide additional knowledge may be needed.
- Primarily 10-12 years of age: Discussions and knowledge regarding both the seasons and culture may be more abundant. Timing may need to be adjusted to meet group needs.

Participant Ability:

- **Physical Ability:** Although there is a limited need of physical movements during this activity, individuals with decreased fine motor skills and/or limited upper body movement may need accommodations made prior to engaging in the activity. Having a discussion with the participants and caregiver prior to the session to support participant participation may be necessary, whether it is by use of an assistive device, gestures, etc.
- **Cognitive Ability:** The length of discussion and video content may need to be adjusted to meet attention and cognitive ability/information intake. Instructors can put in quick and easy checks for understanding with raised hands or brief questions. This could also include stopping and starting videos to get for comprehension and clarity.
- **Limited Verbal Communication:** Assistive technology may need to be provided or discussed with the participants and caregivers. Debriefs and discussion can include opportunities for participation solely through a raised hand or actions indicating agreement, understanding, etc. If participants can type, they may do so in the chat box provided through Zoom or if necessary, using an assistive device or aide.
- **Hearing:** If there are individuals with hearing impairments, it may be beneficial to have an instructor or individual that has knowledge in ASL. Subtitles can also be added to any videos if the individual is at a proficient reading level. Volumes on both an individuals' microphones and computers can be adjusted to meet individual need. Zoom's customer services can also aid in obtaining closed caption in real time.

Participant Dispositions:

- **Sensory Sensitivity:** Instructors should be cognicent of sensory overload, the volume of videos, and group noise levels. Virtual settings can be overwhelming and both auditory and visual senses may be overwhelmed at times. Instructors can mute microphones, control volumes, and ask individuals to turn off videos as well.
- **Social Challenges:** Instructors should encourage group participation and discussion but can alter the way in which participants share information. Participants can be engaged through a raised hand, emojis in the chat box or bottom panel, gestures, or even just a bit of extra encouragement.

Technology:

- **Platforms:** Other platforms such as Microsoft teams, Cisco WebEx, Google Meets, and many more are available and will provide a similar experience to Zoom.

Expected Outcomes and Contraindications (benefits and harms)**Outcomes:**

- Enhanced knowledge of the seasons, the natural world, and international cultural events.
- Utilization of sensory awareness to increase mindfulness.
- Opportunity to practice social skills through verbal communication, active listening, and turn-taking.
- Increased comprehension through content-to-self connections.
- Enriched cognitive skills through image analysis.

Contraindications:

- Potential feelings of fear, frustration, impatience or embarrassment.
- Possible resistance to openly sharing personal reflections.
- Difficulty accepting the outcome of an incorrect guess during game play.
- Opposition to exposure to religious emblems.

Documentation (forms, frequency, etc.)

Session Forms:

- Individual session lesson forms
- APIE + D forms (*see below)

Evaluation forms:

- Daily evaluation forms for select participants
- APIE + D for each participant *(see below)
- Program evaluation form
- Support staff evaluation form

*These forms are only required if NWSRA has identified the APIE + D process as part of a specific program.

Evaluation Plan**In-session Evaluation:**

- The CTRS will complete daily evaluation forms for select participants.

Post-Session Evaluation:

- The CTRS is to complete program evaluation forms at the culmination of the program.
- Individual participants will be evaluated if the APIE process is required for program participation.
- Part-time support staff will receive an evaluation form completed by the CTRS.

Staff Qualified to Deliver Service (training or certification requirements)

- Certified Therapeutic Recreation Specialists (CTRS)
- Staff should be competent and knowledgeable with the material and areas of content covered in this protocol.
- Staff should be comfortable and confident with the population and familiar with ways to adjust content to meet participant need.
- There should be two staff members to every four participants.
- Staff members should remain consistent and available to instruct each 45-minute session for 4 consecutive weeks.
- Staff should be confident with navigating digital content (YouTube, Zoom, etc.)

Safety/Risk Management/Precautions**Safety Considerations:**

- Individuals may experience eye strain if on the computer for extended hours
- Some of the video move at a quick speed and may cause mild motion sickness
- The emotional safety of participants must be kept in mind due to the social nature of the activity
- Understand participant abilities and medical conditions in case accommodations need to be made
- Be alert to safety concerns in the participants immediate environment

Risk Management Techniques:

- Encourage participants to find a safe place to sit with limited distractions while on the Zoom session
- Make sure all staff are aware of medical conditions that may be of concern during a virtual session
- Make sure all participants feel supported both regarding being able to engage effectively and emotionally

Attachments

PDFs for Games:

Games 2

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Title
I Am Incredible At Crafts!
Brief Description of TR Service/Program
<p>Group size: 2-10 participants</p> <p>Age: Adults (25-47)</p> <p>Duration: 45min for 4 weeks</p> <p>Description: I Am Incredible At Crafts! Is a four-week virtual crafts program designed to engage and serve adults with disabilities in a group setting online. It offers leisure opportunities through the design and utilization of affirmation cards for practicing daily mindfulness and improving emotional and social well-being.</p>
Research on Efficacy/Literature Review Summary
<p>Leisure Efficacy</p> <p>Leisure is inseparable from life. Appropriate leisure choices and enjoyable leisure experiences can increase quality of life (Hutchinson et al., 2006). Incorporating crafts in recreational therapy gives an opportunity for participants to build self-concept and improve cooperation, as well as achieve goals and increase happiness (Aho, 2007; Raynor et al., 1990). Additionally, the process of hands-on creation improves physical skills, inspires personal thoughts, and encourages a positive attitude towards life (Wise, 2017; Reynolds, 2009).</p> <p>Arts and Crafts Efficacy</p> <p>Arts and crafts involves the hands-on design and fabrication of materials. Individuals can engage in crafts for enjoyment, to develop self-identify, and as a means to self-actualization (Schofield-Tomschin & Littrell, 2001). This activity is commonly used as a leisure-based coping strategy for stress, providing a sense of “satisfaction, optimism, positive relationships, and support...to cope with negative feelings” (Pöllänen, 2015). Additionally, crafts are beneficial in “meeting goals, time use, enjoyment, regaining confidence and engagement in future activities” and finding a sense of accomplishment (Symons et al., 2011).</p> <p>Affirmations Efficacy</p> <p>Positive affirmations are phrases that can improve self-esteem and encourage positive change in an individual’s life. They can be written down or said aloud to set daily intentions for mindful living. Self-affirmation is used to combat negative self-talk and harmful thoughts by replacing them with positive, constructive beliefs. A recent study found that self-affirmation can affect the sympathetic nervous system by reducing stress in chronically stressed individuals (Sherman et al., 2009). In addition to lowering stress, this mindfulness practice is linked to cessation of rumination after a “frustrated goal” or receiving “failure feedback” (Koole et al., 1999).</p>
Referral Criteria
<ul style="list-style-type: none"> • Self-referral or a referral from physician, specialist, nurse, PT, OT, or community agency referral. • The CTRS will work in cooperation with physicians, nurses, OTs, PTs, and/or specialists according to their protocols. • The CTRS will act according and consistent with standards for the setting of requests which include referrals and physician orders. The physician orders will include assessment and treatment according to ATRA Standards. • The CTRS will follow ATRA Standards/Code of Ethics/Guideline • The CTRS will conduct a thorough assessment of the individual's strengths, needs, and goals. • The CTRS will recommend activity adaptation for the client after their interview and assessment.
Goals
<ul style="list-style-type: none"> • Provide inclusive and person-centered programming for all participants

- Provide appropriate adaptations for participants to fully participate in programming
- Provide opportunities for participants to increase emotional well-being
- Provide opportunities for participants to practice social interaction skills
- Provide opportunities for participants to increase self-confidence and self-esteem
- Provide opportunities for participants to increase decision making

Measurable Objectives

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

Time Required

- Each session will be 45 minutes

Materials, Equipment, and Resources Needed

- Online registration
- Internet or Wi-Fi access
- Method of payment
- Computer or smartphone
- Table and chair
- Good or natural lighting
- Pens/markers/sharpies, cardstock or thick paper
- Versatile adapted tool holder (PVC) *to hold writing utensils, if necessary
- Magazines
- Safety scissors
- Glue/tapes

Activities (Content)

The themes of the activities:

- **Activity 1** (Week 1): Affirmation cards
- **Activity 2** (Week 2): Gratitude cards
- **Activity 3** (Week 3): Intention cards
- **Activity 4** (Week 4): Kindness cards

Introduction:

Welcome participants. Check that video and audio are functioning properly, and have volunteers assist with any technical difficulties. Have participants and team members introduce themselves. Review goals and activities for the day. Review safety measures for activities. Ensure participants have materials ready.

Warm-Up Activity:

[Share a daily affirmation](#) for the group by sharing the screen. Stop sharing screen when finished. Have each participant introduce themselves and share a positive emotion they want to feel today.

Main Activity:

Share screen to display the [Positive Emotion Wheel](#).

Ask participants to write down any affirmations/gratitudes/intentions/kindness phrases (refer to the weekly theme that help them feel like their desired emotion. Have volunteers give examples for inspiration by sharing:

- Week 1: Positive Affirmations: <https://committedtomysself.com/list-of-positive-affirmations/>
- Week 2: Gratitudes: <https://tinybuddha.com/blog/60-things-to-be-grateful-for-in-life/>
- Week 3: Good Intentions: <https://lifegoalsmag.com/50-intention-ideas-set-start-day/>
- Week 4: Kindness Acts: <https://localadventurer.com/list-of-random-acts-of-kindness-ideas/>

Guide participants and family/friends/caretakers in cutting their paper into cards and illustrating them. Have them write or draw an affirmation/gratitude/intention/kindness phrase on each card.

Debriefing:

Phase One - Discuss what inspired participants during the program.

Phase Two, Three - Discuss the participants' impressions and achievements during the program.

Phase Four - Discuss how participants benefited from the program and how they will use the cards on their own.

Conclusion:

Phases One-Four - Thank participants and team for joining. Encourage participants to share their craft with others. Ask for feedback from participants, staff, and volunteers.

Methods (Process)

Introduction:

"Welcome to I Am Incredible At Crafts! Before we get started, can everyone see us on your screen and hear us clearly? Today we will be creating our very own affirmation cards. An affirmation is a positive statement about yourself that can make you feel good. They often begin with the phrase 'I am.' For example, the title of our program is an affirmation. 'I am incredible,' 'I am brave,' and 'I am kind' are all affirmations. Today, you will create an affirmation card of your own! By the end of our program, you will have enough cards for a card deck that you can use on your own."

Warm Up:

Phase One

"Let's start with our group affirmation of the day. How does today's affirmation make everyone feel?"

<https://codepen.io/noisyiguana/full/dpQKAa>

Phase Two, Phase Three, and Phase Four

"Please introduce yourself and share with the group an emotion you would like to feel today."

Main Activity:

Phase One

"Affirmations are words or phrases that can encourage and uplift us. If we're having a hard time with negative thoughts or emotions, we can repeat affirmations to ourselves or write them down in order to feel more positive. Here are some examples of affirmations/positive emotions that can inspire you today."

Phase Two

"Now, think back to the emotion you shared that you want to feel today. On your sheet of paper, take some time to write down or draw any affirmations or images that help you feel how you *want* to. For example, if you want to feel happier, you might write 'I am joyful' or draw a smiley face. If you need inspiration, look at my screen for examples."

Phase Three

“Great! We’ll come back to our affirmations shortly. First, let’s create the cards that we will decorate and write our affirmations on. Take out another sheet of paper. Fold your paper in half, then fold it in half again until you have four squares. Unfold your paper and use a ruler to draw an even line along the creases. Cut along the lines.”

Phase Four

“Now, the fun part! We are going to decorate each of our cards. You can create just one today, or as many as you’d like during our time together. Imagine that each card represents a positive emotion or thought you want to have; use your markers and magazine clippings to illustrate what you think that would look like. After you finish decorating your card(s), write an affirmation, or draw an image that represents an affirmation, on each card.”

Debriefing:

Phase One

“Let’s share the cards we’ve created. If you would like to share an affirmation card, please hold it up to the screen. Everyone’s cards look wonderful! How did you feel inspired during the creative process? Why did you choose your affirmation? How will this affirmation help you on a hard day?”

Phase Two, Phase Three

“If you’d like to share the gratitudes/intention card you created today, please hold it up to the screen. Great job, everyone! Which part of today’s activity inspired you? What emotions did it bring up for you? Can you give an example of how you can use this card in your everyday routine?”

Phase Four

“Please hold your kindness card up to your screen to share with everyone, if you wish! I hope everyone can continue to use these cards in their respective lives. Bring the card into a beautiful day. What changes did today’s event bring to you? How are you feeling after creating your card? How can you use acts of kindness in your daily life?”

Conclusion:

Phases One, Phase Two, Phase Three

“Thank you for joining us for I Am Incredible At Crafts! What you wrote on your cards today are powerful statements. We can use them whenever we need to shift our perspectives and affirm our positive qualities. In next week’s session, we will create more cards! Join us for multiple sessions and you’ll have enough cards for an entire card deck. Does anyone have any feedback about today’s session?”

Phase Four

“Fantastic job, everyone! This is the conclusion of our I Am Incredible At Crafts! program. Everyone’s cards look wonderful. We encourage you to use your card(s) at home as a tool to maintain a positive mindset and be reminded of all our strengths. Thanks again for joining, everyone! Check out our other virtual programs at www.nwsra.org.”

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

- **Safety Considerations:** To ensure the atmosphere comfort of participants during the activity, including a sense of feelings, and assure emotional safety. Allow the group adequate time to discuss and share. Draw out and assure social safety for those who seem to want to share, but don’t look comfortable or confident in joining the group discussion. Safety precautions with safety scissors. Visual supervision may be necessary.
- **Age Considerations:** For an adult group (ages 25-47), encourage them to share their thoughts comfortably.
- **Other Considerations:** Consider each participant’s background and cultural experiences, current mood and state of mind. Always be motivational and encouraging to create a joy and meaningful experience for the group. Use activity analysis before the activity.

Expected Outcomes and Contraindications (benefits and harms)
<p>Expected Outcomes</p> <ul style="list-style-type: none"> • Participants will increase their interest in the process of art making. • Participants will be able to practice mindfulness with art making. • Participants will be able to define 'affirmation' and give examples. • Participants will practice social interaction skills with others through virtual video sessions. • Participants will practice decision-making when participating in the program. <p>Contraindications</p> <ul style="list-style-type: none"> • Participants may experience negative emotions, including frustration, rejection and overwhelm. • Participants may experience fear of social situations and/or may have had a negative experience in a social situation. • Participants may experience the sense of gap to bring activities into life and use. • Participants may experience technical issues and require assistance.
Documentation (forms, frequency, etc.)
<ul style="list-style-type: none"> • Participants will complete a pre-participation survey and a post-program survey. • The CTRS will document participation and attainment of goals in each session for the purpose of program evaluation. • Staff will complete progress notes for each participant after each session.
Evaluation Plan
<ul style="list-style-type: none"> • Survey participants' knowledge of crafts and leisure awareness prior to the first session. • Participants will complete a survey following the last session to compare improvement and changes. • Progress notes, such as SOAP, are recommended for each participant and for future use and reference.
Staff Qualified to Deliver Service (training or certification requirements)
<ul style="list-style-type: none"> • Certified Therapeutic Recreation Specialist Certified (CTRS) or CTRS Eligible preferred through NCTRC. • Staff must hold a bachelor's degree in Therapeutic Recreation or a related field with specific coursework in Therapeutic Recreation. • Activities Assistants should be available under CTRS supervision. • All staff should be familiar with the diagnoses and relevant medical conditions of the clients being served. • Volunteers in the community and family members can aid in activities by providing adults (ages 25-47) participate in technical assistance and moral support. • The programs are virtual and executed online, no transportation is required.
Safety/Risk Management/Precautions
<ul style="list-style-type: none"> • All materials must be safe and non-toxic. • Cards with rounded corners may be appropriate for some settings and populations. • Provide a safe craft area free of obstructions and hazards. • Teach safety and make sure participants have safe handling of all tools. • Ensure participants know they can share/participate only in what they feel comfortable with. • Provision of one-on-one assistance if needed in any area of the activity. • Visual supervision is recommended.
Attachments (handouts, forms, etc. needed to implement program/service)
<ul style="list-style-type: none"> • Human Systems Comfortable Emotions / Positive Affect Wheel • 60 Things To Be Grateful for in Life • 50 Intention Ideas • 51 Random Acts of Kindness • List of Positive Affirmations

- [Pre-participation survey](#) / [Post-program survey](#)

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- <https://codepen.io/noisyiguana/full/dpQKAa>

Protocol Authors

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Title
Magical Twists on Food
Brief Description of TR Service/Program
<p>Group size: 2-10 participants.</p> <p>Age: Teens and Adults</p> <p>Duration: 45-60 minutes.</p> <p>Description: Magical Twists on Food is a nutrition/cooking program designed for individuals with developmental disabilities to learn nutrition, kitchen skills, and cooking safety while learning how to make recipes based on popular Disney movies and characters.</p>
Research on Efficacy/Literature Review Summary
<p>Food is an essential aspect of daily life; you need to eat food every day to live. Nutrition is defined as the types of food that you consume and how it affects your health. There are five major food groups that are generally known by everyone. A balanced diet usually includes a variety of food from those food groups, but the majority of what should be consumed are lean proteins, fruits and vegetables, and complex carbohydrates. Teaching nutrition in schools and in programs is rising in these recent years, as there have been some surprising deficits in knowledge of nutrition. For example, the SUNY Downstate Medical Center has added an anonymous questionnaire to test student's nutrition knowledge, and the results of the questionnaire indicated that just general knowledge of nutrition was known, but more detailed aspects of nutrition was not known. Childhood obesity is a serious problem in the United States, putting children and adolescents at risk for poor health (Rimmer, J.H., et al, 2010). This demonstrates the need and the importance of teaching nutrition to people and helping them incorporate healthier and nutrient-filled decisions in their life.</p> <p>Preparing meals is an important, yet complex activity of daily living (Amini et al, 2014). Meal preparation requires thinking ahead to be successful in the planning, organizing, cooking, and serving of meals (World Health Organization, 2007). Adolescents and adults should be encouraged to develop autonomy and be able to prepare their own meals and have self-efficacy. This in turn, may encourage them to increase socialization and to have fun while making food. Teaching people cooking skills and how to follow recipes brings about many positive impacts to a person's life. Cooking allows the individual to feel useful and empowered when they see that they can create something and share it with other people. This can be done virtually through Zoom or in person. Cooking and eating are a big aspect of socialization and how people interact with friends and family. When anyone gets together with family and friends, there is often food involved. For example, sharing a meal at a holiday celebration revolves around food and cooking. According to a study completed by a group of Professors from the College of Health & Human Services at California State University, students who had Autism completed a cooking class specially designed for individuals with Autism resulted in a number of positive outcomes. These positive impacts included, opening opportunities for social experiences that come with cooking, giving the students more control over the nutritional quality of meals, and enhanced independence skills that are necessary for life. According to Samantha McCall and Abigail Tempel, the authors of "Cooking Class for children with Autism to Improve Fraction Related Performance", having children with Autism take a one-hour per week cooking class, showed significant improvements in math skills and understanding fractions.</p>
Referral Criteria
<ul style="list-style-type: none"> • The participant needs to be a Teenager or Adult in the NWSRA program and show interest in Nutrition/cooking. • Client Referral Form needs to be filled out.
Goals
<ul style="list-style-type: none"> • To demonstrate how to make familiar Disney inspired recipes.

- To demonstrate kitchen safety.
- To demonstrate awareness of nutrition.
- To demonstrate cooking skills.
- Motivate participants to eat a healthier diet.
- To demonstrate food preparation.
- To demonstrate kitchen clean up.

Measurable Objectives

- The participants will follow the recipes when prompted by the staff leader.
- The participants will use proper kitchen safety, when prompted by the staff leader.
- The participants will properly clean up the kitchen area after making the recipes, when prompted by staff leader.
- The participants will complete the five categories in MyPlate, using the information they have learned, when asked by the staff leader.
- The participants will complete the nutrition worksheet, when prompted by the staff leader.
- The participant will describe the use of one cooking utensil they learned about, when prompted by the staff leader.
- The participant will use their nutrition knowledge to talk about various ingredients that can provide a balanced diet, when asked by the staff leader.

Time Required

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

Materials, Equipment, and Resources Needed

- Week 1: Lets learn about MyPlate handout, pen/pencil, markers/colored pencils.
- Week 2: Blender, frozen or cut fruit, milk or water, ice, cup, straw.
- Week 3: 15 Oreos, vanilla pudding mix, chocolate pudding mix, cool whip, milk, blender, whisk, refrigerator, bowl, spoon, measuring cup.
- Week 4: Avocado, lime, salt, tomato, red onion, cilantro, jalapeno (if desired), tortilla chips, metal spoon, knife, cutting board, bowl, fork.

Activities (Content)

- **Introduction:** The staff leader will welcome the participants and introduce the goals/objectives of the day's activity and any safety precautions related to the activity. Staff will also go over any materials needed to complete the activity.
- **Warm-Up activity:**
 - Week 1: Share the Powerpoint to the participants attending the activity and allow them to show that they have all the materials ready.
 - Week 2: Share the Powerpoint to the participants attending the activity and allow them to show that they have all the materials ready.
 - Week 3: Share the Powerpoint to the participants attending the activity and allow them to show that they have all the materials ready.
 - Week 4: Share the Powerpoint to the participants attending the activity and allow them to show that they have all the materials ready.
- **Activity:**
 - Week 1: Participants will learn about nutrition and the different food groups and what types of food belong to those food groups, and different utensils that can be used in the kitchen.

- Week 2: Staff will introduce a Disney inspired recipe and show how to make different colored smoothies that represent a different Disney Princess.
 - Week 3: Staff will introduce a Disney inspired recipe and show how to make the Grey stuff from Beauty and the Beast.
 - Week 4: Participants will be introduced to a Coco inspired Disney recipe, and learn how to make guacamole.
- **Debriefing:**
 - Week 1: Have the participants discuss the journaling questions that are on the last slide of the PowerPoints amongst each other and staff.
 - Week 2: Have the participants discuss the journaling questions that are on the last slide of the PowerPoints amongst each other and staff.
 - Week 3: Have the participants discuss the journaling questions that are on the last slide of the PowerPoints amongst each other and staff.
 - Week 4: Have the participants discuss the journaling questions that are on the last slide of the PowerPoints amongst each other and staff.
- **Conclusion:**
 - Week 1: Thank participants and anyone who attended the activity and introduce the activity that is going to be completed during the next session.
 - Week 2: Thank participants and anyone who attended the activity and introduce the activity that is going to be completed during the next session.
 - Week 3: Thank participants and anyone who attended the activity and introduce the activity that is going to be completed during the next session.
 - Week 4: Thank participants and anyone who attended the activity and remind the participants to complete and email the Post-course survey.
 - **Cooking:** Staff will introduce Disney inspired recipes based on popular Disney movies that everyone has seen or

Methods (Process)

- **Introduction:** “Welcome everyone to today’s session of our Nutrition and cooking activity, I hope that all of you have had a magical week so far. I am going to go over what this session entails and the materials that we need to do the nutrition project or the recipe”.
- **Warm-Up activity:**
 - Week 1: Pull up the PowerPoint for week 1 and share it on everyone’s zoom screen through screen share. Ask everyone to show you the materials that they should have ready. In this week, everyone must show that they have the printed-out handout, pen/pencil, and markers/
 - Week 2: Pull up the PowerPoint for week 2 and share it on everyone’s zoom screen through screen share. Ask everyone to show you the materials that they should have ready. In this week, everyone must show that they have a blender, frozen or cut fruit, milk or water, ice, cup, and a straw.
 - Week 3: Pull up the PowerPoint for week 3 and share it on everyone’s zoom screen through screen share. Ask everyone to show you the materials that they should have ready. In this week, everyone must show that they have 15 Oreos, vanilla pudding mix, chocolate pudding mix, cool whip, milk, blender, whisk, refrigerator, bowl, spoon, and a measuring cup.
 - Week 4: Pull up the PowerPoint for week 4 and share it on everyone’s zoom screen through screen share. Ask everyone to show you the materials that they should have ready. In this week, everyone must show that they have an avocado, lime, salt, tomato, red onion, cilantro, jalapeno (if desired), tortilla chips, metal spoon, knife, cutting board, bowl, and a fork.
- **Activity:**

- Week 1: “As we see in this slide from the PowerPoint, we will be going over different kitchen equipment and utensils that is available in kitchens. I know that some of you may know what they are, but we need to go over them”. Call the participant’s names one by one and when you call them, have them read one of the utensils and try to describe what it is used for, as best they could. “You need to be safe when you are working in the kitchen, at all times, you need to be careful when using a knife or a blender, because they can cut you, if you do not use them properly”. Go over the nutrition slide, with the disclaimer that not everybody is the same, so everyone’s nutritional needs will be different. “Everyone, get the handout and the writing materials that you have ready to use. We are going to learn about the food pyramid and what categories different foods are categorized in”. Lead the activity, and call out the participants to answer the questions, and if they need any help the other clients and staff can help answer any questions. Have them draw how a typical dinner or lunch plate looks for them. Give them the freedom to draw whatever food they would like and allow them to have fun interacting with their peers and the staff.
- Week 2: “This week we will start cooking and making different Disney recipes. This week we are going to make smoothies based from the Disney Princesses, you can use any types of fruits and vegetables if you would like to make the smoothie different colors. If you want a yellow smoothie like Belle, you will need to add a lot of pineapple to the blender, but if you add spinach and green apple to the blender, you will get a green smoothie like Merida. But no matter what Disney Princess smoothie you make, always remember to be safe and careful when using sharp objects, like the blender. So, everyone get your fruit and put it inside the blender, then add the milk that you would like or water, whatever is your preference. Next add some ice and put the cover on the blender and blend until it is smooth. Once it is smooth and colorful, pour it into a cup and place a straw”. After the smoothies are completed, have the clients taste them and to help clean up the area and any equipment used in the kitchen.
- Week 3: “We are going to be making the Grey stuff from Beauty and the Beast. If you guys remember, the gray stuff is one of the things that Belle tried, and it is part of the Be our Guest song. You can also eat it in Disney World. Let us start by getting a bowl and mixing the vanilla pudding with milk, mix it very well and put it in the refrigerator for 10 minutes. Let us put a timer for 10 minutes. Now, while the pudding mix is in the refrigerator, put the Oreos in a blender or food processor, whatever you have, and blend until they become crumbs. Next, you will mix the Oreo crumbs and the pudding mix. Once that is completed, slowly add, and fold the whipped topping and the chocolate pudding mix until it is mixed well and put the mix inside the refrigerator for one hour. You can taste it now if you want, but the recipe calls for it to be in the refrigerator for one hour before eating it”.
- Week 4: “Today we will be making a Coco inspired Disney recipe, and learn how to make guacamole. Has anyone seen the movie Coco”? Allow the participants to answer and talk about the movie for a little while. “Let us start by carefully cutting open the avocado. The avocado has a large seed in the middle, and that needs to be thrown away. Try to scoop out the avocado with a spoon and put it into a bowl. Know carefully get the knife and cut the lime in half, with the same knife chop the cilantro, dice the red onion, and cut half a jalapeno if you want it spicy. Squeeze the lime juice into the bowl with the avocado and add a pinch of salt. Get a fork and smash the avocado, until it is as smooth as you want it to be. Add the rest of the ingredients to the smashed avocado and mix it. Taste the guacamole, if you guys think that it is missing something you can add whatever you think is missing. You can now eat the guacamole with chips”. Allow the participants/clients to discuss the guacamole amongst themselves.

- **Debriefing:**

- Week 1: Lead the discussion using these questions as a guide, allow the participants to discuss amongst themselves:
 1. What did we do today?
 2. Tell me about one tool you use in cooking.
 3. Did you like today's activities?

4. How did you feel while doing the activities?
- Week 2: Lead the discussion using these questions as a guide, allow the participants to discuss amongst themselves:
 1. Did you like the smoothie, why or why not?
 2. What color smoothie did you make, which Disney Princess does it represent?
 3. What did we do today?
 4. Did you like today's activities?
 5. What you felt while doing the activities?
 - Week 3: Lead the discussion using these questions as a guide, allow the participants to discuss amongst themselves:
 1. What did we do today?
 2. Was cleaning up easy today?
 3. Did you like today's activities?
 4. What you felt while doing the activities?
 - Week 4: Lead the discussion using these questions as a guide, allow the participants to discuss amongst themselves:
 1. What did we do today?
 2. Did you like today's activities?
 3. How did you felt while doing the activities?

- **Conclusion:**

- Week 1: Thank participants and anyone who attended the activity and introduce next session's activity, which will be making a Disney Princess inspired smoothie.
- Week 2: Thank participants and anyone who attended the activity and introduce the activity, which is going to be making the Grey stuff from the Beauty and the Beast movies.
- Week 3: Thank participants and anyone who attended the activity and introduce the activity, which will be making a Coco inspired guacamole.
- Week 4: Thank participants and anyone who attended the activity and remind the participants to complete and email the Post-course survey.

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

- If the activity is completed through zoom meetings, staff leaders may choose to invite participant family and friends from their support network, to help the participants cook the recipes.
- Participants who do not have the proper supervision at home, can follow along the other staff and participants who are physically cooking, instead of trying to cut and prepare the recipes without supervision.
- Use social distancing best practices if regulations are in place by the CDC and the state.
- Adjust the size of the group to adhere to rules and safety, and to have sufficient staff supervising the participants.
- Staff leaders should state that other ingredients can be used as a replacement for anyone who has any allergies or dietary restrictions (i.e. Using milk alternatives such as soy or almond milk instead of whole milk).

Expected Outcomes and Contraindications (benefits and harms)

- **Benefits:** The participant will learn about nutrition and how they can incorporate it into their daily lives. They will learn about different kitchen utensils and how they should be properly used, before using basic cooking skills to follow the recipes. They will interact with other participants and with staff members, to be more social and have fun activities that they can do when they must remain in their homes, due to Covid restrictions.
- **Harms:** If the participant does not follow the proper instruction and the proper dietary needs and restrictions, they can harm themselves either physically or mentally. Physically they can cut themselves if not using the

kitchen utensils properly. Mentally they can harm themselves by being too restricting on the foods if they focus too much on the nutrition aspect and set unrealistic food goals on the MyPlate activity.

Documentation (forms, frequency, etc.)

Forms are attached below:

- Client Form.
- Pre-Survey Questionnaire
- Post-Survey Questionnaire
- Attendance sheet

Evaluation Plan

The participants will answer a Pre- survey questionnaire that they will receive through email, before the start of the activity. They will also fill out a Post- survey questionnaire that they will receive through email, after the 4 weeks of the activity is completed.

The staff leader will have an attendance sheet, and document all the participants that attends the activity, every week.

Staff Qualified to Deliver Service (training or certification requirements)

- 3-5 staff are needed.
- At least 1 staff must be a CTRS.
- CPR/Safety/First Aid Certification needed from all staff.
- Staff need to be trained in cooking and kitchen utensil safety.
- Staff needs to be proficient in Zoom.
- Staff needs to know the basics of cooking.

Safety/Risk Management/Precautions

- **Safety Considerations:** Make sure the participants have the correct equipment and ingredients needed to complete the activity. The participants should be wearing proper attire when cooking, such as a shirt with short sleeves, so that long flowy sleeves do not get stuck anywhere or bother the person cooking. Participants should be safe and be cautious when in the kitchen and use the kitchen utensils the proper way when following the recipe. Staff should make sure that the participants have proper supervision and are utilizing the equipment correctly and are properly following instructions.
- **Age Considerations:** Younger participants tend to have different nutritional needs than older participants, and this should be considered when talking about nutrition. Younger participants may tend to be more active, which in turn indicate that they need more quantity of food than participants that are older. Older participants may tend to be more sedentary and have deficiencies in certain vitamins and nutrients needed. They would benefit from more nutrient dense foods, but in smaller quantities, and this can be indicated in the nutrition aspect of the activity. They may have more experience in the kitchen and with cooking and would find following the recipes to be easier than the participants who have less experience cooking.
- **Other Considerations:** Participants should always have supervision especially when cooking and using sharp kitchen utensils. Dietary restrictions and food allergies need to be considered, and the recipes need to provide an alternative for the allergies or dietary restrictions, if needed.

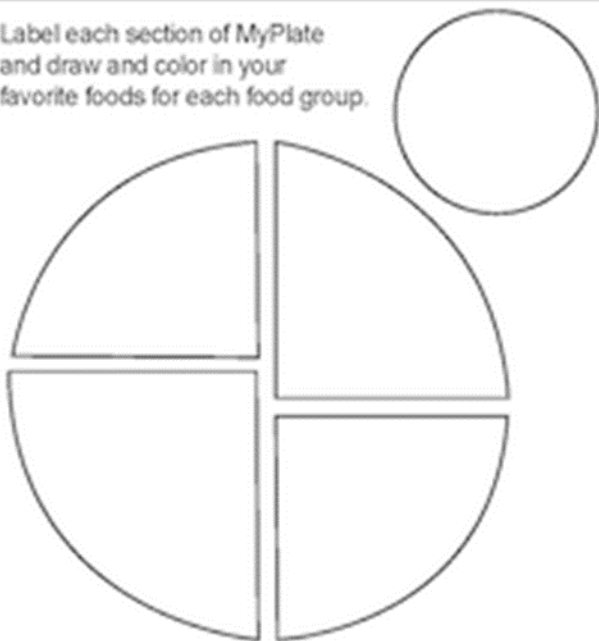
Attachments (handouts, forms, etc. needed to implement program/service)

- Week 1:
<https://docs.google.com/presentation/d/1MrjJYV2ycx6g5WrY2hAeD6sshqNmxWRGf5EBx3xsceU/edit?usp=sharing>

Lets learn about MyPlate form is attached below.

Let's Learn About MyPlate

Label each section of MyPlate and draw and color in your favorite foods for each food group.



Match the foods to their food group:

- | | |
|----------------|----------------|
| a. Apples | ___ Grains |
| b. Broccoli | ___ Vegetables |
| c. Lettuce | ___ Protein |
| d. Eggs | ___ Grains |
| e. Cheese | ___ Vegetables |
| f. Black beans | ___ Protein |
| g. Chicken | ___ Dairy |
| h. Brown rice | ___ Grains |
| i. Wheat bread | ___ Fruit |
| j. Oatmeal | ___ Vegetables |
| k. Yogurt | ___ Protein |
| l. Grapes | ___ Fruit |
| m. Banana | ___ Vegetables |
| n. Potatoes | ___ Dairy |
| o. Squash | ___ Fruit |
| p. Skim milk | ___ Dairy |



How much of your plate should be fruits and vegetables? Color your answer.

How many of your grains should be whole grains each day?

- one
- none
- half

Circle each protein food:

- Poultry/chicken
- Cheese
- Fish/seafood
- Turkey
- Peanut butter
- Beef
- Beans
- Eggs
- Tuna
- French fries
- Mac and cheese
- Spaghetti

Circle each whole grain food:

- Cookies
- Donuts
- Whole wheat pasta
- Macaroni
- Brown rice
- Oatmeal
- Whole grain cereal
- Whole wheat bread
- Bagels

True or false?

Dairy foods like skim or lowfat milk and yogurt help build strong bones.

- Week 2:
https://docs.google.com/presentation/d/1ZYHiFDg5DHq09Qr_VPe-RmO4iowxw1Bms_s5rZ0FqKU/edit?usp=sharing
- Week 3:
<https://docs.google.com/presentation/d/1mTsRjlu95RncoApf92JraN5NpRJ85r-H8hYS6XhgUM0/edit?usp=sharing>
- Week 4:
https://docs.google.com/presentation/d/1JhXm5LjPynSP3L1Pj_ohbVc6lfGuSiTUwEiB2PzRpjo/edit?usp=sharing

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Protocol Authors

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Comprehensive Evaluation Plan

Brief Description

Evaluation is a standard of practice for therapeutic recreation professionals to measure the effectiveness of treatment plans and programming, according to the American Therapeutic Recreation Association (ATRA) and the Canadian Therapeutic Recreation Association (CTRA). The systematic process “re-assesses, evaluates and compares the patient’s/client’s progress relative to the individualized treatment plan” to make “changes in the interventions, diagnosis and patient/client responses” (West et al., 2013). It also measures the “degree to which the goals and objectives have been attained” to justify the efficacy of the program or service (Carter et al., 2013, ch. 13).

This program evaluation applies the logic model to outline a road map of all the components and resources needed for an effective program. Additionally, the comprehensive evaluation model is used for a thorough examination of the evaluation using “both specific program and client outcome information” (Stumbo & Peterson, 2009, p. 363). This model is used to track program appropriateness and its strengths and weaknesses to make future changes. Data collection is used to analyze overall program satisfaction, quality assurance, staff performance, and efficacy of virtual programming.

Inputs	Activities	Audience	Outputs	Short-term Outcomes	Long-term Outcomes
Staff Volunteers Participants Funding Facilities Materials & equipment for program activities Time	Virtual activity sessions focused on different leisure areas, including: <ul style="list-style-type: none"> • Crafts • Fitness & Wellness • Music & Sensory • Nature & Travel • Nutrition & Cooking Create marketing products for program activities	Participants Families and caregivers	Four weekly virtual activity sessions throughout the program Four marketing products during a program promotion campaign	Increased awareness of virtual leisure activities Knowledge of using leisure as a coping technique Increased social interaction and conversational skills	Establish healthy leisure habits Use of leisure coping for a strategy to manage stress

Assumptions	External Factors
<ul style="list-style-type: none"> • Participants have the capability and access to utilize technology for program participation • Participants are interested in the leisure activities • Program activities are effective in improving well-being • Family members will be supportive in virtual program participation • Volunteer are available 	<ul style="list-style-type: none"> • Social and cultural norms of participants • Environmental factors (unexpected changes in program resources or funding, technology errors) • Public policies • Influence of participant’s social environment

Goals

1. Determine program quality and satisfaction based on feedback from NWSRA participants, staff, volunteers, and Board of Directors
2. Determine efficacy of virtual programming for NWSRA therapeutic recreation services

Objectives

1. The recreation therapist will collect feedback from participants and staff at the end of each activity session.
2. The Superintendent of Recreation will observe and document staff performance throughout two activity sessions.
3. The recreation therapist will share results with the Board of Directors at the conclusion of the 4-week program to get feedback and make future changes.

Methods and Activities

Instruments Used:

- Post-Session Report Form (TR specialists)
- Progress Notes - SOAP (TR Specialists)
- Satisfaction Surveys - NWSRA Virtual Program Evaluation (Participants)
- Direct Observation (Superintendent of Recreation)

Types of Questions

- Formative questions are used during the program to conduct activity analysis “document performance adequacy and recommend training needs” (Carter et al., 2013, ch. 10).
- Summative evaluations occur at the conclusion of the program to make improvements to the program and staff training (Carter et al., 2013, ch. 10).
- Closed-ended questions and open-ended responses are used in satisfaction surveys.

Questions Will Address:

- **Program content** (*Was the content appropriately delivered? What is the perceived value of the program? Suggestions to improve future programs?*)
- **Program process** (*Were the intervention strategies appropriate? Did the order of events make logical sense? Was a sufficient amount of time planned? What unexpected events occurred in this program?*)
- **Program resources** (*Were the required materials available and accessible?*)
- **Nature of clients** (*What was the nature of the relationship between clients and staff? Did clients meet the objectives?*)
- **Staff involvement** (*Were the staff interactions appropriate? Was staff professional and appropriately trained?*)

Sample Size and Technique

- Four direct observations will be used in all four sessions. Therapeutic recreation specialists will record information about each participant's behavior via open-ended narratives.
- The Superintendent of Recreation will also directly observe TR specialists during two sessions.
- Following each of the four sessions, a digital self-administered survey will be distributed to all participants. Families and/or caregivers may assist in the completion of the survey.
- TR specialists will complete a post-session report form after each session.

Data Plan

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

During each activity:

- Participants will be observed and data recorded by TR specialists using client progress notes in all four sessions
- TR specialists will be observed and data recorded by the Superintendent of Recreation in two sessions

After each activity:

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

At the conclusion of the program:

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

Audience

Data and results will be collected and disseminated to participants, their families, and medical professionals, as well as staff, volunteers, the Board of Directors, and local community. Evaluation results may also be shared with external accreditors, local media, public officials, and community leaders who have a role in shaping public policy, providing funding, and establishing beneficial partnerships for the association.

Report Format

A written report will be presented in various levels of detail and sophistication based on the audience. It will be presented in digital format and include an overview of the program evaluation, outcomes and impacts, as such:

- Program Overview
- Assessment/Planning: Use of evidence-based logic model to plan the program according to participant needs and goals
- Implementation: Measurement of the efficacy and satisfaction of the program based on participant, staff/volunteer, and Board of Directors feedback
- Outcomes and Impact: Analysis of results from post-satisfaction surveys, post-session report forms, and client progress notes to make future changes to the program
- Attached surveys

Post-Session Report Form

Post-Session Report Form: Figure 12.5

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

1
2
3
4
5

very appropriate
very inappropriate

Please explain your answer: _____

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

1
2
3
4
5

very appropriate
very inappropriate

Please explain your answer: _____

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

Yes (skip to question #5) 1
 No 2

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

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

1
2
3
4
5

very sufficient
insufficient, more or less time needed

Please explain your answer: _____

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

Yes (skip to question #7) 1
 No 2

If no, please explain: _____

Post-Session Analysis Form

Post-Session Analysis Form: Figure 12.6

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

Yes (skip to question #8) 1
No 2

If no, please explain: _____

8. What was the *nature of client and staff involvement* in this session?

9. What *unanticipated events or outcomes* occurred in this session that were not planned in the original session design?

POSITIVE UNANTICIPATED EVENTS OR OUTCOMES: _____

NEGATIVE UNANTICIPATED EVENTS OR OUTCOMES: _____

10. Additional comments on this session: _____

Progress Notes - SOAP

COMPANY: _____ **DATE:** __/__/____

DOCTOR: _____

Name: _____ **Primary:** _____

PAN: _____ **Secondary:** _____

Date: _____ **Record:** _____

Diagnosis	Procedures

Subjective:

Objective

Assessment:

Plan:

Satisfaction Survey: NWSRA Virtual Program Evaluation

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

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

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

Phone Number _____

Email Address _____

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

_____ Yes

_____ No

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

_____ Phone

_____ Email

_____ N/A

6. What is today's date?

7. What type of Virtual Program are you evaluating?

_____ General Recreational Therapy Programming

_____ Collaborative Programming (PURSUIT/STAR Academy/SibShops)

_____ Clubs and Special Events

_____ Activity Center

_____ Weekly 1:1 Zoom and/or Phone Calls

_____ NWSRA Bus Visits

_____ Activity Box

8. What is the specific program name?

Program Name _____

9. Who is the program leader/coordinator?

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

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

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

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

13. Suggestions to improve this Virtual Program:

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

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

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

1 10

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

Yes

No

Already receiving e-mail updates

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

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Author:

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Human Resources/Personnel

Staffing Requirements:

- Five Recreation Specialists/CTRS/CPRP
- Interns if available
- Volunteers as Needed

Staffing Rationale:

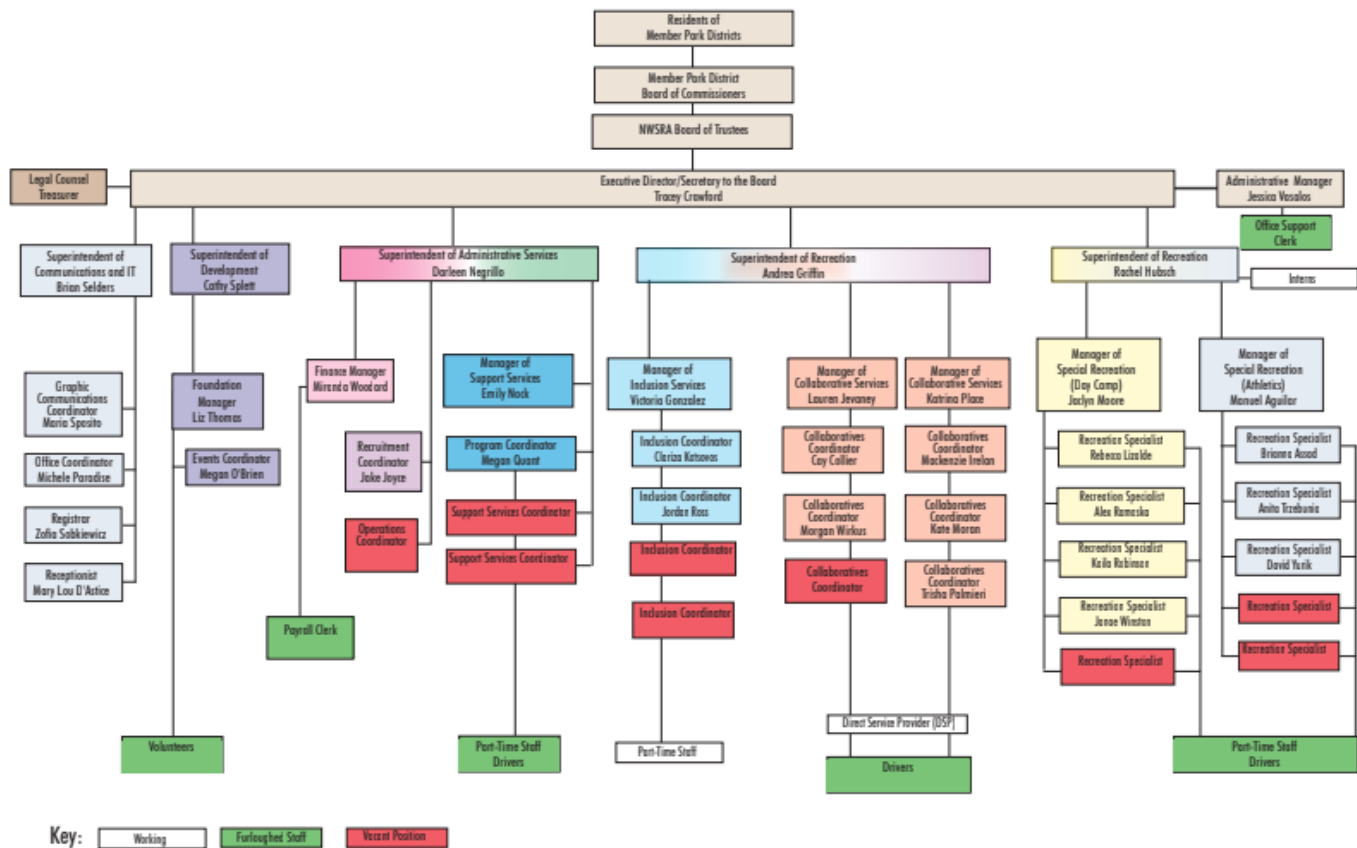
A maximum of five recreation specialists are required based on the necessity of 18 hours of programming and an anticipated 13.5 hours of preparation and documentation (45 minutes combined for each session) per week. 31.5 hours of staffing is required for the entire month of programming. The scheduling of program times and staff availability may determine actual staff numbers, as a staff of five CTRSs is based on all protocols running simultaneously. This program designates one staff member per session/protocol, but additional support may be necessary to meet participant needs, in addition to their being tech support on call. According to the NCTRC Job Analysis Report, CTRSs spend most of their time in direct services (48.5%) with the remainder of their time spent devoted to management activities (23.8%), education (10%), and consultation activities (6.6%). In accordance with this study, it was found that CTRSs deliver on average 23 hours of direct care or programming per week (Kinney, J., 2020). This indicates that the estimated number of staff needed must be based on hours of program delivery, in addition to other job requirements and responsibilities that must be met. Volunteers and Interns may be used on an as needed and available basis, but are not required to run this program. Qualified and supervised interns may be used to run sessions per their internship requirements stated below (NWSRA).

The primary program instructors will be Certified Therapeutic Recreation Specialists (CTRSs) or Interns within the field of therapeutic recreation. The necessity for the use of CTRSs is based on their trained ability to assist individuals to discover their abilities and develop personal interests that meet their needs. CTRSs are expected to uphold a “strength-based approach,” defined by a “focus on what is aspired to, what is dreamed about, and what is going well” (Anderson, L., & Heyne, L., 2012, p.3). Job descriptions and specifications may fluctuate based on a job analysis, as the field of therapeutic recreation continues to grow and develop. Upon hiring, all staff will be expected to undergo trainings relevant to their position with the desired expectation of creating a “Learning Organization,” that is “forward thinking” and a “culture focused on innovation” (Carter et al., 2014, p.141). It is expected that all positions within the organization maintain continued education and professional development for maintained certification, to strengthen and support qualifications and standards of service (Carter et al., 2014). The job descriptions and qualifications of recreation specialists, interns, and volunteers that are presented below are representative of current expectations based on information provided by the NWSRA.

Northwest Special Recreation Association

Organizational Chart 2021

Revised 1/7/2021



***The organizational chart above shows the hierarchy of positions within the NWSRA (2021).**

- “All employees will need a Current National Council on Therapeutic Recreation Certification (NCTRC) or Certified Park and Recreation Professional (CPRP) or the ability to get certified within an allotted amount of time determined by the policy of the Association and/or the Executive Director” (2021).
- The standards of staffing that must be met for the Commission for Accreditation of Park and Recreation Agencies (CAPRA) are as follows,
 - ❑ The agency shall employ staff qualified to develop and operate programs and services in furtherance of goals and objectives. Staff shall be qualified for the positions as provided in the job descriptions and possess specified licenses and certificates. Park and recreation personnel shall have certification and/or educational training appropriate to the position.
 - ❑ There shall be an orientation program for all personnel employed by the agency
 - ❑ 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
 - ❑ There shall be constructive and effective supervision of all personnel to help them
 - ❑ grow professionally and improve programs and services.

- ❑ There shall be a program of employee development which is available to employees throughout the agency. It should be based on the needs of individual employees, future organizational needs, and is evaluated and updated periodically. The program must notify personnel of available and/or required training, maintain training records, and assure that required training programs are attended. The program should incorporate in-service training and succession planning to ensure the continued effective performance of the organization after the departure of key staff (Commission for Accreditation of Park and Recreation Agencies, 2019).

****The following Job descriptions were provided directly from the NWSRA and reflect all required qualifications and standards that must be met for employment.****

Recreation Specialist (CTRS) Job Description

DEPARTMENT: Program

CLASSIFICATION: Salary (\$3291.67/ Per person for one month)

FLSA: Exempt

STATUS: Full-Time

REPORTS TO: Manager of Special Recreation

DIRECT REPORT(S): Part-Time and Seasonal Employees, Volunteers

JOB PURPOSE:

- Responsible for planning, implementing, and evaluating a wide variety of recreation and leisure programs and services for individuals with disabilities within the Northwest Special Recreation Associations 17 member districts. Represent NWSRA at meetings, support community access to recreation for individuals with disabilities and advocate for the development of recreation programs for everyone.

ESSENTIAL DUTIES & RESPONSIBILITIES:

AGENCY OPERATIONS AND ADMINISTRATION

- Select, recommend and inventory supplies and equipment, which are associated with areas of supervision and responsibilities through inventorying, cleaning, inspection, and restocking equipment.
- Utilize established purchasing procedures for purchasing, price quotes, formal bids and vendors for supplies, equipment and services.
- Effectively use cell phones, computers, computer software, tablets and the Internet for the performance of job assignments.
- Provide input to supervisory staff related to determining goals, budgets, supply and equipment needs, risk management resources, productivity and efficiency systems, and staff development activities that may affect the Association's overall financial and resources development.
- Maintain all required certifications.
- Actively participate in assigned team meetings, individual/supervision meetings, planning or other agency meetings.
- Drive an agency or personal vehicle to all work related events, programs and/or meetings as required.

- Prepare, receive, and understand written material, whether by mail, facsimile, text, or e-mail and quickly respond to phone calls, voicemails, and written materials.
- Solve complex problems and work efficiently and effectively under pressure and meet all deadlines for all projects, assignments, and events.
- Participate regularly in continuing education opportunities, in-house in-services, state and national opportunities as appropriate to increase awareness and knowledge, and to develop new skills and techniques.
- Maintain a neat work area with easily accessible information in a logical filing system.

COMMUNICATION AND OUTREACH

- Develop and maintain effective communications with special education teachers, social service workers, part-time staff, community members, parents, member district staff, and agency personnel.
- Represent NWSRA at support group meetings related to the disability groups served by the Association, gather program suggestions and build awareness of Association services.
- Provide physical and emotional support to both children and adults with limitations when working and participating in activities requiring assistance. Must be able to respond to the needs of individuals with disabilities.
- Communicate effectively with small and large groups of people by providing information and assistance to member district staff, community groups, staff, parents and participants through presentations, speaking opportunities, and training.
- Treat public complaints and concerns with the utmost attention. Is courteous in all cases.

POSITION SPECIFIC RESPONSIBILITIES

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

SAFETY

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

COMPETENCIES:

- **COLLABORATION:**Promotes and supports work teams and groups.
- **RELIABILITY:**Performs responsibilities dependability and accurately, fulfills promised actions.
- **RESPONSIVENESS:**Focuses on the customer, willingly helps others and provides prompt service.
- **ASSURANCE:**Conveys trust and inspires confidence.
- **EMPATHY:**Deals with individuals, appreciates their differences, handles emotions and shows compassion for others.
- **SELF-CONFIDENCE:**Recognizes the contributions of others and is conscious of their own ability.
- **INITIATIVE:**Begins and follows through energetically with plans and tasks.
- **COMMUNICATION:** Shares information, listens to what others are saying.
- **ADAPTABILITY:**Makes decisions and solves complex problems.

JOB STRENGTH REQUIREMENTS:

Weight Bearing:

- Ability to safely lift, transfer and/or position individuals with mobility impairments in wheelchairs at a minimum of 60 pounds per individual.
- Ability to lift wheelchairs over obstructions such as curbs, small stairs, and other barriers.
- Ability to safely lift and transfer bundles of brochures and flyers for delivery at a minimum of 20 pounds per load.
- Ability to gather and transfer program equipment or trip luggage at a minimum of 20 pounds for an item.
- Ability to move heavy equipment such as tables, chairs, volleyball standards, bowling balls, etc., at the program location. Ability to safely lift ambulatory participants at a minimum of 30 pounds per individual, as needed.

Agility/Flexibility/Balance:

- Ability to maneuver wheelchairs through narrow or small spaces, such as doorways, washrooms, and vehicles, while operating doors and lifts.
- Ability to kneel down, rotate body position, and reach into small spaces such as wheelchair tie down areas on vehicles.
- Ability to kneel, crawl, reach, and run, to maintain interaction with participants in programs who may need individualized assistance or close supervision.

Manual Dexterity:

- Ability to safely drive vehicles transporting up to 29 passengers, to manipulate vehicle controls and operate wheelchair lift equipment.

- Ability to manipulate a variety of objects to perform personal care activities for participants, such as changing clothes, diapering, toileting, feeding, dispensing medication, administering First Aid and CPR and other types of specialized care when identified through the Participant Care Guidelines.
- Ability to grasp and physically restrain participants who are out of control and may injure themselves or others.
- Ability to manipulate various tools needed to perform the responsibilities of the job such as writing utensils, communication devices, recreation equipment of all types and office equipment.

Stamina:

- Ability to work a varied schedule of days, evenings, weekends, and overnights, and possess the stamina to perform with limited sleep on some events.
- Ability to drive long distances on trips and overnight events.
- Ability to keep pace with active participants who may: have hyperactivity disorders, be aggressive (bite, pinch, hit, kick etc.), or run from the group.

Psychological Considerations:

- Ability to work with individuals with disabilities, degenerative diseases, and communicable diseases in an empathetic and respectful manner, and to maintain a positive attitude and demonstrate an advocacy role in public places.
- Willingness to handle multiple projects, quick transitions between duties each day, and a varied schedule each week.
- Ability to trouble-shoot, problem-solve, and handle stress in a calm, professional manner.

Environmental Considerations:

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

Cognitive Considerations:

- Ability to navigate, read maps, and become quickly oriented to unfamiliar places.
- Ability to perform head counts and monitor large groups at big events or in public places, and manage intense situations.
- Ability to observe group dynamics, anticipate escalating behaviors, and intervene to defuse potentially intense situations.

POSITION QUALIFICATIONS:

- Graduate from accredited college or university with a BA/BS degree in Therapeutic Recreation, Parks and Recreation, or related field of study.
- Knowledge of and ability to confidently work effectively with individuals with disabilities.
- Current National Council on Therapeutic Recreation Certification (NCTRC) or Certified Park and Recreation Professional (CPRP) or the ability to get certified within an allotted amount of time determined by the policy of the Association and/or the Executive Director.
- Minimum of one year of full time experience with children and adults with various disabilities.
- Demonstrate knowledge of disabling conditions, and experience in planning and implementation of a wide range of recreation programs for people with disabilities.

- Ability to assess, plan, develop, implement, and evaluate activity programs for recreation, leisure and the therapeutic recreation programs.
- Strong interpersonal skills and the ability to effectively communicate with full-time staff, student interns, part-time staff, volunteers, parents/guardians, participants, park district and school district personnel, as well as members of the general public.
- Experience working with part time and volunteer employees with a supervisory style that includes well-developed organizational skills.
- Demonstrate strong leadership qualities; confidence, maturity, flexibility and professionalism.
- Knowledge of current standards of professional practice and ability to apply these standards to daily work. Highly motivated, self-starter, outgoing and confident with excellent interpersonal and communication skills in the oral and written format is required.
- Work independently, solve simple to complex problems, demonstrate dependability, promptness and punctuality, and convey a positive attitude to others.
- Knowledge of computer skills; Office, Word, Excel and Outlook.
- Ability to engage in activities requiring physical exertion. Ability to perform required duties under stressful situations without supervision.
- First Aid/CPR/CPI certification required.
- Ability to drive agency vehicles based on the driver's abstract.
- Ability to attain Illinois Commercial Driver's License (CDL).
- Must pass the pre-employment drug testing, physical and criminal background check

Internship Requirements/Description

I. Goals of the Internship Experience

- Provide a meaningful, practical experience for the intern under the supervision of a qualified CTRS, including periodic evaluation and feedback.
- Provide an opportunity for the student to enhance or improve the present Therapeutic Recreation program(s) under the supervision of a qualified CTRS.
- Provide a professional experience that fulfills the requirements of the College or University.
- Work closely with the student intern supervisor of the educational institution.
- Require the intern to participate and complete NWSRA assigned tasks and responsibilities throughout the experience.
- To provide an opportunity for the student to relate to, interact with and learn from a CTRS.
- To provide the student with the opportunity to observe and to understand the working relationship between employees at all levels within the organization.
- To provide an opportunity for the student to establish realistic goals (based on evaluation of his/her experiences and performance) for his/her own professional development.
- To provide an opportunity to supplement and/or complement the student's classroom experience.
- To provide the opportunity to interact with and work with a wide variety of persons with disabilities.
- To provide the opportunities to develop direct leadership skills and supervisory skills.
- To provide the opportunity to observe and develop the skills necessary to be an effective team member.
- To meet NCTRC and NTRS fieldwork requirements.
- To prepare the student for an entry level position within the field of Therapeutic Recreation.

II. Objectives of the Internship Experience

- Agency Service Plan: The intern will be exposed to all aspects of the agency through a thorough orientation to the agency and each of its staff. During this orientation they will be required to meet each of the full-time staff in all areas of the agency.
- Assessment: Student interns will perform an assessment with program that requires skill development. This assessment will help to clarify individual leisure goals and to determine how NWSRA or member agency programs can help them meet those goals. Once observations and training are complete, the intern will have the opportunity to administer assessments, develop leisure goals, and to make recommendations for program involvement.
- Administrative: The intern will receive a policy manual of the procedures and policies of the organization. Time will be allocated to observe, ask questions and experience the organization and management of day to day operations of and services provided by NWSRA.
- Special Meetings: Opportunities to observe various organizations at both the local and state levels. Interns will attend and work cooperatively with interdisciplinary teams and human service providers and educators.
- Evaluation: The intern will be expected to complete evaluations on each program that they lead as well as evaluate progress of the individual chosen for the case study. A weekly critique of each lesson plan executed will be developed and recommendations made for changes in the subsequent weeks of programming. Evaluations and recommendations will be reviewed with the supervisor.
- Special Projects: Each intern will be required to complete a chosen project. The supervisor and the intern will jointly determine the project. The project should be of mutual benefit to the student and NWSRA. In addition the intern will have the opportunity to work closely with Intern coordinator as well as other full time staff to provide further insight on the chosen project.
- Outreach and Advocacy: The intern will network with personnel in community agencies the Association works with cooperatively advocating for rights to leisure services for individuals with disabilities. The intern will advocate for inclusion and normalization by fostering positive relations with our member agencies participant's family and/or guardian.
- Professional Development: The intern will familiarize themselves with the NCTRC job task analysis and identify areas that need development. Opportunities to pursue certifications and credentials may be provided during the internship. The intern will be included in all full-time staff training and in-services, including local and state conferences if they fall during the semester that the internship is held. Through meetings with staff and other professional meetings, the intern will familiarize themselves with current issues and trends facing the field.
- Special Projects: Each intern will be required to complete an assigned project. The supervisor and the intern will jointly determine the project. The project should be of mutual benefit to the student and the agency. In addition the intern will have the opportunity to work closely with the Executive Director or Superintendent in order to provide further insight on the chosen project.
- Participating Member District Visitation: Opportunities will be provided for the intern to visit each of the participating member districts that make up the agency.
- Student's Wants and Needs: There is flexibility to provide guidance and supervision in areas that may not be listed in the above guidelines.

III. Methods of Accomplishment

- The intern will be responsible to the Intern Supervisor for the coordination of their internship assignments and responsibilities.
- Observation of programs, staff, administration, meetings, etc.
- Assisting with programs and administrative tasks.
- Completion of special projects and tasks.
- Active planning, leadership, assessment and documentation for Association participants.

- Visitation to related recreational programs and agencies. (optional assignment) As-needed or by request of student intern
- Attend all scheduled Association meetings.
 - In-services
 - Bi-weekly staff meetings
 - One monthly Board of Directors meeting
 - Inter agency committee meetings as requested by supervisor
- Maintain an Intern Log. This report should not be a chronological summary of the week's events, but a critical analysis of the student's reaction to these events and the intern's experience.
- Maintain a file that includes the following:
 - Weekly reports
 - Association Information
 - Flyers and other public relations information
 - Staff meeting agendas and minutes
- Plan, develop and implement a minimum of 2 program sessions. The student will be responsible for all duties and responsibilities associated with completion of this task, i.e.:
 - Promoting the program through program phone calls and flyers.
 - Ordering/purchasing supplies.
 - Determining goals and objectives/developing the TR process.
 - Coordinating transportation arrangements.
 - Supervising part-time staff and volunteers.
 - Becoming familiar with the participants in the program.
 - Assessing and evaluating the program upon completion.
 - Preparing all documentation for participants and programs.
- The student will be required to lead and supervise the assigned program. Maintain all records, reports, evaluations and documentation and evaluate subordinate staff.
- Be assigned to full-time CTRS staff to observe and assist (when appropriate) their daily duties and responsibilities, i.e.
 - Recruitment, interviewing, hiring process of seasonal part-time employees
 - Paperwork/agency and program procedures
 - Telephone procedures
 - Registration procedures
 - Program implementation assistance
- Attend various local and professional meetings that pertain to recreation.
- Design a new general program that could be implemented into NWSRA program offerings.
- Observe, assist, and conduct a minimum of 3 participant Assessments for the purpose of determining leisure goals.
- Complete a case study on a NWSRA participant in an assigned program. This case will include the following.
 - Assessment of participant
 - Developing goals and objectives to serve the participants needs in the program
 - Documenting each week on progress of goals and objectives
 - Evaluation at the end of the session

IV. Responsibilities

Both the student and the agency have specific responsibilities and assignments in fulfilling their obligations and duties.

- Intern to NWSRA:
 - To become familiar with the regulations /procedures pertaining to the agency, policies, and conform to the same.
 - To develop five to seven personal goals for the internship experience.
 - To plan thoroughly and in advance of all assignments.
 - To report to an assignment at least 15 minutes prior to the time due.
 - To perform all work assignments to the best of his/her ability.
 - To be free to stay 10-15 minutes after an assignment.
 - To be willing to work the times and days assigned, even if this involves some evenings and/or weekend days.
 - To evaluate each meeting or activity that has been planned and conducted.
 - To actively participate in staff and other meetings.
 - To be well groomed and appropriately dressed for all assignments.
 - To notify the agency supervisor well in advance in case of absence from work.
 - To be tactful, friendly, courteous, and respectful to all.
 - To consult your supervisor when confronted with problems you cannot satisfactorily solve yourself.
 - To consider yourself a student at your college/university who is receiving training in a Therapeutic Recreation setting.
 - To attend all staff meetings unless specifically told otherwise. These meetings are held every other week.
 - To attend pertinent in-services, workshops and training sessions.
 - To make the most of any free time you may have while in the office. Ask questions, offer to help others, or study manuals, magazines or books available as resources.
 - To show initiative, creativity, and to make constructive suggestions or proposals if you have them.
 - To willingly become involved in all opportunities which can provide a learning experience.
 - To complete a mid-term and a final evaluation pertaining to self and agency.
 - To complete weekly, mid, and final programmatic documentation as required.
 - To develop a special project which may benefit the agency.
 - To be the best possible example of a representative of your college.
 - To come to the NWSRA well informed and ready to get involved.
 - To keep your college informed of all work conducted for the agency.
 - To complete and mail reports and assignments on time.
 - All assignments/reports must be turned in to the Agency Supervisor for review and approval prior to its due date to the university.
 - To complete and submit for approval, application for NCTRC Exam eligibility.

- College/University to Agency:
 - To provide the student with preparatory skills necessary for the internship placement.
 - To supervise internship arrangements and to provide an official supervisor for the placement.
 - To provide NWSRA with a copy of the University/College Internship guidelines/manual.
 - To supervise the student through ongoing communication and consultation with the student and agency supervisor.
 - To evaluate the student's performance in cooperation with the agency supervisor.

- NWSRA to Intern:
 - To conduct an interview and orientation meeting to guide the intern in understanding the policies and procedures of NWSRA and help them better prepare for their internship experience.

- To inform the student of all regulations with which he/she must abide.
 - To acquaint the intern with resources and materials used in the administration of the agency's recreation programs.
 - To encourage the highest standards and to praise the intern for work well done. To counsel with the intern in areas in which he/she does not meet professional entry-level standards.
 - To give the intern opportunities that will lead to a feeling of growth, achievement and success.
 - To present criticisms in a constructive objective manner.
 - To keep continuous records of the student's work and progress.
 - To encourage self-evaluation by the intern.
 - To have regularly scheduled weekly conferences with the intern and intermittent evaluations to aid him/her, and to give the intern an idea of his/her progress.
- NWSRA to College/University
 - To coordinate an exchange of information with the intern. Any reports/assignments the intern is required to send to the University must be submitted to agency supervisor for review and approved prior to its due date to the University.
 - To meet with, phone or write to the college supervisor periodically to discuss the intern's progress.
 - To evaluate the field experience midway through the internship, and again at the end, and to make suggestions when necessary for their improvement.
 - To send evaluations of the intern's work on time.

V. Meetings

- Professional
 - Illinois Park and Recreation Association (IPRA)
 - Illinois Therapeutic Recreation Participant Service Division of IPRA (ITRS)
- NWSRA Board meetings
- Bi-Weekly staff meetings
- Individual meetings with key staff members
- Inter-agency committee meetings
- Weekly meetings with Supervisor
- Community meetings with service agencies or other organizations
- Brochure planning/program planning

VI. Written Reports

The student is responsible for the following:

- Weekly reports to agency Supervisor and University
- Midterm and Final reports to the agency Supervisor and University
- Final evaluation of NWSRA as an internship site

VII. Office Procedures

- Familiarize oneself with office procedures
- Answering phone, office equipment operation, and other procedures
- Learn and feel comfortable with answering questions from parents, participants and other callers.

- Learn and use the agency computer system.

VIII. Administration

- NWSRA will provide information on the budget, finance, philosophy, purchasing and bidding, Board of Directors, staffing pattern and supervision, liability, benefits, legislation and the Americans with Disabilities Act (ADA).

X. Education and Training

- The intern is required to meet with each NWSRA Coordinator to learn of their responsibilities.
 - Volunteer and Part-Time staffing
 - Leisure Education and observation
 - Special Olympics
 - Day Camp
 - Paralympics
 - Inclusion
 - Marketing and Development
 - Special Events
 - Read and implement NWSA vehicle procedure, van, wheelchair lift and tie-down system, use of vehicle phones.
 - Read and implement the agency Policy/Procedure manual and an NWSRA Safety Manual.
 - Attend any workshops and training deemed appropriate by the NWSRA Intern Supervisor.

XI. Program Observation

- Intern will observe and assist as many programs as scheduling permits.
- The intern will be expected to participate/interact at the program with participants in the activities of the program and discuss observations with the Intern Supervisor.

XII. Program Planning and Development

- The intern develops, plans and leads a minimum of two programs and/or special events for NWSRA during their scheduled internship.
- The intern will write lesson plans, participant goals and goals and objectives for each program he/she leads and then document and evaluate results.
- Planning will include consideration of the following:
 - Populations served, ages, precautions, behavior management, participant goals Assessments results
 - Budgets, financial procedures
 - Supplies
 - Staffing
 - Facility locations and room availability
 - Transportation
 - Alternate weather plans
 - Safety/emergency plan and phone numbers
 - Schedule
 - Evaluation
 - Documentation

Program Protocols
Program Folder
Medication Dispensing

XII. Program Leadership/Implementation

- The intern will lead a minimum of 2 programs and assist in 3-4 programs and/or special events for NWSRA during their scheduled internship. The intern will gain experience working with a wide variety of ages and populations.
- The agency supervisor will assign programs to the intern at his/her discretion based on various experiences.

XIII. Program Evaluation/Documentation

- The intern will complete or document the following information:
 - Attendance records
 - Leader expense sheet
 - Pre/Post program checklist
 - Weekly program evaluation
 - Support staff hours
 - Incident/Accident report form (if applicable)
 - Transportation log
 - Final program evaluation
 - Medication Logs

XIV. Special Project

- A special project is required. The intern and the agency Supervisor will jointly determine the project. The project is a valuable learning experience and must be of value to the intern and the agency. The written proposal will be presented to the intern supervisor during week four of the internship. The final project will also be presented at a staff meeting prior to the intern's last day.

XV. Seasonal Brochure

- A seasonal brochure of NWSRA programs and services is published three times per year. The intern will be exposed to and given the opportunity to be involved in the brochure development and preparations. If time allows, the intern will assist in the distribution of the brochures, as well as the counting, labeling and bundling process.

XVII. Attendance

- NWSRA follows the standards set by NCTRC when assigning the intern to program assignments and other duties. Interns must work a predetermined minimum and maximum number of hours per week for a determined number of consecutive weeks. Refer to the NCTRC web site for current standards. The student intern is expected to attend all programs/meetings as assigned by the supervisor. If the intern cannot attend due to illness or emergency, he/she will contact their supervisor as soon as possible and if possible at least 24 hours prior to the assignment.
-

Volunteer Description/Requirements

- Volunteers must be 14 years of age or older
- Volunteers must have a clean criminal record and may be asked for a Criminal Background Check.
- Volunteers will have the opportunity to choose programs based on their interests and availability. Programs include sports, fitness, arts, crafts, music, and general leisure. (See Below for Application)
- Volunteers must sign and follow a code of conduct and cooperate with the regulations of the department (Carter, M. J., Smith, C. G., & O' Morrow, G. S., 2014). (See Below for Code of Conduct)
- Volunteers will work in accordance with the volunteer coordinator to determine a reasonable amount of hours/weeks of services provided to the program (Carter et al., 2014).
- Volunteers will be expected to participate in relevant training if necessary and provided (Carter et al., 2014).
- A Waiver must also be signed by all volunteers. (See Below for Waiver).
- Letter for Verification of volunteer hours will be provided upon request by the volunteer.

- **Volunteer Accreditation Standards for the Commission for Accreditation of Park and Recreation Agencies are as follows:**
 - ❑ There shall be a volunteer management function within the agency, including a comprehensive volunteer management manual that includes policies and procedures related to the management of volunteers.
 - ❑ There shall be an on-going function within the agency for the recruitment, selection, orientation, training and retention of volunteers, including procedures on background screening. Background investigations shall be made for all volunteers who work routinely with vulnerable populations, especially youth, senior adults, and persons with disabilities
 - ❑ Volunteers shall be monitored, shall receive supervisory visits, and be evaluated regarding performance. Supervision and evaluation of volunteers is important to ensure adequate training is provided and to verify satisfactory conduct and performance. The degree to which the agency supervises and evaluates volunteers may vary depending on the role of the volunteers
 - ❑ Agency shall recognize volunteers for their contributions. Recognition may take many forms, depending on the nature of volunteer roles.
 - ❑ Volunteers shall be covered for negligence liability (Commission for Accreditation of Park and Recreation Agencies, 2019).

**** An appendix with the NWSRA volunteer application, waiver and release, and code of conduct are provided for reference below.****

Appendix for NWSRA Volunteer Forms



607-1W
Rev 11/12

Volunteer Program Application

Please complete the following application legibly and then return to the NWSRA Volunteer Coordinator at the above address.

Date _____ T-Shirt Size _____

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Age _____ Birth Date _____ Email _____ @ _____

Emergency Contact Name _____ Phone _____

School/Employer _____

Program of Interest: _____ #: _____

Do You Have Reliable Transportation? _____

How Did You Hear About NWSRA? _____

Previous Volunteer/Work Experience _____

Applicable Skills or Certifications (Lifeguard, Sign Language, Spanish, CTRS, etc.)

Please List One Adult Reference Other Than a Relative

Name _____ Relationship _____ Phone _____

<p>Release for Criminal Background Check NWSRA welcomes volunteers who have no history of criminal activity and reserves the right to investigate the criminal background of applicants.</p> <p>Have you ever been convicted of an offense involving the intentional infliction of physical injury upon a child, sexual abuse of a child or child abduction under the laws of this state or any other? <i>(Circle One)</i> YES NO</p> <p>Have you ever been convicted of a felony? <i>(Circle One)</i> YES NO</p> <p>Do you use illegal drugs? <i>(Circle One)</i> YES NO</p> <p>A "yes" response to any of the above questions disqualifies you from volunteering for NWSRA. I affirm, under penalty of perjury, that the answers to the above questions are truthful.</p> <p>Signed _____ Date _____</p>

What is your motivation for volunteering with NWSRA?

Check the preferred locations in which you wish to volunteer...

- | | | |
|---|---|--|
| <input type="checkbox"/> <i>No Preference</i> | <input type="checkbox"/> Hoffman Estates | <input type="checkbox"/> Rolling Meadows |
| <input type="checkbox"/> Bartlett | <input type="checkbox"/> Mt. Prospect | <input type="checkbox"/> Salt Creek |
| <input type="checkbox"/> Buffalo Grove | <input type="checkbox"/> Palatine | <input type="checkbox"/> Schaumburg |
| <input type="checkbox"/> Elk Grove | <input type="checkbox"/> Prospect Heights | <input type="checkbox"/> Streamwood |
| <input type="checkbox"/> Hanover Park | <input type="checkbox"/> River Trails | <input type="checkbox"/> Wheeling |
| <input type="checkbox"/> Inverness | <input type="checkbox"/> South Barrington | <input type="checkbox"/> Arlington Heights |

Check the preferred activities for which you would like to assist...

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> General weekly program assistance | <input type="checkbox"/> Sports | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Arts/Music/Drama | <input type="checkbox"/> Inclusion | <input type="checkbox"/> SLSF Events |
| <input type="checkbox"/> Summer Camp | | |

Check the preferred age group with which you would like to work...

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> <i>No Preference</i> | <input type="checkbox"/> 3 to 7 years | <input type="checkbox"/> 7 to 21 years |
| <input type="checkbox"/> 21 years and up | <input type="checkbox"/> Seniors | |

To what extent are you looking to make your volunteer commitment?

(Check all that apply)

- | |
|---|
| <input type="checkbox"/> Weekly Programs (one or more times a week for a full season) |
| <input type="checkbox"/> Every once in a while (once or twice a season) |

Are you volunteering for hours required by a school program?

Yes No # of hours needed _____ Program Name _____

VOLUNTEER AVAILABILITY

Please legibly write an "A" inside each box that matches with a day/time that you are *available* to volunteer. Availability does not constitute a commitment to those times.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8 - Noon							
Afternoon Noon - 5							
Evening 5 - 10							



VOLUNTEER WAIVER AND RELEASE

Important Information

Please recognize that the Northwest Special Recreation Association carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers should review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and volunteering for this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in the program/activity against the Northwest Special Recreation Association including its respective officers, officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Northwest Special Recreation Association from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Please Print: Volunteer's Name _____
 Volunteer's Signature _____
 Date _____

Volunteers under age eighteen require an adult's signature.

Parent/Guardian Signature _____

PARTICIPATION WILL BE DENIED if the signature of the volunteer and date are not on this waiver.

(NWSRA)



Volunteer Code of Conduct

I understand my primary responsibilities as a volunteer are to assist in ensuring participants a safe environment and an outstanding program experience. I will not be alone with participants and will always be in view of NWSRA staff while with NWSRA participants, unless I am notified that I am cleared as a Level 1 volunteer by the NWSRA Volunteer Coordinator.

I will arrive 15 minutes prior to the start of assigned programs and I will participate to my full ability in program activities. I will keep my cell phone turned off and put away during program time.

If I am unable to be present at any program, I will notify the Volunteer Coordinator, Jason Stubbeman, by calling 847-392-2848 x248 and/or by informing my program leader. If I am notifying NWSRA of my absence less than 48 hours prior to the start of a program, I will notify a person rather than leaving a message.

I will do my best to assist with supervision of assigned participants and to interact with participants in an amicable and respectful way.

I will use non-stigmatizing language (person-first terminology). I will refrain from discussions with participants regarding personal relationships, sexual activity, drugs/alcohol, and other inappropriate conversations.

I understand participant information is considered confidential and should not be shared with individuals outside of the NWSRA program, including via electronic means and social media.

I will adhere to the NWSRA part-time staff and volunteer dress code. As NWSRA programs are recreational in nature, a casual dress code applies. However, the following guidelines should be followed:

- Tops/Shirts
 - NWSRA logo wear (preferred)
 - Presentable short & long sleeve shirts (no profanity, no offensive or suggestive words/logos/pictures, no rips/tears, no spaghetti straps, no showing mid-rift, no low-cuts, no modifications to NWSRA logo wear)
- Shorts/Pants
 - Khaki/cargo/jean/basketball/gym shorts of appropriate length (length meeting the end of finger-tips when arms are fully extended at your side is a good guide) (no boxers)
 - Khakis/jeans/Capri pants/ "nice" sweatpants/ wind pants (no skinny jeans, holes/rips/tears/fraying/high slits)
- Swimwear
 - One-piece sport-cut suit, full-length Tankini, men's swim trunks/board shorts (no low-cut swimsuits or two-piece bikinis, no men's Speedos, no non-swimwear such as boxers/undergarments)
- Footwear
 - Closed-toed, closed-heel shoes (tennis shoes, all-terrain shoes, boots, casual dress shoes) (NO flip-flops or bare feet) **flip-flops may be worn on pool deck only*

I understand that NWSRA has the right to terminate my volunteer commitment, with or without warning, if I do not abide by the Volunteer Code of Conduct and/or the NWSRA part-time staff and volunteer policy manual.

Volunteer Name <i>(Printed)</i>	Volunteer Signature	Date
Parent/Guardian Name <i>(Printed)</i> <i>(If under 18 years of age)</i>	Parent/Guardian Signature	Date

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Authors:

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Budget/Resources

Budget Category		Quantity	Allowance	Total Cost
Facility				
Rental Space	Lease	1	\$ 1,200.00	\$ 1,200.00
Utilities	Allocation	1	\$ 80.00	\$ 80.00
Facility Total				\$ 1,280.00
Staff				
Site Director	Partial	0.35	\$ 9,666.67	\$ 3,383.33
CTRS	Full	5	\$ 3,291.67	\$ 16,458.33
Superintendent of Communications	Partial	0.35	\$ 6,250.00	\$ 2,187.50
Program Coordinator	Partial	0.35	\$ 3,333.33	\$ 1,166.67
Graphics Coordinator	Partial	0.35	\$ 3,958.33	\$ 1,385.42
Administration	Partial	0.5	\$ 3,586.83	\$ 1,793.42
Staff Total				\$ 26,374.67
Furniture Fixtures & Equipment				
Tables	Monthly Lease	5	\$ 10.00	\$ 50.00
Chairs	Monthly Lease	5	\$ 12.00	\$ 60.00
Technology				
Phones	Monthly Lease	5	\$ 50.00	\$ 250.00
Computers	Monthly Lease	5	\$ 75.00	\$ 375.00
Printer/Scanner	Monthly Lease	1	\$ 75.00	\$ 75.00
FF&E Total				\$ 810.00
Supplies				
Miscellaneous Office Supplies	Allowance	1	\$ 250.00	\$ 250.00
Water Cooler				
A. Water Cooler Rental	Contract	1	\$ 39.00	\$ 39.00
B. Water Bottles	Contract	12	\$ 5.00	\$ 60.00
Unit Specific				
A. Kitchen Supplies	Allowance	1	\$ 200.00	\$ 200.00
B. Fitness/Wellness Supplies	Allowance	1	\$ 100.00	\$ 100.00
C. Craft Supplies	Allowance	1	\$ 100.00	\$ 100.00
D. Music Supplies	Allowance	1	\$ 65.00	\$ 65.00
E. Nature	Allowance	1	\$ 75.00	\$ 75.00
Total Supplies				\$ 889.00
Licensing/Subscriptions				
Computer Software	License	0.083	\$ 500.00	\$ 41.50
Zoom	License	5	\$ 17.00	\$ 85.00
Zoom Site Hosting	Accrual	0.083	\$ 250.00	\$ 20.75
Total Lic./Sub.				\$ 126.50
Professional Memberships/Licenses				
Professional-ATRA	Accrual	0.083	\$ 750.00	\$ 62.25
Organizational-ATRA	Accrual	0.083	\$ 650.00	\$ 53.95
Total Membership/Lic.				\$ 116.20
Marketing				
Online Media Advertising	Accrual	0.083	\$ 1,200.00	\$ 99.60
Giveaways	Accrual	0.083	\$ 500.00	\$ 41.50
Outreach	Accrual	0.083	\$ 800.00	\$ 66.40
Brochure (Seasonal)	Accrual	0.083	\$ 1,000.00	\$ 83.00
Postage	Accrual	0.083	\$ 5,000.00	\$ 415.00
Miscellaneous	Accrual	0.083	\$ 200.00	\$ 16.60
Total Market				\$ 722.10
Budget Total				\$ 30,318.47

Budget/Resources

Direct Costs

Staffing

Staffing for the Comprehensive Plan will require one CTRS for each of the five protocols. The CTRS will be certified by the National Council for Therapeutic Recreation (NCTRC) and as such will have met the minimum competency standards to practice as a CTRS. Costs for the full-time CTRSs were calculated using the average annual salary of a CTRS employed by NWSRA (\$39,500). Costs on a monthly basis then were calculated by dividing the average salary by 12 (months in the year) and multiplying by 5 (number of CTRSs needed to conduct 5 virtual programs). Additional staff expenses associated with the one-month virtual program include the Recreation Site Director, the Superintendent of Communications and IT, a Program Coordinator, a graphics coordinator and administrative staff and were calculated on a partial basis rather than full-time basis as these will be support roles for the virtual program. Salary information was resourced from Andrea Griffin, Superintendent of Recreation at NWSRA as well as United States Department of Labor Statistics.

Equipment

The Furniture, Fixtures, and Equipment (FF&E) category was calculated under the assumption that each specific protocol will require one chair, one table, one computer as well as a landline phone and a printer/scanner. The pricing information was calculated from conversations with commercial real estate asset manager/investor Michael French.

Supplies

Supplies constitute program specific needs pertaining to each virtual protocol. The list for the cooking and nutrition protocol includes items such as pens, a blender, various food items, a bowl, a cup and utensils. The Crafts protocol requires items such as pens, magazines, scissors, ruler and glue and tape. The Fitness and Wellness protocol requires materials including pens and/or pencils, markers, paper and bingo chips. Nature and Music require significantly less supplies as the protocols will primarily be conducted using the resources of Zoom and other virtual programming. Costs were derived by researching wholesale office supplies and making assumptions about quantities needed for one month for each virtual protocol.

Facility

Facility costs include rental space for the virtual protocols as well as estimated utility use while conducting the programs. Rental allowance and average utility usage were derived from market rents for Rolling Hills, Illinois (location of NWSRA), ComEd (gas and electric provider in Illinois), and determined based on conversations with asset manager Michael French.

Indirect Costs

Licensing

Licensing constitutes Computer Software, including App subscriptions and accounting software, Zoom subscriptions/fees, and Zoom Site hosting. Expenses calculated in this category are the result of examining expenses related to virtual programming at NWSRA as provided by Andrea Griffin, Superintendent of Recreation at NWSRA.

Professional Memberships

The costs for memberships are to maintain the relevant professional membership for the American Therapeutic Recreation Association (ATRA) on an individual and organizational level. Current fees for annual membership are \$150/yr for an individual CTRS and \$325/yr for an organization to support students, professionals or any individuals that have a supporting role in recreational therapy at NWSRA. The membership rates are pro-rated to reflect the monthly expense.

Marketing

Annual Marketing expenses at NWSRA are comprised of online media advertising, giveaways, outreach, seasonal brochure, postage and other miscellaneous items. Marketing costs associated with the 4-week comprehensive program were calculated by taking the annual budget provided by Andrea Griffin and dividing by 12 (one-month time period).

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Authors

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Revenue/Finance

Funding for NWSRA programming comes from a variety of sources including the 17 Member Park District assessments, the Special Leisure Services Foundation (SLSF) and Program Fees.

Appropriations

The entire state of Illinois is divided into separate taxing districts that disburse revenue to fund such public programs such as parks, libraries, and recreation. This is unique to Illinois and while this creates a continuous stream of tax revenue in the form of appropriations for the 17 districts, not all districts have sufficient tax revenue to keep the programs afloat. To get enough clients and adequate revenue to support special programs, the state passed legislation to amend the Park District Code allowing rec districts to form Special Recreation Associations (SRAs) allowing partnerships between districts to share revenue to support appropriate programs and staff for specific disabilities in each recreation district.

According to Andrea Griffin, revenue for 2021 Member Park Districts is \$4,320,307. The money received from each park district that makes up the NWSRA is the major source of funding.

Contributions

The SLSF is the primary fundraising vehicle of the NWSRA. According to Andrea Griffin, revenue for 2021 from the Special Leisure Services Foundation is projected to be \$260,000. The specific types of donations and fund-raising efforts are as follows:

- Grants
- Business Partnerships
- In kind donations
- Sponsorships
- Memorials
- Events (golf outings, gala's, fashion show, dine and donates, etc.)
- General donations

Program Fees

NWSRA General Recreational Programs are \$40 for the entire month and include unlimited access to all general programs. Social Clubs & Special Events are currently \$25 for one month and include unlimited access to classes in this category. According to Andrea Griffin, by Fall 2021, virtual classes will be registered for individually as they are eliminating the all-access pass. The change in virtual program fee structure will result in added revenue for NWSRA in Fall 2021. Current fee structure for in-person classes ranges from \$15-\$40 per 4-week class.

Other Revenue Sources

- Transportation fees
- Non- Program Revenue (credit card rebates, revenue collected when staff present at trainings or conferences)
- Interest from bank accounts/investments

Projected and Actual Revenue Virtual Programs 2021

Budgeted revenue for 2021 for all NWSRA virtual programs and additional services is projected to be \$25,656. Accrued revenue for virtual programs and additional services as of May 6, 2021 was \$12,549.

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Authors

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Risk Management

Policy For: NWSRA

Subject: Risk Management

Effective: May 17, 2021

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

Review Cycle: Semiannual unless otherwise necessary

Literature Review

Organizational Risk Management:

Parks and recreation programs are vital to healthy societies. They not only provide the opportunity to connect to nature, have fun, and challenge oneself, but they also provide endless holistic benefits. A well planned and operated risk management plan allows recreation facilities, programs and service providers to provide the beneficial services to all who enjoy it while minimizing financial loss.

Managing risk in a recreation setting is a process that requires time and effort from everyone involved in an organization including management, employees, volunteers and participants. A comprehensive risk management program must consider the participant, the employee, as well as the organization. Proper mitigation of risk includes ongoing staff training. Training topics should include procedures for inspection of facilities and activity areas prior to and after use, routine maintenance and repair, use of informed consent and waiver forms for participants, and notice of hazards (White, 2008). Effective risk management requires that all employees be empowered to take actions to prevent accidents from occurring (Spengler & Hronek, 2011).

All participants should be informed of potential risks in writing when joining a program, however, their participation signifies an acceptance of inherent risks. In the event of an incident, root-cause analysis is a tool that organizations may use to “discover causes in performance associated with adverse events or close calls by working backwards through the event to learn from its consequences” (Carter, Ch 14). Additionally, incident reports act as part of the organization’s defense in the event of litigation. These reports are completed with extreme care because they can be used as evidence if a lawsuit is brought against the organization or any person involved (Marquis & Huston, 2017; Weiss et al., 2019).

Even with the assumption of inherent risk with recreation participation, "suits related to recreation and sports have increased steadily for three decades and are expected to continue to increase in the future” (Spengler & Hronek, 2011). Comprehensive insurance for the organization and select employees offer financial protection in the event of accident or injury. According to Moiseichik & Young, (2019), consultation with legal counsel, such as the city attorney offices, county attorney offices, state attorney general offices, solicitors, and offices of general counsel is important in protecting the employee and the organization’s interests.

Risk management usually refers to positive results achieved through communication, documentation, and control measures that promote safe delivery of programs and services. A risk management program involves everyone in an organization and: (1) identifies potential risks for accidents, injuries or financial losses affecting clients, staff, caregivers, and stakeholders; (2) reviews agency-wide practices like incident reports or complaints and determines needed strategies to gain factual data to control safety concerns; (3) analyzes frequency, severity, and causes of incidents to estimate

adverse outcomes associated with various incidents so measures are implemented to prevent these events; (4) reviews safety and risk aspects of programs and practices; (5) monitors laws, standards, and operational codes related to safety, consent, and interventions; (6) identifies and implements educational programs to address clients, staff, caregiver, and stakeholder needs; and (7) evaluates and reports on the effectiveness of the risk management program (Austin et al., 2016; Sullivan, 2018 as cited from Carter et al, 2021).

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

Risks for physical movement:

Individuals with Down Syndrome are at risk of having Atlantoaxial Instability (AAI) which allows increased mobility of the first and second vertebrae. For the safety of NWSRA participants, individuals with Down Syndrome will not be allowed to participate in activities tumbling, gymnastics, the high jump and others which could potentially injure the neck area unless a doctor's note stating the participant is free of AAI is submitted to NWSRA. (NWSRA 2021 Brochure).

There is research with regard to the efficacy of stretching prior to and after physical exercise which indicates that there does not appear to be a benefit from stretching for individuals with joint contractures. While there is some evidence that stretching reduces musculotendinous injuries, more evidence is needed to determine if stretching programs alone can reduce muscular injuries. "For a general fitness program, the American College of Sports Medicine recommends static stretching for most individuals that is preceded by an active warm-up, at least 2 to 3 days per week. Each stretch should be held 15-30 seconds and repeated 2 to 4 times. Stretching performed as part of a warm-up prior to exercise is thought to reduce passive stiffness and increase range of movement during exercise." (Page, P. 2012)

Indications for physical movement/activities:

Participation in physical movement activities has been explored in research with various outcomes for different populations. A possible promising way to promote multiple aspects of executive functions, especially inhibitory control is through "chronic exercise interventions, implemented in curricular or sports and physical activity programme settings." (Xue, Y., et al. 2019)

In a metadata analysis, "five different outcomes were identified for the use of music as a therapeutic intervention for children with autism. These outcomes are: an increase in socially acceptable behaviors, increased social responsive behaviors, increased verbal communication, increased recognition and/or understanding of emotion, and decreased anxiety." (De Vries, D., et. al. 2015)

"Snoezelen has been found to be enjoyable for persons with high levels of developmental disabilities. The Snoezelen experience is described as novel, relaxing, stimulating and total immersion; it is considered a casual leisure experience." (Patterson, I. 2004)

One study aimed to determine the effects of a combined physical activity, recreational activity, and art and craft program as an intervention for improving activities of daily living and cognitive function, and decreasing depression in elderly people. The results were that activities of daily living in elderly men and women was found to significantly improve after the intervention. (Kim, DJ. 2017)

"In a study examining recreation involvement for 66 children and adolescents with SCI, the top 5 activities were all sedentary in nature, involving little to no social interaction and conducted indoors. Listening to music, reading, computer, video games, and television viewing are the top recreation activities for children and adolescents with SCI. In addition, data collected in 2005 on "participation in organized community activities" for the pediatric SCI population found 203 of 326 patients reported no participation in sports, clubs, or youth centers after injury/diagnosis. An astonishing 62% reported no organized activity at a time when participation in adult-supervised

structured activities for able-bodied children is at an all-time high ...healthcare providers need to pay immediate attention to the play and recreation interests of their patients.” (Johnson, K.A. & Klass, S.J. 2007)

Indications for virtual sessions:

The president of the American Therapeutic Recreation Association stated the following on March 26, 2020: “As healthcare providers, recreational therapists may provide services via telehealth mechanisms and other remote communication technologies as identified by the United States Department of Health and Human Services (DHHS). Recreational therapists are encouraged to adhere to this recommendation and follow all applicable HIPAA regulations in the provision of care via telehealth technologies. Additionally, recreational therapists are encouraged to recognize that “public-facing” video technologies such as Facebook Live, Twitch, Tik Tok, and other similar platforms are not recognized as HIPAA compliant and should not be used by recreational therapists in the remote delivery of healthcare services (e.g., telehealth). The full DHHS guidelines for the provision of services via telehealth can be found on the DHHS website. Where appropriate and deemed beneficial, recreational therapists should provide services via all approved and HIPAA compliant means of telehealth.”

The delivery of healthcare services via mobile communication devices is referred to as mHealth. The Research Plan on Rehabilitation published by the United States National Institute of Health notes that “...mHealth is becoming a significant part of the healthcare ... economy. ... the use of ICT [Information and Communication Technology] can broaden rehabilitation and healthcare research opportunities for researchers and service opportunities for patients” (Morris, J. 2019). And that was even before the COVID-19 pandemic.

“Easing of telehealth regulations during the COVID-19 crisis has allowed for flexibility to approach recovery-oriented behavioral health services (RS) differently and to maintain care for this vulnerable population...potential benefits include continuity of care and better mental and medical health outcomes... all stakeholders needed to know that the clinic would remain full service via telehealth. To minimize disruption, the clinic schedule of groups (i.e., cognitive-behavioral therapy, acceptance and commitment therapy, dialectal behavioral therapy, wellness recovery action planning, cognitive remediation, executive functioning group, *recreational therapy groups*, and social skills and cognition training) was maintained so that patients and clinicians retained their normally scheduled session ... qualitative feedback from participants was consistently positive and included statements of gratitude for providing a way to stay connected. For example, one participant stated, “My groups are the highlight of my day.” The advantages of telehealth for this RS included continuity of care while maximizing medical and mental health.” (Medalia, A. et al. 2020)

“Mental health management is one of the areas that is making rapid progress in the field of telemedicine. According to mental health experts the worldwide COVID-19 pandemic may cause “depression, anxiety, obsessive compulsive disorder, and post-traumatic stress disorder.” Mind–body intervention, such as mindfulness meditation, has produced evidence of positively improving such mental health states. ...as a result of measuring the inflammation level and activity of the immune system in various studies, it was reported that when meditating, the body’s inflammation level was lowered and the immune system activity was increased via remote telemedicine services.” (Kwon, CY, et al. 2020)

Contraindications for virtual sessions:

Prior to providing virtual treatment sessions, providers should review registration intake information and inquire of parents/caregivers if the participant has a history of seizures or sensitivity to light. The first case of epileptic seizures induced by video games was described by Rushton in 1981. There are more than 200 documented cases of epileptic seizures thought to be associated with playing video games...many investigators consider the seizure induced by video games to be an extension of photosensitive epilepsy. Other reports, however, point to some mechanisms other than photosensitivity in relation to game-induced seizures. Gaming now includes many forms including but not limited to video or television (TV) games, Xbox, Microsoft and PlayStation, Sony Computer Entertainment Inc., personal computer

(PC) games, hand-held and online games, which are even more popular, more graphic, more complex, and more violent than earlier games. While the prevalence of game-related epilepsy is unknown, it may be more common than is generally recognized. However, the reported cases of epileptic seizures associated with these novel entertainments are infrequent. Tabletop games such as Mah-Jong, card games, chess, checkers, have also been noted to induce seizures. (Chuang, YC., et al. 2005)

Policy

NWSRA virtual programs will uphold a safe, clean environment while providing services designed for the needs of the population it serves. These needs include physical, cognitive, emotional, perceptual, and sensory.

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

Purpose

NWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. NWSRA is working to continue services in the midst of the ongoing COVID-19 pandemic.

Practice

CTRS will review intake forms to be aware of medical conditions/needs to avoid contraindications. (*see registration/intake form for specific conditions.)

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

Responsibility

It is the responsibility of the service providers to:

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

Procedure

- Intake waivers

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

- Recognition of the inherent risk of injury when choosing to participate in recreational programs.
- Sole responsibility for determining if the participant is physically fit and/or skilled for the activities.

- Participants and/or legal guardians will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your participant might sustain as a result of participating in any and all activities connected with NWSRA.
 - All participants must follow the NWSRA Participant Code of Conduct.
 - If participant displays interfering behaviors (i.e., mental health crisis, sensory issues, sexual behaviors and behaviors due to medical issues), they will be reported to the risk management association and all applicable forms will be submitted to the Human Resource Superintendent.
 - NWSRA virtual programs will remain full-service via telehealth
- Non-discrimination policy
 - NWSRA exists to provide outstanding recreation for children and adults with disabilities and does not and shall not discriminate based on race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status, in any of its activities or operations.
 - Safety inspections
 - Safety inspections will be conducted on an ongoing basis. Risks will be evaluated and corrected by the management. Safety inspections include:
 - Overseeing compliance with agency policies and procedures.
 - Compliance with current legislation.
 - Professional codes regarding staff behavior and recreational therapy practice.
 - NWSRA will obtain the following types of insurance:
 - Accident- covers accidents and injuries.
 - Malpractice- protects healthcare providers against patients who file suits against them under the complaint that they were harmed by the professional's negligence or intentionally harmful treatment decisions.
 - Property loss- covers equipment, signage, inventory, and furniture in the event of a fire, storm, or theft.
 - Cyber liability- covers financial losses that result from data breaches and other cyber events.
 - Liability Insurance- covers negligence.

Reporting

All reportable incidences, accidents, emergencies, or other situations will be reported to management in accordance to NWSRA reporting guidelines. The report should be accurate, objective, complete, and factual. Incident reports will be used to collect and analyze data for determination of future risk, and/or the risk management needs of the organization. (Weiss et al., 2019). Carter Ch 14.

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FACT SHEET



The Joint Commission

<p>What is The Joint Commission?</p>	<p>The Joint Commission, founded in 1951, is an independent, not-for-profit organization, that accredits and certifies nearly 22,000 health care organizations and programs in the United States and is governed by a 21-member Board of Commissioners including physicians, administrators, nurses, employers, quality and innovation experts, and educators.</p> <p>Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards.</p> <p>The mission of The Joint Commission is to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.</p> <p>The vision of The Joint Commission is that all people always experience the safest, highest quality, best-value health care across all settings.</p>
<p>Who is served by The Joint Commission?</p>	<p>The purpose of The Joint Commission is to ensure safety and quality of care for all individuals by providing and maintaining standards for accreditation in the following categories:</p> <ul style="list-style-type: none"> ● Hospital: General, children’s, psychiatric, rehabilitation, and critical access hospital ● Home care: Home health, hospice, pharmacy, personal care, medical equipment, and community-based palliative care services ● Nursing care: Post-acute, sub-acute, and long-term care ● Behavioral health care: Mental health, addiction treatment, ID/DD, and child welfare services ● Ambulatory care: Ambulatory surgery centers, medical groups, urgent care centers, and office-based surgery practices ● Laboratory services: Independent or freestanding clinical laboratories
<p>What entities are covered by The Joint Commission?</p>	<p>The Joint Commission accreditation can be earned by many types of health care organizations, including hospitals, doctor’s offices, nursing homes, office-based surgery centers, behavioral health treatment facilities, and providers of home care services. The Joint Commission certifies programs and services within a health care organization in addition to offering resources to organizations to help meet patient care and safety goals.</p>

- **Ambulatory Health Care Accreditation** for primary care providers and nonsurgical settings such as Medical Group Practices and Community Health Centers. Other accreditations under this:
 - *Advanced Imaging Services Accreditation*
 - *Community Health Center Accreditation*
 - *Corporate Advantage for Ambulatory Care Accreditation*
 - *Deemed Status for Ambulatory Surgery Centers Accreditation*
 - *Medical Group Practice Accreditation*
 - *System Accreditation*
 - *Urgent/Immediate Care Center Accreditation*
- **Office-Based Surgery Accreditation:** for surgical settings that have three or fewer individuals at the same time, either rendered incapable of self-preservation in an emergency or are undergoing general anesthesia
- **Nursing Care Centers Accreditation:** helps measure, assess and improve performance of organizations. It also helps develop and implement measures for accountability and quality improvement.
- **Other Accreditations:** Critical Access Hospital Accreditation, Home Care Center Accreditation, Hospital Accreditation, Laboratory Services Accreditation
- **Bureau of Primary Health Care:** for primary health care supported health centers.
- **Disease Specific Certifications Includes:** Cardiovascular, hematology/oncology, neonatal/perinatal, neurological, orthopedic, pediatric, and women's health
- **Advanced Certification include:** Chronic kidney disease, comprehensive cardiac and stroke centers, heart failure, palliative care, primary stroke centers, thrombectomy-capable stroke center, total hip and total knee replacement
- **Other Certifications:**
 - *A Suite of Advanced Cardiac Certifications*
 - *A Suite of Advanced Stroke Certifications*
 - *Advanced Certification for Palliative Care*
 - *Advanced Certification for Total Hip and Total Knee Replacement*
 - *Behavioral Health Home Certification*
 - *Community-based Palliative Care Certification*
 - *Disease-Specific Care Certification*
 - *Health Care Staffing Services Certification*
 - *Integrated Care Certification*
 - *Patient Blood Management Certification*
 - *Perinatal Care Certification*
 - *Primary Care Medical Home Certification (for ambulatory care, hospitals, and critical access hospitals)*

<p>What are the key points of The Joint Commission?</p>	<ul style="list-style-type: none"> ● Accreditation is awarded upon successful completion of an on-site survey. The on-site survey is conducted by a specially trained Joint Commission surveyor or team of surveyors who assess an organization's compliance to Joint Commission standards. Accreditation for most types of organizations is a three year award. The exception is laboratory accreditation, which is a two year award. The process concentrates on operational systems critical to the safety and quality of care, treatment or services provided to the individual. ● Certification is similar to accreditation in that it requires an evaluation by the Joint Commission. It covers compliance with the standards and verifies improvement activities. Certification programs are designed to evaluate clinical programs along the continuum of care and allows accredited health care organizations to seek certification for care and services provided for virtually any chronic disease or condition. ● Standards are the basis of an objective evaluation process that can help health care organizations measure, assess and improve performance. The standards focus on patient, individual, or resident care and organization functions that are essential to providing safe, high quality care. ● Performance Measures developed by the Joint Commission have been implemented as standardized core performance measures for hospitals and health care settings. The Joint Commission categorizes its process performance measures into accountability and non-accountability measures. <ul style="list-style-type: none"> ○ Research: Strong scientific evidence demonstrates that performing the evidence-based care process improves health outcomes (either directly or by reducing risk of adverse outcomes). ○ Proximity: Performing the care process is closely connected to the patient outcome; there are relatively few clinical processes that occur after the one that is measured and before the improved outcome occurs. ○ Accuracy: The measure accurately assesses whether or not the care process has actually been provided. That is, the measure should be capable of indicating whether the process has been delivered with sufficient effectiveness to make improved outcomes likely. ○ Adverse Effects: Implementing the measure has little or no chance of inducing unintended adverse consequences.
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	<ul style="list-style-type: none"> ● Quality Reports provide an overview of how well an accredited organization or certified program complied with Joint Commission requirements.
<p>How does The Joint Commission apply to therapeutic recreation/ recreation therapy?</p>	<p>The purpose of The Joint Commission is to provide high quality care to individuals by monitoring and assessing hospitals and other health care facilities. Therapeutic recreation specialists working in facilities that are regulated by the Joint Commission are required to hold professional credentials including current certification by the NCTRC. The focus of the CTRS is on individualized protocols that reflect strength-based programming.</p> <p>While the Joint Commission does not directly apply accreditation or certification to therapeutic recreation (TR) professionals, many TR professionals work in hospital and healthcare settings and are expected to uphold the ATRA Standards of Practice including:</p> <ul style="list-style-type: none"> ● Standard 6. Prevention, Safety Planning and Risk Management ● Standard 7. Ethical Conduct ● Standard 8. Written Plan of Operation ● Standard 9. Staff Qualifications and Competency Assessment ● Standard 10. Quality Improvement ● Standard 11. Resource Management ● Standard 12. Program Evaluation and Research
<p>Where can I learn more?</p>	<p>https://www.atra-online.com/default.aspx https://www.jointcommission.org/</p>
<p>Resources for the Joint Commission</p>	<ul style="list-style-type: none"> ● Stumbo, N. J., & Peterson, C. A. (2009). <i>Therapeutic recreation program design: principles and procedures</i>. Pearson Benjamin Cummings. ● Facts about the Joint Commission. (n.d.). Retrieved April 25, 2021, from https://www.jointcommission.org/about-us/facts-about-the-joint-commission/ ● About Our Standards. (n.d.). Retrieved April 25, 2021, from https://www.jointcommission.org/standards/about-our-standards/ ● Accreditation & certification. (n.d.). Retrieved April 25, 2021, from https://www.jointcommission.org/accreditation-and-certification/ ● Rec 538 class. (2020, spring). Rise to Thrive. Department of Therapeutic Recreation, SUNY Cortland.
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FACT SHEET



Commission on Accreditation of Rehabilitation Facilities (CARF)

<p>What is CARF?</p>	<ul style="list-style-type: none"> • An independent, nonprofit organization focused on advancing the quality of services you use to meet your needs for the best possible outcomes. • CARF provides accreditation services worldwide at the request of health and human service providers. Whether you are seeking rehabilitation for a disability, treatment for addiction and substance abuse, home and community services, retirement living, or other health and human services, you can have confidence in your choice. Providers that meet our standards have demonstrated their commitment to being among the best available. • 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.
<p>Who is served by CARF?</p>	<p>The CARF International group of companies currently accredits more than 60,000 programs and services at over 28,000 locations. More than 15.3 million persons of all ages are served annually by 8,000-plus CARF-accredited service providers. Regions served by CARF include North and South America, Europe, Asia, and Oceania with more than 1,500 surveyors in these regions.</p>
<p>What entities are covered by CARF?</p>	<p>CARF International is an independent, nonprofit accreditor of health and human services in the following areas:</p> <ul style="list-style-type: none"> • Aging Services • Behavioral Health • Child and Youth Services • Continuing Care Retirement Communities (CCRCs) • Employment and Community Services • Vision Rehabilitation Services • Medical Rehabilitation • Opioid Treatment Program
<p>What are the key points of CARF?</p>	<p>Through accreditation, CARF assists service providers in improving the quality of their services, demonstrating value, and meeting internationally recognized organizational and program standards. The types of accreditations available:</p> <ul style="list-style-type: none"> • <i>Three-Year Accreditation:</i> The organization satisfies each of the CARF Accreditation Conditions and demonstrates substantial conformance

	<p>to the standards. It is designed and operated to benefit the persons served. The organization demonstrates quality improvement from any previous periods of CARF accreditation.</p> <ul style="list-style-type: none"> ● <i>One-Year Accreditation:</i> The organization satisfies each of the CARF Accreditation Conditions and demonstrates conformance to many of the standards. Although there are significant areas of deficiency in relation to the standards, there is evidence of the organization's capability to correct the deficiencies and commitment to progress toward their correction. ● <i>Provisional Accreditation:</i> Following the expiration of a One-Year Accreditation, a Provisional Accreditation is awarded to an organization that is still functioning at the level of a One-Year Accreditation. A Provisional Accreditation is awarded for a period of one year. An organization with a Provisional Accreditation must be functioning at the level of a Three-Year Accreditation at its next survey or it will receive a survey outcome of Non-accreditation. ● <i>Non-accreditation:</i> The organization has major deficiencies in several areas of the standards, and there are serious questions as to the benefits of services; there are serious questions as to the health, welfare, or safety of those served; the organization has failed over time to bring itself into substantial conformance to the standards; or the organization has failed to satisfy one or more of the CARF Accreditation Conditions. ● <i>Preliminary Accreditation:</i> This allows new organizations to establish demonstrated use and implementation of standards prior to the direct provision of services to persons served. There is evidence of processes and systems for service and program delivery designed to provide a reasonable likelihood that the services and programs will benefit the persons served. A full follow-up survey is conducted approximately six months following the initiation of services to persons served.
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<p>How does CARF apply to therapeutic recreation/ recreation therapy?</p>	<p>CARF accredits many of the agencies in which recreation therapists are employed. CARF provides accreditation to physical medicine and rehabilitation, behavioral health, aging services, child and youth services, employment and community services, and opioid treatment programs. Therapeutic recreation specialists working in facilities that are regulated by CARF are required to hold professional credentials including current certification by the NCTRC. The focus of the CTRS is on individualized protocols that reflect strength-based programming. ATRA is a member of CARF's IAC and receives updates on CARF standards and a copy of the accreditation manuals on an annual basis.</p> <p>Benefits of accreditation from CARF for organizations and the recreational therapists that are employed at these organizations include:</p> <ul style="list-style-type: none"> ● Business improvement ● Service excellence ● Competitive differentiation ● Risk management ● Funding access ● Positive visibility ● Accountability ● Peer networking
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Where can I learn more?	http://www.carf.org/home/
Resources for CARF	<ul style="list-style-type: none"> ● Stumbo, N. J., & Peterson, C. A. (2009). <i>Therapeutic recreation program design: Principles and procedures</i>. Pearson Benjamin Cummings. ● Value of accreditation. (n.d.). Retrieved April 25, 2021, from http://www.carf.org/Accreditation/ValueofAccreditation/ ● Who we are. (n.d.). Retrieved April 25, 2021, from http://www.carf.org/About/WhoWeAre/ ● Rec 538 class. (2020, spring). Rise to Thrive. Department of Therapeutic Recreation, SUNY Cortland.
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FACT SHEET



Centers for Medicare and Medicaid Services-Medicare

What is Medicare?

Medicare is a federal health insurance program provided to United States Citizens.

- Signed into law in 1965 by the Lyndon B. Johnson Administration
- Administered by the Center for Medicare and Medicaid Services (CMS) which is a division of the US Department of Health and Human Services (HHS)
- Medicare coverage can be distributed through an Original Medicare or Medicare Advantage Plan (Part C)
- Medical coverage is split into 4 parts (A, B, C, and D) based on different types of coverage, in addition to a supplemental service called Medigap

Medicare is impacted and governed by the following laws and regulations:

- Affordable Care Act (2010)
- Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014
- Social Security Act Amendments (1972)
- Patient Self-Determination Act (1991)
- Health Care Quality Improvement Act (1986)
- Health Insurance Portability and Accountability Act (HIPAA) (1996)
- Uniform Health Care Information Act (1997)
- Health Information Technology for Economic and Clinical Health (HITECH) Act (2009)
- Patient Safety and Quality Improvement Act (2005)
- 21st Century Cures Act (2016)

Who is served by Medicare?

Individuals served by Medicare include:

- Individuals 65 or older
- Individuals under 65 with disabilities
- Individuals with End-Stage Renal Disease (ESRD)

Individuals who are 65 and older qualify if they are/have been:

- A United States Citizens or permanent legal resident for at least 5 years
- Receiving Social Security or Railroad Retirement benefits, or qualify to receive those benefits and have not started collecting them yet
- The Individual or their spouse is a government employee or retiree and has paid Medicare payroll taxes while employed.
- If an individual meets the age and citizen requirements, they may buy into the benefits without meeting other criteria (premiums will be determined based on income, work credits, etc.)

Individuals who are under 65 with a disability qualify if they have been:

- Entitled to Social Security disability benefits either consecutively or non-consecutively for at least 24 months.
- Receive a disability pension from the Railroad Retirement Board and meet qualifying conditions.
- Diagnosed and have Amyotrophic Lateral Sclerosis (ALS) or permanent kidney failure (ESRD)

What entities are covered by Medicare?

Medicare Part A (Hospital Insurance) covers:

- Inpatient care in a hospital
- Skilled nursing facility care
- Nursing home care (inpatient care in a skilled nursing facility that's noncustodial or long-term care)
- Hospice care
- Home health care

Medicare Part B (Medical Insurance) covers:

- Medically necessary services
- Preventive services
- Clinical research
- Ambulance services
- Durable medical equipment (DME)
- Mental health
- Inpatient
- Outpatient
- Partial hospitalization
- Limited outpatient prescription drugs

Medicare Part C, also known as Medicare Advantage, covers:

- All benefits covered in Parts A & B
- Prescription drugs
- Dental care
- Eye care
- Hearing care
- Wellness services
- Nurse helpline

Medicare Part D, which is included in Part C, is a prescription drug plan that can be added to Parts A or B.

Medigap is a supplemental coverage plan that assists in paying out-of-pocket expenses such as deductibles, co-pays, and coinsurance and can be added to member plans that are already covered by both Part A and B. Some Medigap plans allow overseas coverage as well.

What are the key points of Medicare?

- Open Enrollment takes place from October 15th-December 7th every year in addition to Medicare Advantage Open Enrollment taking place January 1st-March 31st. Select individuals will be automatically enrolled, while others will need to be aware of their eligibility upon turning 65 and seek out enrollment.

- Individuals may have Medicare in addition to other health insurance plans, and it is important that participants understand which one pays first.

- Almost all individuals will pay a premium, deductible, co-pay, and/or co-insurance that will vary depending on the part(s) of coverage they are receiving.

- In 2021, all beneficiaries now have a right to virtual check-ins with doctors and other healthcare providers.

- Each part of Medicare is funded in a different way as listed below:
 - Part A is funded by payroll taxes that go to the Hospital Insurance Trust Fund
 - Part B and C is funded by the general revenues and premiums paid by beneficiaries of Medicare
 - Part D is funded by general revenues, premiums, and state payments

- All Medicare beneficiaries receive a Medicare Beneficiary Identifier (MBI) that is used as a personal identification number, like that of a Social Security number.

- All Medicare plans insure a similar, but slightly varying set of Rights that protect the member and insures accessible and inclusive services.

- Medicare does not cover opticians and eye exams, hearing aids, dental work, overseas care, podiatry, cosmetic surgery, or nursing homes.

<p>How does Medicare apply to therapeutic recreation/ recreation therapy?</p>	<p>The rationale for therapeutic recreation as an adjunctive therapy under Medicare for inpatient psychiatric services, partial hospitalization services, inpatient physical rehabilitation services, and acute care services maintains that the following conditions apply:</p> <ul style="list-style-type: none"> ● Services are offered during active treatment ● Services are part of an individualized treatment plan ● There is a functional outcome goal ● Services are initiated by physician’s orders ● Services are supervised by a physician <p>Additionally, inpatient physical rehabilitation settings also require:</p> <ul style="list-style-type: none"> ● Close medical supervision ● 24-hour rehabilitation nursing ● “3-hour Rule” of relatively intense level of rehabilitation services ● Multidisciplinary team ● Coordinated care program ● A reasonable expectation to improve the participant's condition ● Realistic treatment goals and objectives <p>Individual settings have pre-established regulations that govern covered therapeutic recreation services and interventions. All settings require the Assess, Plan, Implement, and Evaluate (APIE) process be implemented for treatment. Coverage will be assured under the following conditions:</p> <ul style="list-style-type: none"> ● Physician’s Orders / Referral ● Assessment ● Goals & Objectives ● Treatment Plan ● Delivery of Services or Interventions ● Documentation of Provision of Services/Interventions ● Reevaluation ● Discharge Recommendations and Summary
<p>Where can I learn more?</p>	<p>www.cms.gov www.medicare.gov</p>

<p>Resources for Medicare</p>	<p>Bunis, D. (2020, October). <i>Medicare Enrollment: How to Sign Up</i>20. AARP. https://www.aarp.org/health/medicare-insurance/info-2020/enrolling-in-ml.</p> <p>Bunis, D. (2021, January). <i>What to Know About Medicare Health Insurance Coverage</i>. AARP. https://www.aarp.org/health/medicare-insurance/info-2020/what-is-medicare.html.</p> <p>Carter, M. J., Smith, C. G., & O'Morrow, G. S. (in press). <i>Effective Management in Therapeutic Recreation Service</i> (4th ed.). Venture Publishing, Inc.</p> <p>Fort Wayne Parks and Recreation (2020) <i>Rise to Thrive: Pursue Your Super power</i>. Cortland, NY: SUNY Cortland</p> <p>IHC Specialty Benefits, Inc. (2020, August 1). <i>What is Medicare?</i> Medicareresources.org https://www.medicareresources.org/basic-medicare-information/what-is-medicare/</p> <p>United Healthcare Services. (2021, January 7). <i>Medicare Part C Coverage Part C Costs</i>. Medicare Made Clear. https://www.medicaremadeclear.com/basics/medicare-coverage-and-costs/medicare-part-c#:~:text=What%20Does%20Medicare%20Part%20C,be%20provided%20by%20Part%20A</p> <p>U.S. Centers for Medicare & Medicaid Services. (n.d.). <i>What Part A covers</i>. Medicare.gov. https://www.medicare.gov/what-medicare-covers/what-part-a-covers</p> <p>U.S. Centers for Medicare & Medicaid Services. (n.d.-b). <i>What Part B covers</i>. Medicare.gov. https://www.medicare.gov/what-medicare-covers/what-part-b-covers</p>
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FACT SHEET

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

<p>What is HCBS & LTSS?</p>	<p>Home and Community Based Services (HCBS) through Medicaid allows services that would usually be administered in an institution or other isolated setting to be provided in an individual’s own home or community.</p> <p>Long Term Services and Supports (LTSS) through Medicaid are a broad range of services that consist of day to day assistance needed by individuals with long-term disabilities. These supports and services can be implemented in the home, in communal facilities and in integrated settings.</p>
<p>Who is served by HCBS & LTSS?</p>	<p>HCBS and LTSS programs can be funded through Medicaid. “Medicaid is a federally assisted, state-administered program that pays for medical services of individuals with low incomes and persons....Medicaid covers physician’s bills, hospital care, medications, supplies and long-term care in a nursing home or an adult care home but not assisted living.” (Marquis & Huston, 2017)</p> <p>HCBS and LTSS programs address the needs of people with functional limitations who need assistance with everyday activities, such as getting dressed or bathing. People who use HCBS and LTSS include seniors with physical and/or cognitive limitations, people with intellectual disabilities such as Down’s syndrome or autism, people with physical disabilities such as spinal cord injuries or cerebral palsy, people with serious mental illness, and people with disabling chronic conditions.</p> <p>Children and youth must be under 21 years old and eligible for Medicaid to receive HCBS. HCBS eligibility consists of three components: 1) target criteria, 2) risk factors, and 3) functional criteria. There are two HCBS eligibility groups:</p> <ol style="list-style-type: none"> 1. Level of Care (LOC): children/youth that meet institutional placement criteria There are four subgroups for children/youth within the LOC group and those are: Serious Emotional Disturbance (SED) with or without co-occurring Substance Use Disorders (SUD); Developmental Disability in Foster Care, Medically Fragile, and Medically Fragile with a Developmental Disability 2. Level of Need (LON): children/youth who are at risk of institutional placement (projected implementation date in 2021) There are two subgroups for children/youth within the LON group and those are: Serious Emotional Disturbance (SED) with or without co-occurring Substance Use Disorders (SUD) and Abuse, Neglect, and Maltreatment or Health Home Complex Trauma

	<p>Qualifications for Medicaid through LTSS tend to differ from HCBS in that they are less focused on the clinical condition and more focused on the financial and functional criteria.</p> <ol style="list-style-type: none"> 1. Financial criteria: Individuals qualifying on the basis of age (65 years old or older) or disability must provide documentation of income and resources in order to determine financial eligibility for Medicaid services. 2. Functional criteria: Determinations for LTSS generally focus on measures of functional status or, level-of-care (LOC), criteria as opposed to specific clinical conditions. Functional assessment tools are used through functional assessment tools to gauge an applicant’s health conditions and functional needs. <p><i>State Plan Services:</i> It is mandatory for states to provide services to all eligible individuals enrolled. These individuals may be required to meet Level of Care (LOC) or targeting criteria in order to receive LTSS.</p> <p><i>Waiver Services:</i> States may provide individuals services who otherwise were ineligible for Medicaid and may limit enrollment to those only meeting the state-established LOC criteria.</p> <p>States are also able to:</p> <ul style="list-style-type: none"> ● limit the number of enrollees ● target specific populations ● limit geographic availability of waiver programs <p>(Battaglio & et al., Spring 2020)</p>
<p>What entities are covered by HCBS & LTSS?</p>	<p>HCBS programs generally fall into two categories: health services (which meet medical needs) and human services (which support daily living). HCBS programs may offer a combination of both types of services and do not necessarily offer all services from either category.</p> <p>States can offer a variety of unlimited services under an HCBS Waiver program. Programs can provide a combination of standard medical services and non-medical services. Standard services include but are not limited to: case management (i.e. supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose “other” types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and communities.</p> <p>Within individual states, HCBS care is provided by lead agencies and other service providers. A lead agency acts as the primary care coordinator for its region—for example, a county's department of human and social services.</p> <p>Health Services can include</p> <ul style="list-style-type: none"> ● Home health care, such as: <ul style="list-style-type: none"> ● Skilled nursing care ● Therapies: Occupational, speech, and physical ● Dietary management by registered dietician

	<ul style="list-style-type: none"> ● Pharmacy ● Durable medical equipment ● Case management ● Personal care ● Caregiver and client training ● Health promotion and disease prevention ● Hospice care (comfort care for patients likely to die from their medical conditions) <p>Human Services can include</p> <ul style="list-style-type: none"> ● Senior centers ● Adult daycares ● Congregate meal sites ● Home-delivered meal programs ● Personal care (dressing, bathing, toileting, eating, transferring to or from a bed or chair, etc.) ● Transportation and access ● Home repairs and modifications ● Home safety assessments ● Homemaker and chore services ● Information and referral services ● Financial services ● Legal services, such as help preparing a will ● Telephone reassurance <p>Long Term Services and Supports provides:</p> <ul style="list-style-type: none"> ● Care in the home, in community settings or facilities like nursing homes ● Care for older adults and people with disabilities because of functional limitations that restrict self-care such as cognitive, developmental, physical and/or chronic conditions ● A wide range of services to help individuals to live more independently by assisting with healthcare needs and personal activities of daily living like: <ul style="list-style-type: none"> ● Eating ● Managing medication ● Walking ● Bathing ● Managing money ● Driving
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<p>What are the key points of HCBS & LTSS?</p>	<p>Medicaid spending for LTSS has gradually shifted towards HCBS in the last decade, largely due to beneficiary preferences and an increasing number of individuals served by Medicaid’s HCBS waiver programs (Bipartisan Policy Center). HCBS programs are often funded by state waivers. Waivers are part of a state's Medicaid program, but they provide a special group of services to a certain population. Waivers usually require medical and financial eligibility, but state waiver eligibility requirements may not be exactly the same as state Medicaid eligibility.</p> <p>Nearly all states and DC offer services through HCBS Waivers. States can operate as many HCBS Waivers as they want — currently, more than 300 HCBS Waiver programs are active nationwide.</p>
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1915 (c): State HCBS Waiver programs must:

- Demonstrate that providing waiver services won't cost more than providing these services in an institution
- Ensure the protection of people's health and welfare
- Provide adequate and reasonable provider standards to meet the needs of the target population
- Ensure that services follow an individualized and person-centered plan of care

1915 (i): States can offer a variety of services under a State Plan Home and Community Based Services (HCBS) benefit. People must meet state-defined criteria based on need and typically get a combination of acute-care medical services (like dental services, skilled nursing services) and long-term services (like respite, case management, supported employment and environmental modifications) in home and community-based settings.

1915 (j): Self-directed personal assistance services (PAS) are personal care and related services provided under the Medicaid State plan and/or section 1915(c) waivers the State already has in place. Participation in self-directed PAS is voluntary. Participants set their own provider qualifications and train their PAS providers. Participants determine how much they pay for a service, support or item.

1915 (k): The "Community First Choice Option" allows States to provide home and community-based attendant services and supports to eligible Medicaid enrollees under their State Plan. This State plan option was established under the Affordable Care Act of 2010.

Benefits of HCBS

- Cost effectiveness: usually less than half the cost of residential care
- Culturally responsive: spiritual and cultural activities and support available
- Familiarity: patient enjoys the comfort of their own home or small residential facility in the community
- Can provide counseling or clergy to assist with bereavement
- Some waivers permit family members to be paid caregivers

Challenges of HCBS

- Access to providers
- Availability of qualified caregivers
- Caregiver burnout
- Lack of 24/7 medical professional availability
- Non-family caregivers may have limited access in remote locations, especially during winter
- Potential cultural bias or barriers in the acuity assessment process
- Skilled nursing care includes only medical services performed by a registered nurse. Other daily tasks fall primarily to family members
- Those needing care do not always want family members to act as their caregivers due to potential for abuse or financial manipulation

Long Term Services and Supports:

Long term support and services are usually used by individuals with intellectual, physical, developmental, mental and chronic conditions/disabilities as well as

children, elderly adults, expecting mothers and adults with low income. These services can improve health and help individuals live more independently by assisting with activities of daily living (ADLs) like eating, grooming, driving, and managing money and medication. The Centers for Medicare and Medicaid Services (CMS) includes recreational therapy in the mix of treatment and rehabilitation services used to determine federal compliance in skilled nursing, rehabilitation (physical and psychiatric) and long-term care facilities (ATRA). Individuals are eligible to qualify for LTSS with one of the five pathways. States can use one or more than one of the pathways to provide eligibility to individuals needing LTSS (MacPac). Below is a list of the pathways.

1. **Poverty Related Pathway:** Allows the state to cover individuals with incomes up to 100 percent of the federal poverty level (FPL) who have a disability or are over 65 years old (MacPac)
2. **Medically Needy Pathway:** Allows the state to cover individuals with high medical expenses relative to their income once they have spent down to a state's medically needy income level. (MacPac)
3. **Special income-level Pathway:** Under this pathway, states may cover individuals who meet LOC criteria for certain institutions and have incomes up to 300 percent of the SSI benefit rate (which is about 222 percent FPL). (MacPac)
4. **The Tax Equity and Fiscal Responsibility Act of 1982 TEFRA/Katie Beckett pathway:** This pathway provides Medicaid eligibility to children with severe disabilities whose family income would ordinarily be too high to qualify for Medicaid.
5. **Medicaid buy-in pathways:** States have the option to cover individuals with disabilities who work and have incomes too high to qualify for Medicaid.

Benefits of LTSS

- **Autonomy:** LTSS meets the needs of individuals requiring support while preserving the autonomy of individuals with disabilities.
- **Setting:** Long-term services and supports are delivered in institutional, home and community-based settings, allowing individuals to pick the environment they most prefer.
- **Funding:** States have numerous options for funding Medicaid home and community-based services; The Affordable Care Act increased these options.
- **Caregiver support:** LTSS can also include supportive services to family members and other unpaid caregivers.

Challenges of LTSS

- **Coverage Gap:** Only about 10% of older adults living in the community receive Medicaid and have access to LTSS through Medicaid.
- **Caregiving assistance:** Family caregivers are a critical element of community living for many older adults; and despite the fact that these caregivers shoulder the bulk of LTSS, our support for caregivers is extremely limited.
- **Technology:** Understanding how older people with disability and their families can use technological advances has received little attention.
- **Quality Measurement:** Despite some research on LTSS, there is still much to learn about how best to deliver LTSS in a variety of settings. Nonetheless, research on the quality of efficiency of LTSS has been difficult to conduct

	<p>because of the difficulty in defining and measuring the quality of LTSS.</p> <ul style="list-style-type: none"> ● Workforce: Workforce challenges continue to plague the LTSS industry due to high turnover rates and low recruitment and retention rates. These challenges bring about concerns of the quality of the work environment. ● Financing and Responsibility: LTSS costs are unpredictable and vary; more than 90% of the U.S. population does not have LTSS coverage until they become eligible for Medicaid which often stems from depletion of assets.
<p>How does HCBS & LTSS apply to therapeutic recreation/ recreation therapy?</p>	<p>Home & Community-Based Services enables older adults and persons with disabilities to live fully integrated lives within their own communities. Each member is engaged in a process of person-centered planning to discuss their goal, their strengths, preferences, and barriers, and their level of support needed to achieve their goal. (Office of Mental Health NY)</p> <p>Likewise, the primary purpose of Recreational Therapy, when working with those in the community, is to establish and maintain maximum independence within the community and home environment, as well as to improve abilities to increase independence. (ATRA)</p> <p>Recreational Therapists also assist in community integration and community skills, as well as teaching new leisure and recreation skills, and providing opportunities for adaptive recreation customized to an individual’s needs and abilities. Recreational Therapists are trained in psychology, abnormal psychology, human growth and development, coping strategies and mechanisms, and understanding of group dynamics and structures, social interaction, activity analysis, and strategies to assist the individual to function as independently as possible in the most appropriate environment. (ATRA)</p> <p>Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) will exhibit characteristics and qualities most often articulated by the individual and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services, and/or socializes. (Health.NY.gov)</p> <p>A growing number of Recreational Therapists are working in home healthcare type companies, providing in-home services to individuals with disabilities, those recovering from an illness or disability, and older adults. As healthcare shifts more of a public health focus, it is anticipated that more Recreational Therapists will work in community-based settings serving those living in the community (ATRA)</p> <p>Adaptive Recreational Therapy is a form of therapy used in HCBS that uses leisure modalities to increase functional independence, reduce barriers related to recreation, and improve the overall quality of life for individuals living with disabilities. (Partners in Home Care)</p> <p>Therapeutic recreation offers some respite outside of the typical long-term care setting. Because most activities are group-based, they further create a sense of community among seniors, helping to reduce feelings of frustration, depression, isolation and anxiety that are common in the elderly. (West Hartford Health and</p>

	<p>Rehabilitation Center)</p> <p>Areas of focus during RT services include, but are not limited to:</p> <ul style="list-style-type: none"> ● Improving physical functioning (such as balance, strength, and endurance) through activity participation, exercise, and aquatics programs ● Identifying resources within the community so the individual can actively participate in life activities including accessible facilities and adaptive sports ● Teaching new or adaptive leisure skills and the use of adaptive equipment ● Participating in community based programs for socialization, support, physical fitness, and adaptive sports ● Integrating back into the community and community activities following a disability or chronic illness ● Promoting active aging, wellness, and health living <p>Community-Based Settings utilizing Recreational Therapy:</p> <ul style="list-style-type: none"> ● Federal, state, and local agencies ● Municipal parks and recreation organizations ● Home healthcare companies ● Senior centers ● Group and residential homes ● After-school programs ● Nursing home facilities
<p>Where can I learn more?</p>	<p>http://www.advancingstates.org/hcbs https://www.cms.gov https://www.macpac.gov/medicaid-optional-long-term-services-and-supports-2/ https://www.medicare.gov/medicaid/home-community-based-services/index.html https://www.medicare.gov/medicaid/long-term-services-supports/index.html https://bipartisanpolicy.org/blog/facts-long-term-services-and-supports/</p>
<p>Resources for HCBS & LTSS</p>	<p>ATRA. (2021). About Recreational Therapy. Retrieved from https://www.atra-online.com/page/AboutRecTherapy</p> <p>Chidambaram, P. and Musumeci, M. (2021, March 15). Potential impact of additional federal funds for medicaid hcbs for seniors and people with disabilities.</p> <p>Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/potential-impact-of-additional-federal-funds-for-medicare-hcbs-for-seniors-and-people-with-disabilities/</p> <p>Marquis, B.L., & Huston, C. J. (2017). <i>Leadership roles and management functions in nursing</i> (9th ed). Lippincott Williams and Wilkins.</p> <p>Medicaid. (n.d). Home & Community Based Services. Retrieved from https://www.medicare.gov/medicaid/home-community-based-services/index.html</p> <p>New York State Department of Health. Children’s Home and Community Based Services Manual. Retrieved from https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/hcbs_manual.htm</p> <p>NTRC. (2021) About Recreational Therapy. Retrieved from</p>

	<p>https://www.nctrc.org/about-nctrc/about-recreational-therapy/</p> <p>Office of Mental Health. (n.d.). Service Standards for Adult Behavioral Health Home and Community Based Services. Retrieved from https://omh.ny.gov/omhweb/bho/adult-bh-hcbs-service-standards.pdf</p> <p>Reaves, E. and Musumeci, M. (2015) "Medicaid and Long-Term Services and Supports: A Primer." <i>Kaiser Family Foundation</i>. www.kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer</p> <p>The Office of the Assistant Secretary for Planning and Evaluation, Thach, N. T., & Wiener, J. M. (2018, August). An Overview of Long-Term Services and Supports and Medicaid: Final Report. https://aspe.hhs.gov/basic-report/overview-long-term-services-and-supports-and-medicaid-final-report</p> <p>Thomas, K. S., & Applebaum, R. (2015). Long-term Services and Supports (LTSS): A Growing Challenge for an Aging America. <i>Public Policy & Aging Report</i>, 25(2), 56–62. https://doi.org/10.1093/ppar/prv003</p>
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FACT SHEET

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

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

	<p>Children and youth ages 3 through 21 receive special education and related services under IDEA Part B. (US Department of Education IDEA)</p>
<p>What entities are covered by IDEA & IDEAIA?</p>	<p>The IDEA authorizes:</p> <p>Formula grants to states to support special education and related services and early intervention services.</p> <p>Discretionary grants to state educational agencies, institutions of higher education, and other nonprofit organizations to support research, demonstrations, technical assistance and dissemination, technology development, personnel preparation and development, and parent-training and -information centers.</p> <p>Congress reauthorized the IDEA in 2004 and most recently amended the IDEA through Public Law 114-95, the Every Student Succeeds Act, in December 2015. In the law, Congress states: Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities. (US Department of Education IDEA)</p>
<p>What are the key points of IDEA & IDEAIA?</p>	<p>The stated purpose of the IDEA is:</p> <ul style="list-style-type: none"> ● to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living; ● to ensure that the rights of children with disabilities and parents of such children are protected; ● to assist States, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities; ● to assist States in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families; ● to ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting system improvement activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services; ● to assess, and ensure the effectiveness of, efforts to educate children with disabilities. (US Department of Education IDEA) <p>In 2004, the IDEA reauthorization aligned the IDEA with the No Child Left Behind Act requirements. The 2004 reauthorization called for:</p>

	<ul style="list-style-type: none"> • Early intervening services for children not currently identified as needing special education but who need additional academic and behavioral support to succeed in a general education environment, • Greater accountability and improved educational outcomes, and • Raised standards for instructors who teach special education classes. <p>(US Department of Education IDEA)</p>
<p>How does IDEA & IDEAIA apply to therapeutic recreation/ recreation therapy?</p>	<p>The Education for All Handicapped Children Act of 1975 (PL 94-142), which defined recreation as a “related service” that should be included as part of the individual educational plan (IEP) if it would enhance the special educational experience of the student (Bullock & Mahon, 2017). As a related service, recreation included the assessment of leisure function, therapeutic recreation (specific, goal-oriented interventions), general recreation programs in schools and communities, and leisure education (Carter & Van Andel, 2020)</p> <p>Amendments to the Education for Handicapped Children Act in 1983, 1986, and 1990 recognized the need to initiate intervention services for infants and toddlers as early as possible while expanding services to youth with autism, serious emotional disturbances, and traumatic brain injury. The 1990 amendment (PL 101-476) also renamed the act the Individuals with Disabilities Education Act (IDEA), replacing handicapped with the more politically correct term disability; additionally, transition and assistive technology services were to be included in the IEP (Bullock & Mahon, 2017). TRSs who became familiar with the law were able to develop programs in selected school systems. (Carter & Van Andel, 2020).</p> <p>The primary purpose of Recreational Therapy in schools is to help students develop and enhance necessary skills for successful participation in the school setting through purposeful recreation and leisure interventions, as well as to facilitate the transition from school into community programs. (American Therapeutic Recreation Association)</p>
<p>Where can I learn more?</p>	<p>The US Department of Education IDEA: https://sites.ed.gov/idea/</p> <p>Illinois Board of Education: https://www.isbe.net/specialeducation</p> <p>American Recreational Therapy Association (ATRA): https://cdn.ymaws.com/www.atra-online.com/resource/resmgr/sections/atra_info_schools_08.30.17_.pdf</p>
<p>Resources for IDEA & IDEAIA</p>	<ul style="list-style-type: none"> • American Recreational Therapy Association. Recreational Therapy and School Systems. Retrieved from: https://cdn.ymaws.com/www.atra-online.com/resource/resmgr/sections/atra_info_schools_08.30.17_.pdf • Carter, M.J. & Van Andel, G.E. (2020) <i>Therapeutic Recreation a Practical Approach</i> (5th ed). Waveland Press Inc • Etscheidt, S., & Curran, C. M. (2010). <i>Peer-reviewed research and individualized education programs (IEPS): An examination of intent and impact</i>. <i>Exceptionality</i>, 18(3), 138–150. https://doi.org/10.1080/09362835.2010.491988 • New York State Education Department (2015–2019). Retrieved from: http://www.nysed.gov/budget-coordination/individuals-disabilities-education-act-idea

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



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

What is the DD Act?

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) is a piece of federal legislation originally passed in 1963 and most recently authorized in 2000. Its goal is to “assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life” (Developmental Disabilities Assistance and Bill of Rights Act of 2000).

Included in this piece of legislation is the “Bill of Rights,” which was first established in a 1975 reauthorization of the act. It calls for increased oversight of funded programs pertaining to participant care.

The 1984 amendments were the first to use people first language and further defined goals and services to include independence, productivity, and integration. These goals were later shifted towards interdependence, inclusion, and recognition of contributions beyond productivity in the 1990 amendments.

The 1987 amendments began to require two reports that served as reviews, analysis, and benchmarks and recognized individuals, their families, and neighbors as the central role. The 1994 law also started to emphasize individual preferences, dignity, and decision-making, as well as that of their families, for the services, support, and assistance provided to them.

Under amendments implemented in 2000, participant rights have expanded to include: “care that is free of abuse, neglect, sexual and financial exploitation, and violations of legal and human rights and that subject individuals with developmental disabilities to no greater risk of harm than others in the general population” (Developmental Disabilities Assistance and Bill of Rights Act of 2000).

Who is served by the DD Act?

The DD Act of 2000 provides services to nearly 5 million children and adults with developmental disabilities living in the United States, as well as their families. This legislation affords participation in the design of community services, individualized support, and assistance, and promotes independence, productivity, and inclusion in all areas of community life.

What entities are covered by the DD Act?

The DD Act of 2000 funds the following agencies and organizations, which serve as covered entities under each program:

- State Councils on Developmental Disabilities (Councils)

Developmental Disability Councils (DD Councils) conduct “advocacy, systems change, and capacity building efforts that promote self-determination, integration, and inclusion. Key activities include conducting outreach, providing training and technical assistance, removing barriers, developing coalitions, encouraging citizen participation, and keeping policymakers informed about disability issues” (Administration for Community Living, 2021).

- State Protection and Advocacy Systems (P&As)

The Protection and Advocacy System (P&As) are independent agencies created to protect the personal and civil rights of individuals with developmental disabilities at the state level.

- University Centers for Excellence in Developmental Disabilities Education, Research, & Service (UCEDDs)

UCEDDS are university affiliates that serve as a liaison to the community, by researching, identifying issues, and finding solutions for individuals with developmental disabilities and their families by facilitating the sharing of disability-related information between the community and universities.

- Projects of National Significance (PNS)

Projects of National Significance (PNS) focus on important issues affecting people with developmental disabilities and their families to create a variety of "opportunities for individuals to contribute to, and participate in, all facets of community life" (Association of University Centers on Disabilities, 2011).

What are the key points of The DD Act?

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

• **Redefining Developmental Disability:**

Historically, people with disabilities have been abandoned, stigmatized, excluded, and mistreated. The DD Act of 2000 represents a change in policy and a shift in public perception (Rise to Thrive, 2020). The vision of the DD Act therefore spurred a new awareness of “disability:”

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

(Developmental Disabilities Assistance and Bill of Rights Act of 2000).

• **Empowerment:**

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

• **Vision of Inclusion:**

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

• **Advocacy:**

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

• **Human Rights:**

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

<p>How does the DD Act apply to therapeutic recreation/ recreation therapy?</p>	<p>The Developmental Disabilities Assistance and Bill of Rights Act of 2000 reflects both the person-centered and strengths-based approach of therapeutic recreation, emphasizing inclusion, independence, and self-determination.</p> <p>The language used in this legislation aligns with the goals and ideals of a strengths-based approach, including autonomy, justice, and equality. Some examples include: “make informed choices and decisions about their lives,” “pursue meaningful and productive lives,” “exercise their full rights and responsibilities as citizens,” and “contribute to their families, communities, and States, and Nation” (DD Act of 2000).</p> <p>This law ensures equal access and assistance in community services and supports for individuals with disabilities. It also provides the support necessary to foster self-determination, independence, and inclusion in everyday life. Not only can goals be achieved through the provisions in this law, but many services are also delivered within the therapeutic recreation profession: community resources, individual supports, and assistive technology.</p> <p>Within the DD Act, referenced activities may apply to recreational therapy, including assistive technology, leisure-based activities, personal skill-building, and transportation. Accessing these services also requires advocacy, capacity-building, and systemic change activities, which are all closely related to the profession. Within this field, individuals work with participants to help them build upon their strengths and emphasize the “whole person” when making positive changes.</p> <p>This law ensures that individuals with developmental disabilities can engage in meaningful and purposeful activities, services, and supports, and participate in ways that focus on inclusion, self-determination, independence, productivity, and integration (Rise to Thrive, 2020).</p>
<p>Where can I learn more?</p>	<p><u>Official Website(s):</u> U.S. Department of Health and Human Services Administration Community Living (ACL): https://acl.gov/ DD Assistance & Bill of Rights Act of 2000: https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000</p> <p><u>Phone Number:</u> Administration for Community Living Offices: 202-401-4634 (Voice)</p> <p><u>Mailing Address:</u> Administration for Community Living 330 C St. SW Washington, D.C. 20201</p>

<p>Resources for the DD Act</p>	<p>Administration for Community Living. (2017, Dec 1). <i>History of the DD Act</i>. https://acl.gov/about-acl/history-dd-act#fn2</p> <p>Administration for Community Living. (2021, March 25). <i>The Developmental Disabilities Assistance and Bill of Rights Act of 2000</i>. https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000</p> <p>Administration for Community Living. (2020, Sept 24). <i>Projects of national significance</i>. https://acl.gov/programs/strengthening-aging-and-disability-networks/projects-national-significance</p> <p>Administration for Community Living. (2021, Feb 12). <i>Why the Developmental Disabilities Act matters</i>. https://acl.gov/about-acl/why-developmental-disabilities-act-matters</p> <p>Association of University Centers on Disabilities. (2011). <i>About UCEDD</i>. https://www.aucd.org/template/page.cfm?id=667</p> <p>Developmental Disabilities Act. (1995, Jan 1). <i>TEACHING Exceptional Children</i>, 27(2), 78–80. https://doi.org/10.1177/004005999502700223</p> <p>Developmental Disabilities Assistance and Bill of Rights Act of 2000. Pub. L. 106-402, 114 Stat. 1677. https://www.congress.gov/bill/106th-congress/senate-bill/1809</p>
<p>Authors</p>	<p>Kaylyn Alexander Siao-Cin Chen</p>

FACT SHEET

The American with Disabilities Act of 1990 (ADA)



<p>What is the ADA?</p>	<p>The Americans with Disabilities Act (ADA) was passed into law in 1990 as a historic piece of civil rights legislation “to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities” (Americans with Disabilities Act of 1990).</p> <p>It outlines goals for ensuring “equality of opportunity, full participation, independent living, and economic self-sufficiency for [covered] individuals” in all areas of life, including public accommodations, employment, transportation, telecommunications, and state and local government services (Americans with Disabilities Act of 1990). Under this act, individuals with disabilities are legally entitled to reasonable accommodations in facilities to ensure equal participation to the general public. Five “Titles” define the law, which are presented in accordance with specific domains: Employment (<i>Title I</i>); State and Local Government (<i>Title II</i>); Public Accommodations (<i>Title III</i>); Telecommunications (<i>Title IV</i>); and Miscellaneous Provisions (<i>Title V</i>).</p> <p>In 2008, the Americans with Disabilities Act (ADA) was amended as the <i>Americans with Disabilities Act Amendments Act (ADAAA)</i> and updated the definition of “disability.” It also impacted Titles I, II, III (ADA National Network, 2021). “Most notably, under this amendment, ‘private entities [are now] considered places of public accommodation’” (Rise to Thrive, 2020).</p> <p>In 2010, after a decade of input, the Revision Standards for Accessible Design were adopted to outline criteria for newly built or altered federal sites, including amusement rides, recreation boating facilities, exercise machines and equipment, fishing piers and platforms, golf facilities, miniature golf, play areas, swimming pools, spas, saunas and steam rooms, and shooting facilities (Carter & Van Andel, 2020). With these newly revised standards, universal design became the minimum requirement to expand inclusivity to all individuals.</p>
<p>Who is served by the ADA?</p>	<p>The ADA serves all people in the United States with disabilities. Disability is defined as “a person who has a physical or mental impairment that substantially limits one or more major life activities” or has a record of significant impairment (ADA National Network, 2021).</p> <p>The law also applies to individuals who may be regarded as having a disability, even if they do not identify as having one. In this capacity, the ADA defines “regarded as” within the context of: (1) someone with an impairment that does not limit a major life activity; (2) someone who is limited in participating in an activity due to the attitudes and judgements of others; and (3) someone who does not have an impairment, but is treated as a person with an impairment (ADA National Network, 2021; Rise to Thrive, 2020).</p>

	<p>A person with a disability is legally permitted access to nondiscriminatory facilities, programs, and services through essential eligibility criteria created by agency inclusion staff. “Essential eligibility means that a person either meets all of the typical requirements to be eligible for involvement in a particular activity, or could meet the requirements with the provision of reasonable accommodations” (Bullock, Mahon & Killingsworth, 2010, p. 140). They are also permitted reasonable accommodation, in which necessary and appropriate adjustments or modifications are made to enable the individual to equally participate in recreation activities. This includes the removal of architectural barriers; provided staff, adaptive equipment, language interpreters or auxiliary aids or services, and home visits; modified rules or policies; and demonstration of prerequisite skills when offered to other participants.</p>
<p>What entities are covered by the ADA?</p>	<p>The ADA applies to a wide variety of agencies and delivery systems throughout the United States to ensure equal access and opportunity across its five subsections (<i>Titles</i>):</p> <ul style="list-style-type: none"> • <u>Title I: Employment</u> Employers, Employees, and Prospective Hires • <u>Title II: Public Services – State and Local Government</u> All programs, services, agencies, and facilities offered at the federal, state, and municipal levels. This extends to all public parks and recreational facilities, as well as to all forms of transportation (i.e. <i>trains, buses, airplanes, service vehicles</i>). • <u>Title III: Public Accommodations and Services Operated by Private Entities</u> Any private businesses and/or facilities providing public accommodations. This includes, but is not limited to, restaurants, hotels, grocery stores, retail stores, stadiums, golf courses, movie theaters, health clubs, amusement parks, private schools, day care centers, recreational facilities, agencies, and other places of business. • <u>Title IV: Telecommunications</u> All telephone and Internet companies, as well as any federal agency responsible for providing public service announcements (closed-captioning). • <u>Title V: Miscellaneous Provisions</u> All entities not covered in Titles I-IV. <p>Additionally, designated Federal Agencies oversee each of these entities, in order to ensure compliance with ADA regulations. These agencies include:</p> <ol style="list-style-type: none"> (1) U.S. Equal Employment Opportunity Commission (<i>Employment</i>) (2) U.S. Department of Transportation, Federal Transit Administration (<i>Transportation</i>) (3) Federal Communications Commission (<i>Telephone Services</i>) (4) U.S. Department of Education (<i>Education</i>)

	<p>(5) U.S. Department of Health and Human Services (<i>Health Care</i>) (6) U.S. Department of Labor (<i>Labor</i>) (7) U.S. Department of Housing and Urban Development (<i>Housing</i>) (8) U.S. Department of the Interior (<i>Parks and Recreation</i>) (9) U.S. Department of Justice (<i>Victims of Discrimination or Crime</i>)</p> <p>(United States Department of Justice and Civil Rights Division, 2021)</p>
<p>What are the key points of the ADA?</p>	<p>Key Aspects of the Law, Standards, and Regulations:</p> <ul style="list-style-type: none"> • <u>Title I: Employment</u> Employers with 15 or more employees must provide reasonable accommodations to qualified applicants and/or employees. (The private sector, state and local governments, and trade unions are all covered). • <u>Title II: Public Services – State and Local Government</u> All state and local governments are prohibited from discriminating against individuals with disabilities. Additionally, modifications must be made to ensure equal access to programs, services, agencies, and other public facilities (i.e.- parks). Included in this provision are all forms of public transportation– trains, buses, airplanes, and/or other forms of carrier. It extends funding and disability protections to include all forms of public transportation, whether they are federal or private entities. • <u>Title III: Public Accommodations and Services Operated by Private Entities</u> Any private entities providing public accommodation, such as independently owned restaurants, hotels, stadiums, and stores, are prohibited from discriminating against any individual with a disability and must provide nondiscriminatory access to programs, activities and facilities. This includes staff, adaptive equipment, sign language interpreters, and home visits. Additionally, modifications must be made to any new or existing buildings, in order to ensure equal access. • <u>Title IV: Telecommunications</u> Telephone and internet companies must make accommodations to allow individuals with hearing and/or speech impairments to communicate over a specialized telephone system (TTY). Additionally, closed-captioning must be provided for federally funded public service announcements. Emergency telephone services (911) must also be accessible for people with hearing, speech, or other disabilities. • <u>Title V: Miscellaneous Provisions</u>

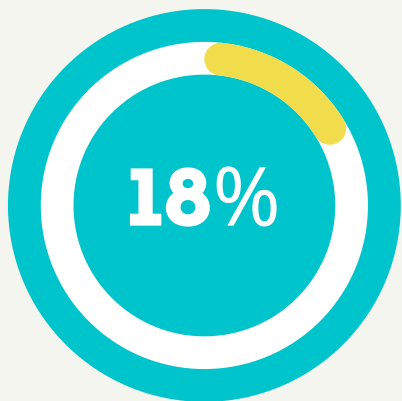
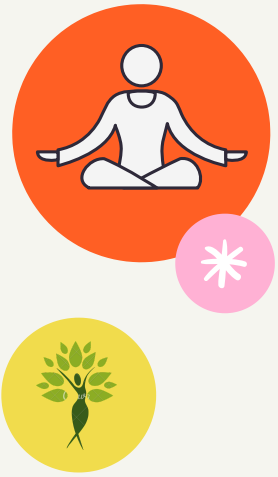
	<p>Any entity or delivery system not previously included in Titles I-IV, is considered “miscellaneous,” and therefore covered under this section of the Americans with Disabilities Act. Under this section, any form of coercive, threatening, and/or retaliatory behavior, towards any individual with a disability, is also strictly prohibited.</p>
<p>How does the ADA apply to therapeutic recreation/ recreation therapy?</p>	<p>The Americans with Disabilities Act (ADA) supports equal opportunity and access in public life for individuals with disabilities. It is considered historic legislation since its enactment meant that “disability” was to be regarded in all aspects of life, within the context of civil rights (Rise to Thrive, 2020).</p> <p>Therapeutic recreation also addresses barriers to leisure and increases quality of life. In this capacity, CTRS professionals help to provide inclusive services by matching ability to activity so that individuals with disabilities can participate in desired forms of leisure. This aspect of recreational therapy practice is consistent with “equal opportunity” and “inclusion,” as has been established by the ADA.</p> <p>Each section, or Title, of the <i>Americans with Disabilities Act</i>, relates to Therapeutic Recreation (TR) in some form or capacity. Each Title states that reasonable accommodations must be made through physical accessibility accommodations, as well as programmatic and administrative accessibility, such as staffing, programming, and communication.</p> <p>Title II outlines accommodations that state and local governments must provide within the context of recreation-related services: transportation, architectural design, communication assistance, and auxiliary aids. Individuals participating in TR services require accessible public buildings and dependable public transportation.</p> <p>Title III mandates that private companies serving the public must ensure equal access to their facilities and programming. This applies to the following places of recreation: hotels, theaters, health clubs, playgrounds, boating and fishing facilities, swimming pools, and amusement parks. Within each of these facilities, there are aspects of both indoor and outdoor accommodation, required for complete leisure participation: bathrooms, parking areas, and guest rooms. Each of these components are critical for ensuring equal opportunity, so that individuals with disabilities may feel satisfaction with their choices for recreation and leisure pursuits.</p> <p>As therapeutic recreation has been experiencing a paradigm shift from a “deficits approach” to a “person-centered approach,” this legislation has helped to alter the treatment and perceptions of individuals with disabilities. The ADA enables therapeutic recreation professionals to deliver services and implement programs in the community, allowing for greater inclusion and integration (Rise to Thrive, 2020).</p>

<p>Where can I learn more?</p>	<p>Official Website: https://www.ada.gov/</p> <p>Phone Number: 800-514-0301 (Voice) 800-514-0383 (TTY)</p> <p>Mailing Address: U.S. Department of Justice 950 Pennsylvania Avenue, NW Civil Rights Division Disability Rights Section -NYA Washington, D.C. 20530</p>
<p>Resources for the ADA</p>	<p>ADA National Network. (2021, April 1). <i>What is the Americans with Disabilities Act (ADA)?</i> https://adata.org/learn-about-ada</p> <p>ADA National Network. (2021, April 1). <i>What is the definition of disability under the ADA?</i> https://adata.org/faq/what-definition-disability-under-ada</p> <p>ADA National Network. (2021, April 1). <i>What does "regarded as" having a disability mean?</i> https://adata.org/faq/what-does-regarded-having-disability-mean</p> <p>ADA National Network. (2017). <i>An overview of the Americans with Disabilities Act.</i> https://adata.org/sites/adata.org/files/files/ADA_Overview_final2017.pdf</p> <p>The Americans With Disabilities Act of 1990 - ADA https://www.olmsteadrights.org/about-olmstead/item.6460-The_Americans_with_Disabilities_Act_of_1990_ADA</p> <p>Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328. https://www.govinfo.gov/content/pkg/STATUTE-104/pdf/STATUTE-104-Pg327.pdf</p> <p>Americans with Disabilities Act Amendment Act of 2008, Pub. L. 110-325, 22 Stat. 3553. https://www.ada.gov/pubs/adastatute08.pdf</p> <p>Bullock, C. C., Mahon, M. J., & Killingsworth, C. L. (2010). <i>Introduction of Recreation Services for People with Disabilities: A Person-Centered Approach</i>. Sagamore Publishing.</p> <p>Carter, M. J., & Smith, C. G. (2016). <i>Recreation therapy with individuals living in the community: An inclusive approach</i>. (3rd ed.). Sagamore Publishing LLC. https://www.sagamorepub.com/sites/default/files/2018-07/RTILTC3-lookinside-opt.pdf</p> <p>Carter, M. J. & Van Andel, G. E. (2020). <i>Therapeutic Recreation: A Practical Approach</i> (5th ed.). Waveland Press, Inc.</p> <p>Job Accommodation Network. (2012, July 26). <i>The Americans with Disabilities Act: A brief overview.</i> https://askjan.org/articles/The-Americans-with-Disabilities-Act-A-Brief-Overview.cfm</p> <p>Krottenberg, A., Kane, A., Varney, C., & Lynch, O. (2020). <i>Rise to Thrive: Pursue Your Superpower</i>. SUNY Cortland.</p> <p>Thompson, A. (2015, June 9). The Americans with Disabilities Act. <i>JAMA</i>, 313(22), 2296-2296. https://doi.org/10.1001/jama.2015.6296</p>

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Authors	<p>Kaylyn Alexander Siao-Cin Chen</p>

Be Well:

DISCOVER A HAPPIER, HEALTHIER YOU



18% of children and adolescents in the United States that have a chronic condition may experience limited participation in fitness activities. Recreation therapy can increase fitness opportunities for individuals with special needs!



Be Well is a one month, virtual program for ages 13-25 that teaches the importance of Fitness, Self-Care, and Wellness through four fun, 1-hour sessions:

Self Care Bingo

A-Z Workout - Therapeutic Use of Exercise

Yoga for You

The Chill Zone - Relaxation and Mindfulness Practices

To sign up for the program please click on the below link: *insert zoom link*

HAVE ANY QUESTIONS ABOUT THE PROGRAMS? PLEASE CONTACT: ANDREA GRIFFIN

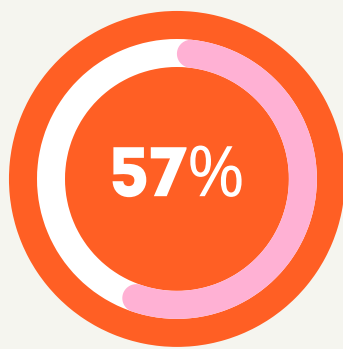
LEARN MORE ABOUT OTHER NWSRA PROGRAMS AT [HTTPS://WWW.NWSRA.ORG](https://www.nwsra.org)

SIGN UP NOW



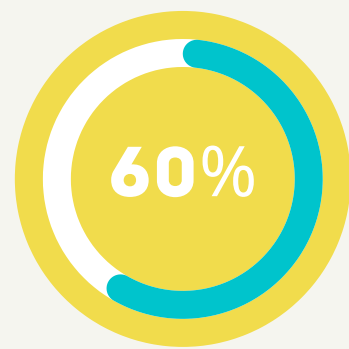
LEISURE

According to a study done by UC Merced, virtually all of the participants showed reduced stress and heart rate during leisure activities.



PHYSICAL ACTIVITY

Individuals with a disability are 57% more likely to be obese than general population individuals



MEDITATION

Meditation improves anxiety levels 60% of the time

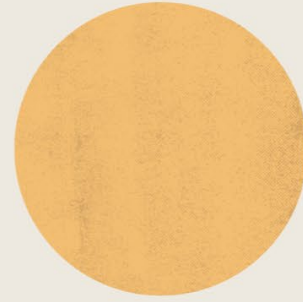
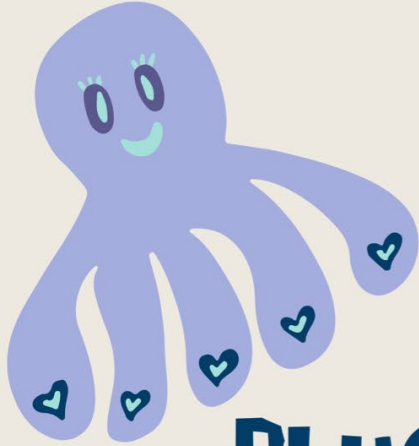
Introducing teens to wellness practices has many potential benefits like:

- Promoting conscious engagement in practicing a wellness lifestyle
- Increasing brain productivity
- Improving agility, balance, speed, power, coordination, and reaction time
- Increase stamina and muscle strength.
- Reducing symptoms experienced by stress, anxiety, and depression.



"Wellbeing is important since it allows us to feel emotions like happiness, contentment, curiosity, satisfaction – all of which help us function well in the world and lead our lives to their fullest."





PLUG INTO PLAY

AN NWSRA VIRTUAL PROGRAM



Created By:

Graduate Students of SUNY Cortland
REC 538 Design and Administration of TR
Services

- Spring 2021 -



Supervising Faculty:

Dr. Marcia Jean Carter, CPRP, CTRS, FALS, FDRT



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Contributor:

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Superintendent of Recreation

Marketing Projects Spring 2021 Rec 538

1. The Value of Therapeutic Recreation & Virtual Programming Crafts Edition:

Infographic can be accessed at the following link:

Page 1: <https://www.dropbox.com/s/ni3p12qcfo8e1ak/1.png?dl=0>

Page 2: <https://www.dropbox.com/s/yg38sllou6akobv/2.png?dl=0>

2. Magic Twists on Food: Promotional Powerpoint:

<https://bb.cortland.edu/bbcswebdav/internal/courses/2021Spring-REC538-540/wikis/course/85718059305549a3a12b4554d9259d67/0203b972134a487ea2f7f8b773664bb4/Marketing%20Presentation.pptx>

3. Be Well: Discover A Happier, Healthier You

Promotional Infographic and Word Cloud

<https://bb.cortland.edu/bbcswebdav/internal/courses/2021Spring-REC538-540/wikis/course/85718059305549a3a12b4554d9259d67/045f4b13fc7c426eb9a76d0d12ecc448/Marketing%20Word%20Cloud.pdf>

https://www.canva.com/design/DAEeTrp0prU/e6Wrcof0qaKZ_ArcIrbNLA/view?utm_content=DAEeTrp0prU&utm_campaign=designshare&utm_medium=link&utm_source=sharebutton

4. Nature Travel Marketing Project--infographic

https://www.canva.com/design/DAEeknj1bVs/L6qdTllhMivv8BBk_Awmwg/edit

5. Music & Sensory--youtube

https://www.youtube.com/watch?v=zBMuElfo_4k




Magical Twists on Food

**Learn about Healthy Eating for a
Lifetime of Wellness**



What is
*Magical
Twists on
Food?*

- *Magical Twists on Food* is a nutrition and cooking skills program
 - Focus is on learning about nutrition, kitchen skills, and cooking safety while making fun recipes based on popular Disney movies and characters
 - Virtual program for teenagers and young adults with developmental disabilities
- 

Challenges

- Childhood obesity is a serious problem in the United States, putting children and adolescents at risk for poor health
- For children and adolescents aged 2-19 years in 2017-2018, the prevalence of obesity was 19.3% and affected about 14.4 million children and adolescents
- Youth with disabilities comprise 9.2% or 6 million school-age children in the United States (U.S. Department of Education *et al.* 2007)
- Obese youth with intellectual developmental disabilities (IDD) have a high number of obesity-related secondary conditions predisposing them to greater health problems as they transition into adulthood
- Adolescents with autism and Down syndrome were two to three times more likely to be obese than adolescents in the general population



Intervention: Nutrition Education

- Allows people to make healthier food choices
- Creates awareness of foods that are good for you
- Improves overall health and well-being
- Reduces risk of chronic diseases and other health issues such as obesity
- Improved energy

Barriers to independence

- People with intellectual developmental disabilities often are passive recipients to meals
- This limits choice and increases reliance on others
- This can present challenges for living independently

Intervention: Cooking Skills and Safety

Develops autonomy and self-efficacy

Opportunity for socialization

Enhances skills needed for independence

Opportunity for decision making

Food preparation safety

Learn to make nutritious meals-avoid processed foods and low value foods

Use of Developmentally Appropriate Themes

Themes can be adapted to interests and ages of the clients

Seasonal themes (ie. Summer picnic foods, fall themed foods)

Cultural themes (ie. Italian food, tapas, French cuisine).

Thank you
for viewing
the
presentation

Please take
this short
survey

- <https://www.surveymonkey.com/r/GK32QDW>

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