

Spring REC 441-01

**Design and Administration of
Therapeutic Recreation Services:**
8:30-10:00am (M) (Morrill Hall 111)

Prof. Janet Connolly

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Course Description: Through both instruction and observation, students will gain a management perspective as it relates to the delivery and evaluation of therapeutic recreation across the continuum of care/service delivery settings.

Student Learning Outcomes:

Upon completion of this course, students will be able to:

- Demonstrate knowledge in the provision of **comprehensive therapeutic recreation services** relating to the rehabilitation of persons with varying disabilities/illnesses
- Demonstrate a greater understanding of the delivery of Therapeutic Recreation Services across a defined **continuum of care**
- Demonstrate an understanding of the significance and varying roles therapeutic recreation services play within **interdisciplinary teams of care**
- Demonstrate an understanding of and ability to **apply inclusive practices** to the design and operation of accessible programs, services and facilities
- Demonstrate knowledge of varying **principles, practices that relate to programmatic, administrative,** financial and human resource management of therapeutic recreation services
- Demonstrate knowledge of and an ability to apply various methods and instruments in the **evaluation of therapeutic recreation services** as part of an overall total quality management approach to service delivery
- Demonstrate knowledge of the management of budgets for operations and capital improvements, revenue generation and accountability, pricing of services, cost analysis and financial forecasting.

Required Text

Stumbo, N. and Peterson, C. (2009). *Therapeutic Recreation Program Design: Principles and Procedures (5th ed)*. San Francisco, CA: Pearson Education, Inc.

Bibliography:

O'Morrow, G., & Cartere, M. (1997). *Effective management in therapeutic recreation services*. State College, PA: Venture Publishing, Inc.

Behavioral Health Network of Vermont. (1996). *Level of care criteria*. Rockville, MD: National Community Mental Healthcare Council.

Riley, Bob. O (1991). *Quality management: Application for therapeutic recreation*. State College, PA: Venture Publishing, Inc.

Shank, J., & Coyle, C. (2002). *Therapeutic recreation in health promotion and rehabilitation*. State College, PA: Venture Publishing, Inc.

Mobily, K., & MacNeil, R. (2002) *Therapeutic recreation and the nature of disabilities*. State College, PA: Venture Publishing, Inc.

Austin, David. (2004). *Therapeutic recreation: Process and techniques (5th ed.)*. Champaign, IL: Sagamore Publishing.

Caruthers, C. (1995). *Annual in therapeutic recreation – volume 6*. Hattiesburg, MS: American Therapeutic Recreation Association.

Huston, A., Riley, B., West, W., Van Ardel, G. (1993). *Standards for the practice of therapeutic recreation*. Harriesburg, MS: American Therapeutic Recreation Association.

CLASS PARTICIPATION & ASSIGNMENT REGULATIONS

Class Participation: Class attendance is mandatory. This course requires class discussions and participation in group work. Participation is graded based on preparedness for class. See the assignments section for more information regarding class participation.

Lateness: Get to class on time. If you are late politely and quietly take a seat and see me after class. If you miss an in-class assignment because you were late you will not be permitted to make it up at another time and will lose points.

Class Attendance: It is considered a common courtesy to notify the instructor by email before or directly after missing a class for any reason. Students who miss lectures are expected to make arrangements with fellow students for class lecture notes and assignment changes.

Class Protocol: The classroom is where learning occurs. It is important for each student to attend, be prepared, and to participate. The instructor is responsible for maintaining a classroom environment which is conducive to learning. Critical to such an environment is the insistence upon mutual respect for one another and professional conduct. **Cell phone use in class is prohibited.**

ASSIGNMENT REGULATIONS

Late Assignments: Assignments are due at the **beginning of class** on the assigned date. If an assignment is handed in after class begins points will be deducted. If you will be away at a University sponsored event or you have a documented illness/emergency

when an assignment is due, you are required to **email** me within one day of the assignment due date to make other arrangements for handing it in. Failure to do so will result in an automatic 0 for that assignment.

Emailing Assignments: Unless otherwise stated in class, or in the syllabus, emailed papers will **NOT** be accepted. If you do not have permission to email a paper, you will lose points the same amount of points as you would for late assignments.

ACADEMIC DISHONESTY

Plagiarism is a serious academic offense. Plagiarism and other forms of academic dishonesty will not be tolerated and will result in an automatic failing (F) grade for the assignment in question. Repeat offenders will fail the course. All incidents of plagiarism are reported to the Chair of the Department.

CAMPUS RESOURCES

Southern Email and online learning tools: All students in this class are required to have an active *owls.southern.edu* email address. It is very important that you check your email on a regular basis for updates about the required reading and assignments. This will be my primary form of communicating any changes in the class schedule.

DIVERSE LEARNING NEEDS

Reasonable accommodations for students with documented disabilities are established on an individualized basis in conjunction with the Disability Resource Center. Before receiving special accommodations in this course you must make an appointment with the Disability Resource Center, located in EN C-105A. If you do not have a documented disability, but feel that you need more guidance, see me for extra help. DRC Phone: (203) 392-6825, Email: DRC@southernct.edu Website: www.southernct.edu/drc/

CAMPUS WRITING CENTER : Students are strongly encouraged to use the services at the Campus Writing Center, which provides consultation to support students in their development as writers. Location: **Engleman Hall Room A012 (bottom floor)**. Phone: (203) 392-6824, Email: ferruccit1@southernct.edu Website: www.southernct.edu/writingcenter

GRADING

Letter Grade	% GRADE	Letter Grade	% GRADE
A+	97-100	C+	77-79
A	94-96	C	74-76
A-	90-93	D+	67-69
B+	87-89	D	64-66
B	84-86	D-	60-63
B-	80-83	F	< 60

REC 441-01: Design & Administration of Therapeutic Recreation Services**Spring 2013 Semester Schedule and assignment due dates**

DATE	CLASS TOPICS	ASSIGNED READING AND ASSIGNMENTS DUE
01/14	Design and Administration of Therapeutic Recreation Services Review of TR models of service delivery. Get into Groups, review group project	Overview of Syllabus, Introductions, Review of projects and assignments
01/21	No class – Martin Luther King Holiday	
01/28	Comprehensive Program Design, part 1	Read CH 5 Group project: Step 1 due
02/4	Comprehensive Program Design, part 2	WPO project: Steps 1A & B, 2A due
02/11	Administrative Practices, understanding agency policies and procedures	WPO project: Steps 2B, & C due
02/18	No Classes – President’s Holiday Recess	
02/25	Specific Program Design – Part 1	Read CH 6 Group project: Step 2 due
03/4	Specific Program Design, part 2	WPOproject: Step 2 D, E, F due
03/11	Midterm Exam	Preparation for MIDTERM
03/18	Panel of Speakers – class at 5:00 – 7:00PM	Review CH 6, Written Plan of Operation due
03/25	No Classes – Spring Recess	
04/1	Hybrid - To be announced	
04/8	Program & Client Evaluation, part 1	Read CH 12
04/15	Hybrid – ATRA Individual Program Planning video & homework	Group project: Step 3 due
04/22	Program & Client Evaluation, part 2	Program Evaluation Project due, ATRA eval. Homework due
04/29	Class Wrap Up/ Final Exam Review	Preparation for FINAL
05/6	Final Exam	

COURSE ASSIGNMENTS :

Program Evaluation Project (20%) This is an individual assignment

Design a program evaluation system that includes:

- Program admission and discharge criteria
- Method of intake and assessment instruments to utilize
- Policies and procedures to guide the program evaluation process
- Identification of measures to guide the evaluation process
- Measures to determine effectiveness
- Methods used to collect and disseminate data
- Overall plan of reporting and developing action plans in relation to evaluation reports

***More info to follow.**

Written Plan of Operation (20%) This is an individual assignment

- This comprehensive program design project will involve developing a **Written Plan of Operation for a TR Agency** that will address all areas of administrative practice. This project should be inclusive, realistic and address today's standards of practice. Standards of practice that guide the practice/service delivery of therapeutic recreation
- TR Mission/Vision statement
- Staffing guidelines and qualifications
- Facility and resource needs
- Development of a realistic program related budget
- Administrative policies and procedures
- TR departmental job descriptions
- Professional development plan
- Human resource related policies and procedures

Exam #1 and Exam #2 (15% Each)

Two exams which will test your knowledge of the design and administration of therapeutic recreation services. They will occur at mid-term and finals week. Each exam will be based on information and material presented in class, required readings, guest lectures, videos, and handouts.



Group Project (20%)

Working in small groups and taking into account the principles and practices associated with the delivery of services in a managed care environment, develop a therapeutic recreation program for a defined disability group that spans through the defined continuum of care/scope of service. Each group will develop a statement of purpose associated goals, program components (activity modules and/or interventions) and will identify assessment and evaluation means and methods for each setting along the continuum.

***More info. to follow**

Participation and Homework (10%)

Students are expected to attend each class session, be on time, actively participate in discussions and exercises and be non-disruptive. Missed classes and disruptive behavior (including cell phone use) will affect your overall grade. Prior notification for missed class is expected either by phone or email message.

Name: _____

True or False: Circle the best answer. (1 point each)

1. **True or False: Formative Evaluation** is when data collection is collected and reviewed only at the end of the program.
2. **True or False: Open-ended questions** are the easiest to score or analyze.
3. **True or False:** When discussing the **types of sampling techniques**, non-probability refers to selection that is purposeful based on predetermined criteria.
4. **True or False:** In **Client** Evaluation, **Nonintervention** programs track specific outcomes.
5. **True or False: Data collection and Data reduction** occur in the **Implementation level** of Evaluation.
6. **True or False:** Specific Program Evaluation is only done externally.
7. **True or False: Stumbo and Peterson** define **Evaluation** as: “ the systematic and logical process of gathering and analyzing selected information in order to make decisions about the quality, effectiveness and/or outcomes of a program, function or service.”
8. **True or False:** Documentation of client outcomes cannot be used to measure the effectiveness of a program.
9. **True or False:** A **Vision Statement** is a future oriented, general description of purpose and direction of the agency.
10. **True or False** The **benefits** of Comprehensive and Specific Program Design that the book pointed out are: Stability, Flexibility and Accountability.
11. **True or False:** During the Investigation stage of the **Therapeutic Recreation Program Planning Model**, it is necessary to be concerned about the resources available for programming.
12. **True or False:** In the **Formative Program Evaluation Procedure or FPEP**, the **Post- Session Analysis form** is used during program to track appropriateness of program, activity sequence, amt. of time, materials, resources.

13. **True or False:** One reason **Comprehensive Program Evaluation** is done is to ensure safety, efficacy, and effectiveness.
14. **True or False:** This is a correct statement in regards to “Person-First” Language:
The spinal cord person wanted a handicapped parking space.
15. **True or False:** NCTRC is an **ATRA Standards Review Committee** dedicated to “protecting the consumer” and providing a tool (EXAM) to define the minimum qualifications for a person wishing to serve as a Recreation Therapist.
16. **True or False:** In regards to professionalism, being a part of a professional organization has no merit. Professionalism refers only to one’s title and years of service.
17. **True or False:** When considering fund raising initiative, although the most costly, a direct mailing campaign has the greatest potential for long-term effectiveness and reliability of donor commitment.
18. **True or False:** As was presented in class, “triangulation” refers to the narrative, budget and Board of Director’s approval and support of a grant application.
19. **True or False:** When addressing outputs and outcomes as it relates to grants, outputs refers to direct impact of short term, medium term and long term results.
20. **True or False:** As was presented in class, “For Funders, a grant award is an investment in positive change.
21. **True or False:** The interest earned off an endowment is not considered income, it is considered a one-time tax-free gift.
22. **True or False:** Grant funds are often relied upon by non-profit organizations to provide the financial support to cover administrative overhead and basic living expenses (heat, hot water, daily building maintenance.
23. **True or False:** It is common practice with grant applications and awards to take a five year cycle of from application if you are the recipient of a denial. Additionally, you might give serious consideration to not applying to that funder ever again.
24. **True or False:** It is OKAY to seek grant funds to support any initiative that may not line up with the overall organization mission/vision/values as long as it speaks to a benefit that can be provided through Therapeutic Recreation Department service line and qualifications of the existing TR staff.
25. **True or False:** The fundraising/ activity method that costs the least to implement and is the most fun is a special event/benefit such as a Gala or Golf Tournament.

Multiple Choice: Circle the best answer. (2 points each)

26. Considerations that need to be made when designing an evaluation are all of the following, except this one:
- a. Type of instrument or technique for data collection
 - b. Location of individuals served
 - c. Budget
 - d. Size of sample
 - e. Types of questions
27. The following are all examples of fundraising methods presented for nonprofits, except this one:
- a. Direct Mail Renewal
 - b. Capital Campaign
 - c. Solicitation to community members (such as a booth at a grocery store)
 - d. Planned giving
 - e. Government grants
28. "Cultivation" in the grant application process refers to these steps:
- a. Review of the literature, reporting to Administration and Board of Directors, making a public announcement
 - b. Accepting an award both in written form and publicly, holding a press conference, creating plan to spend funds awarded.
 - c. Research, writing grant application, submission of application.
 - d. Review of previous prospects, inviting same to special presentation and official "asking" ceremony, inviting key players to sign on.
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29. When developing a budget for a non-profit TR department, all of the following need to be considered except this one:
- a. Revenue
 - b. Anticipated travel expenses for training
 - c. Taxes
 - d. Supplies
 - e. Personnel costs
30. "Best Practices" as it relates to grant applications include all the following except this one:
- a. Submitting letter of support from CEO or Board President
 - b. "Triangulation"
 - c. Person First Language
 - d. Only ask for expenses they will cover
 - e. Narrative must match budget and timeline

31. "SMART" Outcomes include:
- a. Statistically sound, memorable, actuary approved, reasonable, true to budget
 - b. Special, meaningful, affordable, recognizable, trustworthy
 - c. Specific, measureable, attainable, realistic, timely
 - d. All of the above
 - e. None of the above
32. Grant writing is the responsibility of:
- a. All concerned (grant writer, program staff, CEO, Board of Directors, IT?HR, Fiscal)
 - b. Only the grant writer
 - c. Grant writer and program manager
 - d. Grant writer, program manager, fiscal representative
 - e. None of the above
33. When discussing professionalism, "soft skills" include the folling:
- a. Dressing for success
 - b. Maintaining active lifestyle in professional organizations
 - c. Being courteous, using correct language in communication, showing respect
 - d. Maintaining best practices in relation to technology and social media
 - e. Being an "expert" in your field
- 4
34. In the class presentation on Breast Cancer, the following which of the following was presented as an intervention:
- a. Animal Assisted Therapy
 - b. Dance Therapy
 - c. Humor Therapy
 - d. Chair Yoga
 - e. Independent Free Play
35. In the class presentation on Post Traumatic Stress Disorder, all of the following were highlighted as comprehensive program goals except this one:
- a. To facilitate patient's self-expression in leisure
 - b. To develop coping skills when aroused by trauma experience
 - c. To develop self-help skills utilizing culinary experiences
 - d. To engage in healthy expression of emotions related to experience & be able to regulate distressing emotions
 - e. To provide activities that help patients identify personal barriers to leisure
36. In this same presentation, which of the following was NOT an intervention presented for use with individuals with PTSD?
- a. Leisure Education
 - b. Adaptive Sports

- c. Creative Arts
- d. Meditation
- e. Relaxation

37. In the presentation on Depression in Adolescence, the following were needs the adolescent with this diagnosis may have EXCEPT this one:

- a. Suicidal thoughts
- b. Hypersensitivity to interpersonal rejection
- c. Feelings of guilt
- d. Logical thinking
- e. Mood swings

38. In the class presentation on Youth at Risk, the following were all areas of concern that can be considered warning signs/characteristics of a child who is “At-Risk”, EXCEPT this one:

- a. Positive notes of expression left for family members
- b. Self-harm
- c. Substance abuse
- d. Truancy
- e. Violence

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39. In the class presentation on Cerebral Palsy, all the following were comprehensive goals EXCEPT this one:

- a. To help manage stress surrounding the diagnosis
- b. To expand the child’s ability to socialize
- c. To utilize recreation activities to help increase strength, flexibility, coordination
- d. To modify activities to ensure inclusion and participation
- e. To determine a child’s cognitive ability for life skill advancement

40. In the class presentation on Muscular Dystrophy, the focus areas that TR has ownership of is this one:

- a. Communication skills, community access to transportation, bracing and wheelchair selection
- b. Sport skill acquisition, relaxation and meditation, independent living skills
- c. Social skill benefits, emotional benefits, cognitive benefits, physical benefits
- d. Coping strategies, Behavior management, improved dietary intake
- e. None of the above

41. In the class presentation on Autism, some of the comprehensive goals presented that the CTRS would focus on are all of the following EXCEPT this one:

- a. To assist clients in expressing emotions effectively and appropriately
- b. To help clients develop and utilize problem solving strategies
- c. To help clients learn independent meal preparation in the kitchen
- d. To help clients cope with sensory issues
- e. To help clients social and cognitive functioning

Fill in the blank areas as indicated: (Point values vary per question)

42. What do you need to take into consideration when **designing an evaluation**? List 4 things and explain the importance of them:

(5 points)

1.

2.

3.

4.

Explanation of importance:

6

43. **Evaluation as a Management Tool** focuses on 3 main points.

List the 3 points and explain each.

(3 points)

1.

2.

3.

44. In the **Generic Evaluation Design Model**, specific terminology is used.

Define each:

(4 points)

Internal Evaluation

External Evaluation

Formative Evaluation

Summative Evaluation

45. What are **3 characteristics of a Therapeutic Recreation Professional**?

Explain each

(3 points)

- 1.
- 2.
- 3.

46. Give an example and explain an **internal and external support** for TR professionals:
(2 point)

Internal:

External:

7

47. **Different types of instruments or techniques** are used for Data Collection, what are they?

1. (4 points)
- 2.
- 3.
- 4.

48. Evaluation **is applied to 3 areas**. What are they? (3 points)

- 1.
- 2.
- 3.

49. What are 3 of the **fundraising methods for nonprofits** that were presented and discussed in class by the guest speaker? (3 points)

- 1.
- 2.
- 3.

50. In the **written plan of operations project**, budgets were a BIG deal. Explain ways a TR department within an agency can support its departmental budget, utilizing internal and external means.

(4 points)

8

51. What are 3 areas of responsibility of an **Administrator of Therapeutic Recreation**? Explain a challenge as it relates to two areas of responsibility, as well as a possible solution for each.

(4 points)

1.

2.

52. Define **SMART outcomes** and explain how do we use or apply SMART outcomes?:

(5 points)

53. In Comprehensive Program Planning, give examples of 3 agency considerations and why they are important: (3 points)

1.

2.

3.

EXTRA CREDITON NEXT PAGE - GOOD LUCK

EXTRA CREDIT - GOOD LUCK!



What are 2 **areas of practice** for the TR profession that have gained increase popularity in the last 3-5 years?
Identify and explain relevance:

(4 points)

1.

2.

List and explain 4 qualities an entry level Recreation Therapist should have and 4 qualities a seasoned Recreation Therapy clinician (with minimum 3 years experience) should have.. Compare and contrast the two.
?????

(4 points)

REC 441-80, FALL 2014

THERAPEUTIC RECREATION

PROGRAM DEVELOPMENT PROJECT

Due: Step One: Feb. 9 ; Step Two: Feb 23 ; Step 3 Final Copy: 3/01

General Guidelines: You are to demonstrate your knowledge of Comprehensive and Specific Program Planning in this project. You have the opportunity for 2 peer reviews, thus opportunities to have editing prior to turning in the project for the last and final time for grading. I encourage you to take advantage of these opportunities as there is a wealth of knowledge among your fellow students. Provide details, details, details. This project should be a minimum of 8-10 pages in length. You may work on this individually or in a group. If you work in a group, all members of the group will receive the same grade.

Step one: Due Feb 9th

Address the following questions

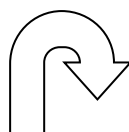
- Select a diagnostic group. Be specific as to age and other demographics that may apply.
- Define the broad “needs” of this population.
- Define the areas of focus that TR has “ownership” of and areas of focus that other disciplines have priority over. Identify the standards that guide and influence program delivery for this population as it relates to managed care and this setting.
- Provide an example of the mission statement that reflects the delivery of service to this group of individuals.

Step two: Due Feb. 23rd

This

should clearly show any edits made from step one, as well as having the additional questions answered. Attach your initial draft of step one with any comments made from peer reviewers.

- Define the continuum of care for your agency. How broad reaching is it?
- Define the statement of purpose: *“The statement of purpose should be comprehensive yet brief. It should explain the reason for the program’s existence without going into detail.”* (pg. 120, Stumbo & Peterson: Therapeutic Recreation Program Design Principles and Procedures, 5th ed.)
- Identify comprehensive program goals.
- Identify the comprehensive components that are reflective of the goals.



OVER

Step 3: Completed project due March 1st.

This should include your edits from step one with all work drafts from steps 1 & 2.

- Define the individualized activity modules and interventions for your program.
- Define the assessment and evaluation means for each step along the continuum of care. Provide examples of these.

Remember to provide DETAILS, DETAILS, DETAILS....

Please see me if you have any questions.

Program Development Project Grading Rubric

Preparation 30%

Completion of assignments in a thorough and timely manner: **10 points**

Class participation as it relates to peer review opportunities: **10 points**

Quality of work: **10 points**

Presentation 70%

Professional appearance: **5 points**

Delivery of presentation
(vocal quality, manner of delivery, design and use of multi-media): **15 points**

Quality of project (Content areas all addressed, accuracy of information): **35 points**

Support materials: **10 points**

Timekeeping: **5 points**

Program Development Part 1: Student Assignment

Program Development Project - Emergence

Emergence Outpatient is a community-based intensive outpatient addiction recovery facility designed to assist individuals recovering from a substance use disorder (SUD), ideally those who have already gone through detoxification and a 30-day rehabilitation program, though self-referred patients may also be seen if their needs align with the services offered. Located in East Hartford, CT, Emergence will treat patients 18 and older, who have any type of substance use disorder, be it abuse or dependence, as well as patients with dual-diagnoses. The facility will be staffed with two psychologists, three LCSWs, an employment specialist, and two CTRSs. In addition to their specific roles, all clinicians on staff will also need to act as case managers, ensuring that they are advocating for their patients, and working within the resources of the community to improve patient retention and adherence to interventions chosen (Substance Abuse and Mental Health Services Administration, 2012). Volunteers from the community will also be brought on to work as activity assistants and peer mentors, and additional staff will be brought on as needed based on the size of the client base.

Emergence is a strengths-based, interprofessional program, with therapists working together to reach the goals of patients and enrich their lives. While Emergence's patients may largely be from a lower socioeconomic bracket, staff at the facility will work to identify and expand upon existing patient strengths using positive psychology, peer support, community integration, and the Leisure and Well-being Model of treatment (LWM), along with other interventions aimed at improving self-efficacy and self-esteem.

The mission statement of Emergence Outpatient: Emergence Outpatient is a community-based, interprofessional, and holistic approach to sobriety, which focuses on using our clients' strengths to drive their transition to a healthier, more satisfying life. With specialists in mental health, educational and vocational planning, recreation and leisure, and community life, Emergence believes that leading clients to fulfillment in all areas of life is key to maintaining sobriety. Using therapies aimed at bolstering self-confidence, improving patients' feeling of self-efficacy, developing social skills and community integration, and teaching new ways of interpreting and acting on emotions, Emergence will work to build upon our clients' strengths to ensure they feel ready and able to maintain sobriety independently.

Being located in East Hartford, Emergence Outpatient will likely service a variety of cultures.

According to the latest U.S. census, 36% of residents in East Hartford speak a language other than English at home (2010). Most patients will likely be from a low socioeconomic bracket, since 15% of residents of East Hartford are living below the poverty line, and its neighboring Hartford has approximately 33% of its residents at or below the poverty line (U.S. Census Bureau, 2010). East Hartford also has a lower number of college degree holders than neighboring towns, with under 20% of the population holding a bachelor's degree or higher (U.S. Census Bureau, 2010). Considering that substance abuse and dependence most commonly occurs in individuals aged 18-25, Emergence will likely need to address issues of educational and vocational advancement quite often (Porter, 2015). Disability is another factor to consider when treating the substance use population, particularly in East Hartford, where just over 10% of residents are living with a disability of some kind (U.S. Census Bureau, 2010). With all this in mind, resource awareness, culturally aware programming, and patient advocacy will be key to avoiding gaps in service that could lead to relapse.

Substance use disorders are somewhat contentious in terms of defining the various types, how best to treat them, and even how to know when treatments are successful. With a thin line between dependence and abuse, and dispute as to whether harm reduction is sufficient to claim one's substance use disorder has been successfully treated, there are conflicting opinions on how best to define a patient's disorder and how best to treat it (Erickson, 2007). That being said, SUDs, whatever we call them, do share common deficits and treatment approaches do have commonalities. The SUD population in general has common needs, regardless of the substances used, such as physical health concerns resulting from substance abuse, cooccurring mental illness, disruption of close relationships, cognitive difficulties, issues with stress management, poor sleep quality, and life skill deficiencies (Porter, 2015). In addition, of individuals with an existing psychiatric disorder, 30% have a co-occurring SUD, meaning that treatment of SUDs alone may not address the entirety of the problem for a large portion of patients (Frances, Miller, and Mack, 2005). Symptoms and secondary problems associated with major depressive disorder, anxiety disorders, and antisocial personality disorder may also need to be addressed. Issues related to recreation therapy specifically include leisure education, resource

awareness, self-efficacy, coping skills, stress management skills, self-confidence, health promotion, and community integration (Porter, 2015).

As mentioned previously, staff at the facility will share common goals for the patients, but will also have domains and interventions for which they are specifically responsible based on the needs listed above. Psychologists will be responsible for providing cognitive behavioral and contingency management therapies, as well as treatment of dual diagnoses and their symptoms (Stumbo and Wardlaw, 2011). Licensed clinical social workers, or professional drug and alcohol rehabilitation counselors, will provide individual addiction counseling, family education and therapy, and lead Alcoholics Anonymous, Narcotics Anonymous, and dual-diagnosis peer support groups. The employment specialist will administer vocational assessments, and assist patients with job placement and education planning. The CTRSs will work one-on-one and in groups on community integration, providing leisure education, leading self-confidence building activities, and instruction on health promotion, stress reduction techniques, and coping skills, as well as advising staff on adaptive techniques as required for patients with special needs, and providing adaptive strategies for patients with disabilities (Mobily and MacNeil, 2002). Because so much of a patient's time prior to recovery was likely spent planning, obtaining, using, and recovering from the substance used, providing patients with thorough leisure education will be a high priority for Emergence's CTRSs.

Patients will be given assessments upon their first visit with their CTRS to determine areas of particular need and to identify patient strengths. The first assessments to be administered will be the Idyll Arbor Leisure Battery (IALB). Because these assessments measure leisure interest, satisfaction, attitude, and motivation, they should provide a broad overview of how the patient views leisure and its role in their life, how satisfied they are with their current leisure involvement, and what types of leisure activities interest them and make them feel fulfilled. When treating patients whose leisure time has largely been spent in a pursuit they are currently giving up, with many people with whom they can no longer associate, and in places they now must avoid, determining which recreational interests can be maintained for normalcy, and which could be added and likely enjoyed will be crucial. The IALB should help the CTRS determine what types of leisure education will be needed, which

activities would be best received to ensure active participation, and which recreational pursuits the patient might be interested in moving forward.

Since Emergence Outpatient is a strengths-based program, and stress management is important in SUD recovery, patients will also be administered the Quality of Life Index (QLI), contained in Porter's Recreational Therapy Handbook of Practice (2006). The QLI is a sliding scale assessment in which patients rank their feelings on a variety of life stressors and personal traits. It should provide insight into which stressors need to be managed through stress reduction techniques and problem-solving, and which areas of the patient's life are going well. It should also let the CTRS know what the patient sees as their strengths, which can be developed and used to improve other areas of the patient's life. The QLI can also be amended to include items most relevant to activities offered by the program, and strengths most commonly seen in the SUD population, such as resourcefulness and assertiveness.

Using both these assessments, the CTRS should be able to determine which groups and interventions would be most beneficial for the client, and which they would find most interesting and fulfilling. It should also guide the CTRS toward patient goals by identifying areas of need and patient strengths. Between the two assessments, the CTRS may also gather information that could be valuable to other therapists in the program, such as the patient's feelings on their close relationships, and how they view their vocational and educational status.

References

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Program Development Project: Part Two

Program Development Project - Part Two

- ❖ Emergence Outpatient is a community-based intensive outpatient addiction recovery facility designed to assist adults recovering from a substance use disorder (SUD), ideally those who have already gone through detoxification and a 30-day rehabilitation program, though self-referred patients may also be seen if their needs align with the services offered. While patients may continue to use Emergence's services and attend groups on an outpatient basis as long as they'd like, the typical length of intensive outpatient treatment is three to four months.
- ❖ Emergence utilizes the Leisure and Well-being Model of treatment for all its patients.
- ❖ Statement of purpose: To provide recreational therapy that works in partnership with clients to build upon strengths, learn healthy stress management techniques, develop skills to reach leisure goals, and work toward successful community recreation participation, ensuring clients feel ready and able to maintain sobriety independently.
- ❖ Program Goals and Objectives:
 1. Provide programming that improve patients' capacity to participate in community recreation programs.

- Work with patients in once weekly groups to develop their ability to find, identify, and use community recreation resources and opportunities.
- 2. Provide programming to teach healthy stress management techniques.
 - Provide daily group instruction in a technique for stress management.
- 3. Provide programming to develop patients' knowledge of and appreciation for leisure
 - Provide a group leisure education intervention twice per week.
- 4. Provide programming to progress patients' recreational interests and skills.
 - Assess patients individually to determine areas of interest and provide three groups weekly to identify avenues to pursue these interests and develop necessary skills.
- 5. Provide programming to improve social skills for better functioning in recreation and leisure.
 - Provide both individual and group interventions three times per week to improve social skills.
- 6. Provide programming to develop patients' ability to manage and improve their physical fitness.
 - Provide one intervention per week focusing on the benefits of regular exercise.

PROGRAM TITLE: Benefits of Leisure

GENERAL PROGRAM PURPOSE: To provide instruction on the benefits of leisure engagement, create awareness of one's leisure lifestyle, and encourage increased participation in leisure activities.

PROGRAM DESCRIPTION: Participants will meet for group instruction by a CTRS on the benefits of leisure participation twice per week for two weeks, in 45-minute sessions. The first session will consist of lecture and group discussion on the benefits of leisure. In the second session, participants will take part in a Pie of Life activity, as outlined by Austin (2009), to promote self-awareness and clarify values. The third session will have participants playing Leisure Scattegories in order to come up with leisure activities of interest. In the final session, participants will create individualized and realistic plans for how to spend their leisure time.

CLIENT PROBLEMS THAT MAY BE ADDRESSED:

- Negative attitudes toward leisure
- Low leisure participation
- Lack of leisure interests
- Low self-awareness as pertains to leisure lifestyle
- Difficulty making decisions pertaining to leisure

REFERRAL CRITERIA: Referral by CTRS based on IA LB assessment results.

CONTRAINDICATED CRITERIA:

- Patients who receive adequate scores on leisure attitudes and awareness sections of the IA LB
- Patients who lack the social skill or ability to comfortably participate in group activities

THERAPEUTIC RECREATION INTERVENTION ACTIVITIES OR TECHNIQUES EMPLOYED:

- Leisure Education
- Lecture
- Value Clarification
- Group Discussion
- Educational Group Activities

STAFF TRAINING/CERTIFICATION REQUIREMENTS: Classes will be led by a Certified Recreational Therapy Specialist, with Recreational Therapy Assistants accompanying as needed for larger groups.

RISK MANAGEMENT CONSIDERATIONS:

- Count all supplies used in the activities to avoid self-harm or injury to others
- Ensure that participants identify which leisure situations may bring a high-risk for relapse

- Ensure CTRS and any assistants are aware of medical issues participants may have

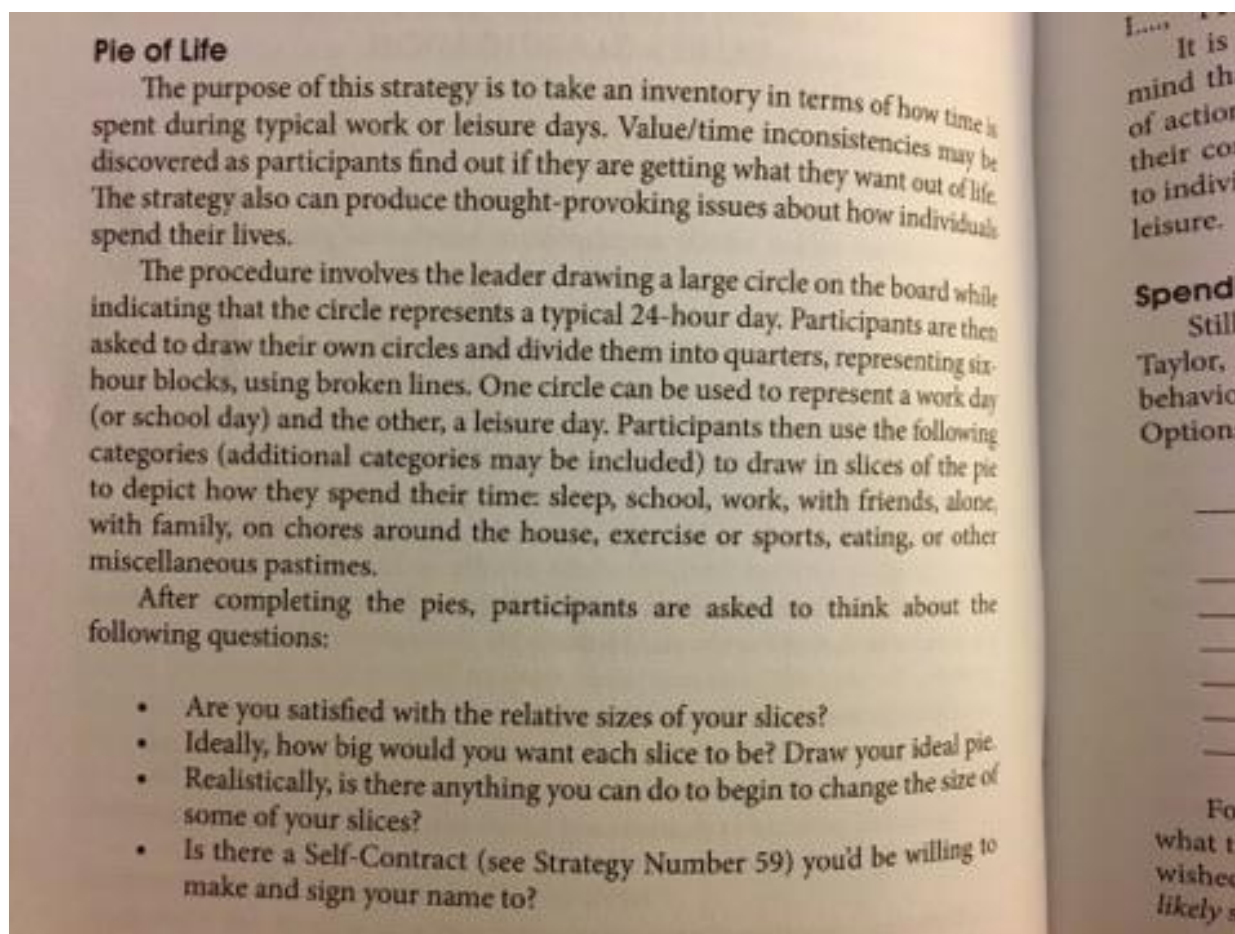
OUTCOMES EXPECTED:

- Increased knowledge of the benefits of leisure
- Greater awareness of personal leisure attitudes and lifestyle
- Improved self-determination to pursue leisure interests
- Plans for increasing leisure activity participation

PROGRAM EVALUATION: Patients will be assessed upon admission to determine their general attitude toward leisure, as well as motivation to participate using the Idyll Arbor Leisure Battery. Assessments will be given again upon completion of the Benefits of Leisure program in order to determine how much was learned, and whether attitudes had changed. Patients will be reassessed prior to discharge from the facility to determine if their leisure activity participation has increased.

APPROVAL SIGNATURE AND DATE: Kristen Negrelli 10/23/2017

Pie of Life Activity:



Source: Austin, D. R.. (2009). *Therapeutic Recreation Processes and Techniques*, 6th ed. Champaign, Illinois: Sagamore Publishing. p.68.

PROGRAM TITLE: Finding and Using Community Resources

GENERAL PROGRAM PURPOSE: To provide instruction on locating recreation resources within the community to increase participation in recreation and leisure activities.

DESCRIPTION OF PROGRAM: A CTRS will lead a two-session intervention on resource awareness that will meet once a week for one hour. In session one, the CTRS will lead a hybrid lecture/group discussion on where one could find information related to participating in community recreation, e.g., programming, cost, transportation. The second session will have the group role playing, looking up information online, and making a phone call to inquire about a service.

CLIENT PROBLEMS THAT MAY BE ADDRESSED:

- Lack of resource awareness
- Difficulty with problem-solving
- Anxiety surrounding social interaction required to gather information

REFERRAL CRITERIA: By CTRS/LCSW as-needed for patients with difficulty locating community resources.

CONTRAINDICATED CRITERIA: Patients with anger management issues, or extreme social skill inadequacies.

THERAPEUTIC RECREATION INTERVENTION ACTIVITIES OR TECHNIQUES EMPLOYED:

- Lecture
- Role Playing
- Pen-and-Paper Exercises
- Group Discussion
- Skill Rehearsal

STAFF TRAINING/CERTIFICATION REQUIREMENTS: A CTRS will lead this intervention, with recreation assistants used as-needed to help participants with Internet searching or placing phone calls.

RISK MANAGEMENT CONSIDERATIONS:

- Tools used during these sessions should be counted and collected at the session's end
- Participants should be conscious of relapse triggers when planning community programming to investigate

OUTCOMES EXPECTED:

- Increased self-determination and internal locus of control
- Increased resource awareness
- Improved ability to overcome barriers and find needed information
- Increased awareness of person leisure resources

PROGRAM EVALUATION: At the end of the second session, participants will be asked to find the time, place, and cost of a predetermined community program, as well as identify one way they could get there, along with a survey to determine how they felt about the program and its effectiveness.

APPROVAL SIGNATURE AND DATE: Kristen Negrelli 10/23/2017

PROGRAM TITLE: Learning Techniques for Stress Management

GENERAL STATEMENT OF PURPOSE: To improve participants' ability to manage stress through leisure activities and without substance use.

DESCRIPTION OF PROGRAM: A CTRS will lead a group of 10-12 once daily for one hour in the use of one of five different relaxation techniques: mindfulness meditation, breath work, progressive muscle relaxation, guided imagery, and walking. The sessions will run on a cycle, with a different relaxation technique assigned to each weekday.

CLIENT PROBLEMS THAT MAY BE ADDRESSED:

- Difficulty managing stress
- Problems with emotional control

- Excessive anxiety

REFERRAL CRITERIA: Referral from CTRS based on QoL assessment, LCSW for specific dual diagnoses.

CONTRAINDICATED CRITERIA: Patients with extreme social anxiety may benefit from one-on-one sessions, rather than this group format.

THERAPEUTIC RECREATION INTERVENTION ACTIVITIES OR TECHNIQUES EMPLOYED:

- Group Exercises
- Mindfulness Meditation
- Deep Breathing
- Progressive Muscle Relaxation
- Guided Imagery Meditation
- Walking in a small group

STAFF TRAINING/CERTIFICATION REQUIREMENTS: Sessions should be led by a CTRS, with an activity assistant present to target any individual problems or concerns when following instruction.

RISK MANAGEMENT CONSIDERATIONS: Because the room will be dimly lit for some sessions, it's important to clear the area of any tripping hazards. While most of the activities are generally free of participation risk, the CTRS and assistants should be aware of any medical issues participants may have for the walking and deep breathing exercises in particular.

OUTCOMES EXPECTED:

- Greater ability to manage stress
- Knowledge of new stress reduction techniques
- Lower general anxiety levels
- Greater emotional control

PROGRAM EVALUATION: Participants will be given a survey at the end of the program to ensure goals were met. After completing a program, participants will also discuss what they learned at their next 1:1 meeting with their CTRS or LCSW to ensure retention and ability to replicate the technique at home.

APPROVAL SIGNATURE AND DATE: Kristen Negrelli 10/23/2017

PROGRAM TITLE: The Importance of Fitness

GENERAL STATEMENT OF PURPOSE: To inform participants about the benefits of physical fitness and ways to make time for exercise in their lives.

DESCRIPTION OF PROGRAM: A CTRS and a recreation assistant will lead a group of up to 15 participants in one 60-minute session, to be offered once per week. The CTRS will provide instruction on the various benefits of physical fitness, and ways to work around busy schedules or lack of motivation. Participants will then work in small groups (3-4) to brainstorm their own ways of working physical activity into their lives.

CLIENT PROBLEMS THAT MAY BE ADDRESSED:

- Obesity
- Diabetes
- Low physical fitness
- Lack of motivation

REFERRAL CRITERIA: Referral by CTRS, LCSW, or psychologist.

CONTRAINDICATED CRITERIA: Patients with extreme social anxiety may receive this program 1:1. Patients that have exhibited difficulty getting along in groups may receive the program 1:1.

THERAPEUTIC RECREATION INTERVENTION ACTIVITIES OR TECHNIQUES EMPLOYED:

- Lecture
- Group Work

- Pen-and-pencil Exercises

STAFF TRAINING/CERTIFICATION REQUIREMENTS: A CTRS must lead the group, with a recreation assistant available for participants during the pen-and-pencil exercise.

RISK MANAGEMENT CONSIDERATIONS:

- Supplies must be counted and collected after the activity to reduce the risk of self-harm.
- CTRS and assistants should be aware of medical issues the participants have beforehand.

OUTCOMES EXPECTED:

- Increased knowledge of the benefits of physical fitness
- Awareness of current exercise patterns
- Motivation to improve physical fitness
- Greater ability to work physical activity into day-to-day routine

PROGRAM EVALUATION: Participants will be observed during the program to ensure information is being understood. They will be also be given the opportunity to ask questions during the program and during debriefing for clarification. Participants will be given a survey at the end of the program to ensure goals were met.

APPROVAL SIGNATURE AND DATE: Kristen Negrelli 10/24/2017

❖ Evaluation Points:

- Upon first appointment with the CTRS: The patient's current leisure interests, attitudes, motivation, participation, and existing skills will be assessed using the Idyll Arbor Leisure Battery, as well as the Quality of Life Assessment. This will allow us not only to determine the particular patient's needs and strengths, but also to get an overall sense for the general needs of our patient-base and what kinds of programs we should be offering.
- During program participation: Participants will be assessed by observation to gauge how effectively they seem to be participating, how well they're interacting with other participants, and whether they seem to be grasping the objectives of the programs, or if a different approach needs to be considered.
- After completion of a program, whether it is one that is standalone (such as the individual stress management programs), or one that spans a number of weeks (like the leisure education program): Patients will be given program-specific surveys to determine whether the specific goals of the program have been met.
- At discharge: Patients will be given a survey to determine what they learned from the programs they participated in, as well as to what degree they felt they were able to integrate what they learned into their life.
- Six months post-discharge: Patients will be called for phone interviews, inquiring about their current leisure lifestyle. The data collected will be compared with the record we have on file to determine if their current lifestyle, as described, differs from what their original intake assessments indicated.

- ❖ Discharge Survey: The discharge survey uses a Likert scale, and is intended to measure to what degree patients have met the program's overall goals, as well as to provide a means for them to deliver feedback on programs they particularly enjoyed, specific staff members, or programs they would have liked to see offered.

DISCHARGE SURVEY - RECREATION

Who was your primary CTRS? _____

In which recreational therapy programs did you participate while a client at Emergence?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The recreation staff at Emergence was enthusiastic.					
The recreation staff at Emergence was knowledgeable.					
The recreation staff at Emergence arrived at programs and appointments on time.					
My CTRS directed me to programs that were helpful and interesting to me.					
As a result of the recreation programs at Emergence, I participate more in community recreation.					
As a result of the recreation programs at Emergence, I'm better at handling stress and negative emotions.					
As a result of the recreation programs at Emergence, I appreciate my leisure time more.					
As a result of the recreation programs at Emergence, I have more partners for recreational activities.					
As a result of the recreation programs at Emergence, I am more aware of my physical fitness.					
The recreation programs at Emergence helped me to feel more capable and self-reliant.					
The recreation programs at Emergence helped me to remain sober.					

What changes, if any, would you recommend for this program?

Leisure and Well-Being Model:

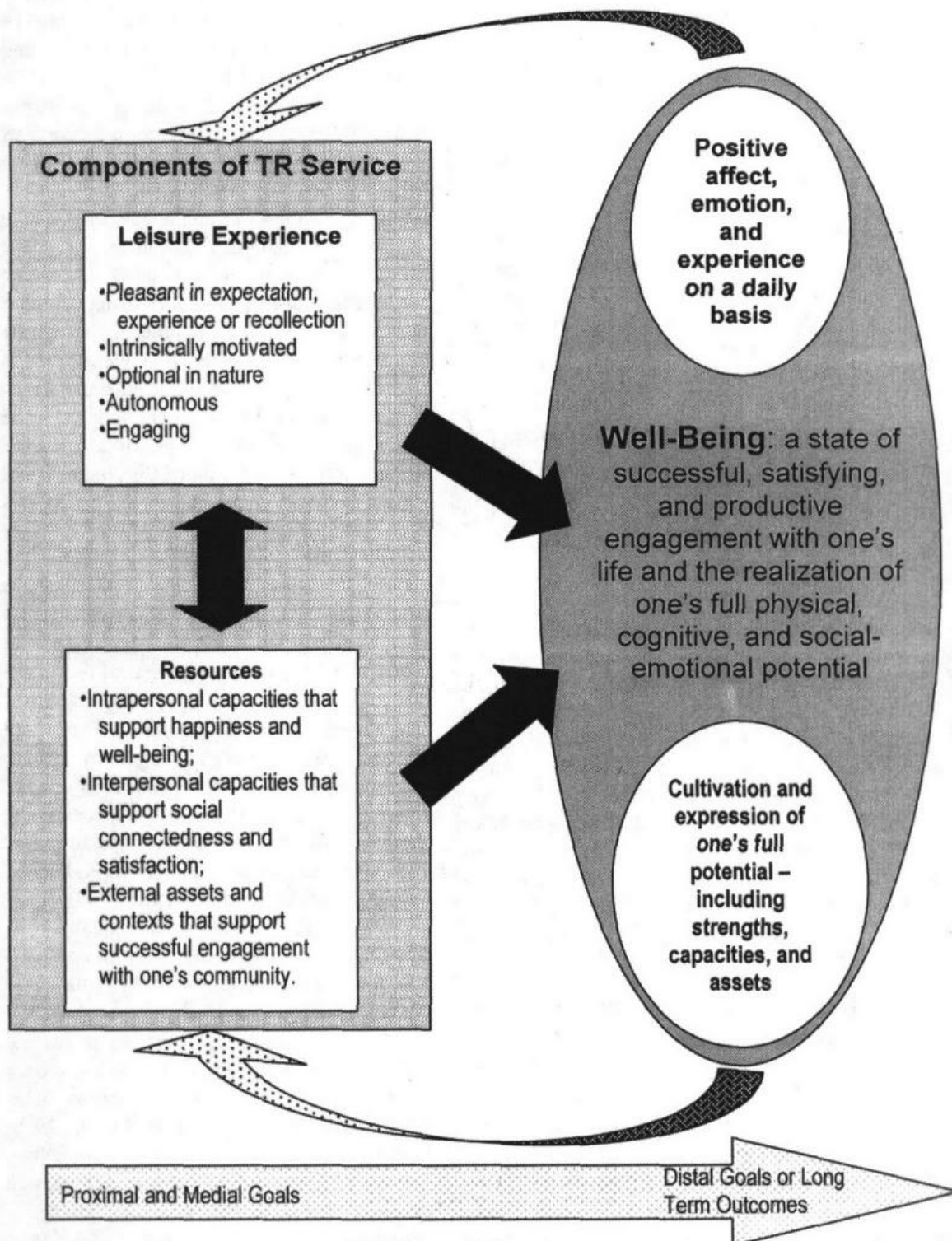


FIGURE 1. DIMENSIONS OF WELL-BEING THAT GUIDE THERAPEUTIC RECREATION PRACTICE.

References

Austin, D. R. (2009). *Therapeutic Recreation Processes and Techniques, 6th ed.* Champaign, Illinois: Sagamore Publishing.

Carruthers, C., & Hood, C. D. (2007) Building a life of meaning through therapeutic recreation: The leisure and well-being model, part 1. *Therapeutic Recreation Journal*. 41 (4), 276-297.

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WRITTEN PLAN OF OPERATION

THIS IS AN INDIVIDUAL ASSIGNMENT

DUE 11/21/2017

Congratulations! You

have been hired by an agency to add Recreational Therapy services to the service delivery already in place at this agency. As the Administrator, your first step is to create a written plan of operation for the Recreational Therapy department. You are starting from scratch, but may utilize resources you find on your own to support the creation of this department. This should be realistic and reflective of today's trends and professional standards of practice. Be sure to reference all resources you use to support your efforts. You will be presenting your plans to the other clinical managers you work with!

Step One: Program Description

- a) Determine what type of setting you are working in: (Community-based provider, Hospital, other)
- b) What does the program do and who does it serve? (Tell me the diagnoses)
- c) Why is the program needed? Why was the program created?

Step Two: Mission/Vision

- A) Write (or find) a mission /vision statement for the agency
- B) Write a mission statement/philosophy statement for the therapeutic recreation department.
- C) Department Goals and Objectives (**You will not be doing**)

Step Three: Administrative Practices

- A) Define the Administrative Structure of the recreational therapy department.
- B) Provide an organizational chart for the agency(pp.84-85)
- C) What is the staffing pattern in the recreational therapy department? (refer to pg. 101, etc.) Explain to me the variables that influenced this.
- D) Create a job description for each member of the therapeutic recreation team. (See Chapter 7) This should include at the minimum: job title, major duties and responsibilities, (treatment, education, diversional activity, co-treatments, etc...) organizational relationships and qualifications.
- E) Define the facility and departmental facilities and resources that are available to support the delivery of therapeutic recreation services.

- F) List the agency policies and procedures that govern the recreational therapy department (Cell phone use). (Minimum of 5)
- G) List policy and procedures that are specific to the recreational therapy department (Internships). (Minimum of 3)
- H) Apply the 12 Standards of Practice specifically to your agency.
- I) For the first 7 Standards come up with two policies which will relate to the recreational therapy department. Explain its importance and how you will monitor for compliance.
- J) For Standards 8-12 come up with one policy which will relate to the recreational therapy department. Explain its importance and how you will monitor for compliance.

REC 441-01, FALL 2019

WRITTEN PLAN OF OPERATION

GRADING TEMPLATE

DUE 11/19/19

RECEIVED ON TIME _____ IF NOT, DATE RECEIVED: _____

GRADE: _____

Step one:
Mission/Vi
sion

%
Complete/

Addressed: _____

Determine what **type of setting** you are working in: (Community-based provider, Hospital, other) *What is the scope of practice of the Therapeutic Recreation Department?

Write a **mission /vision statement** for the **agency** and write a mission statement/philosophy statement for the **therapeutic recreation department**.

Step two: Administrative Practices

Define the **Administrative Structure** of the therapeutic recreation department. Are there standards that guide the practice of Therapeutic Recreation in your setting? What are they? Explain their relevance.

% Complete/Addressed: _____

What is the **staffing pattern**? (refer to pg. 115, etc.) You should describe the overall agency staffing pattern and include an agency chain of command

(*visuals work really well here!!!!)

% Complete/Addressed: _____

What other **service providers** are there? What is their **role**? What is the role of the therapeutic recreation staff as a member of the treatment team working with these disciplines? (treatment, education, diversional activity, co-treatment opportunities, etc...) How is information shared among disciplines/treatment team members? (Team meetings, team member collaborative, ???)

%

Complete/Addressed: _____

Identify the facility and departmental **facilities and resources** that are available to support the delivery of therapeutic recreation services. **BE SPECIFIC!!! REMEMBER TO EXPLAIN THE AREAS THAT TR HAS OWNERSHIP OF IN CONTRAST TO AGENCY RESOURCES.** Explain what department has oversight of each area that is utilized and what considerations need to be made in regards to them. (accessing facilities and resources, longevity of resources, responsibilities for maintenance, etc..) %

Complete/Addressed: _____

Create a **budget** for the therapeutic recreation department that reflects the staffing, facility and resource needs of the department for a year. You are not responsible for the overall operating budget of the agency, **only the TR department** so you do not need to include building & grounds, lighting, etc... **You do need to consider both revenue and expenses.** Where does your revenue stream come from? **This budget should be realistic.** Site resources used for gathering your data. % **Complete/Addressed:**

What are the **policies and procedures** that guide the delivery of service of the therapeutic recreation? Are there **agency policies and procedures** as well? Define how policies and procedures guide the practice of therapeutic recreation at your agency. Provide an example of a **minimum** of one policy and procedure for the **agency** and a separate one that is **specific to the TR** department.

Create a **job description** for each member of the therapeutic recreation team. This should include at the minimum: job title, qualifications, description of duties to be performed

% Complete/Addressed: _____

Comments:

Overall Grade: _____

Sample Student Assignment: Written Plan of Operation

Hospital

Step 1: Program Description

A) Setting

Cancer Institute (CI) is a healthcare based hospital providing inpatient services to individuals living with cancer. We diagnose and treat all forms of cancer, from more common conditions like lung, skin and breast cancer to rarer malignancies, such as mesothelioma, throat cancer and brain cancer. The age at which a child is diagnosed with cancer has been shown to be an important factor in long-term psychosocial adjustment with adolescents reporting more psychosocial difficulties than younger children (Noll, Bukowski, LeRoy, Rogosch, & Kulkarni, 1991; Koocher, O'Malley, & Foster, 1981). There are physiological effects related to cancer and its treatment such as hair loss, pain, weakness, sensory impairment, loss of muscle control, paralysis, speech impairment, neuropsychological dysfunctions and more. Cancer impacts one psychologically, bringing nightmares, withdrawal from peers, depression, fear of going to school, regressive behavior, and a fear of death. For most adolescents, and even adults, recreational activities and leisure experiences are central to their identity. Cancer and its treatments affect individual's ability to leisure time. Our Therapeutic Recreation program will provide opportunities for the cancer patient to socialize, maintain a sense of self, express creativity, learn new leisure skills, and receive enjoyment from life during their hospital stays and treatments.

Mission Statement

Cancer Institute's mission is to understand cancer from its beginnings, to use that knowledge in the creation and improvement of cancer treatments, to relieve the suffering of cancer patients, and to provide education about cancer risk, prevention, and care.

Vision Statement

Cancer Institute is committed to providing the highest quality of services to any individual with cancer no matter of their age, race, gender, or religion. We strive to offer comprehensive and safe programs that allow our community to come together and benefit through the use of all the domains.

TR Department

Scope of Practice

Recreational Therapy outpatient program offered by CI in which Recreational Therapists (RT) assess, plan and implement individual treatment plans, and evaluate progress achieved by prescribed therapeutic interventions. Treatments are designed to functionally improve the client's physical, emotional, social, cognitive, recreational health and wellness. Recreation Therapy services are offered to all cancer patients upon referral.

Mission Statement

The mission of the recreation therapy department is to provide comprehensive, high quality therapeutic interventions that are designed to developing healthy leisure experiences and resources through psycho educational groups to further enhance the client's state of well-being and sense of resiliency.

Philosophy Statement

To offer effective, quality programming and clinical treatment for all cancer survivors in a safe and supportive health care environment. The intended outcomes of the services are independence in life activities based upon the individuals' needs and goals.

Step 3: Administrative Services

- A) **The Administrative structure** in the Cancer Institute the RT department is managed by a licensed Therapeutic Recreation Specialists (TRS) and Certified Therapeutic Specialist (CTRS). The department is staffed with seven RT who are both state licensed (TRS) and certified (CTRS). All staffed RTs report directly to the Director of Recreational Therapy. Monthly staff meetings are conducted by the Director of RT to discuss quality improvement, departmental goals, and program development.

RT services are guided by the ATRA Standards for Practicing Therapeutic Recreation and CARF standards. The Director of RT is responsible for ensuring staff qualifications and competencies according to ATRA standards of practice.

All RTs follow the ATRA Code of Ethics which is in the employee handbook.

The RT department's risk management plan aligns with CI plan. All RTs monitor supplies before and after group, includes counting, sanitizing, and monitoring equipment safety. RTs are cautious and aware of certain movements or activities that could cause patients on chemotherapy to be nauseous and/or dizzy. If the RT takes clients on a community outing all participants must sign a waiver and adhere to transportation policies.

The team is responsible for:

- The RT conducts an individualized assessment to collect systematic, comprehensive and accurate data to determine a course of action and individualized treatment plan. The assessment evaluates and collects baseline data on the client's physical, emotional, cognitive, social, behavioral, and leisure needs. The RT then will prepare a formal assessment summary within 48 hours of admission. The RT director then discuss the assessment results with the client. The RT within a given program will review the Directors documented assessment recommendations.
- The RT develops an individual treatment plan that identifies goals, objectives, and treatment intervention strategies based on the assessment and desire outcomes. The plan is documented on a multidisciplinary treatment plan. Services are delivered through programs, groups, and/or individual treatment using psycho-educational resources or experiential interventions.
- Implementation of the treatment plan is done by a TRS, CTRS. Groups and programs are designed to teach feeling identification, coping skills, stress management, anxiety management, social skills, and capacity for happiness, enhancing self-esteem, leisure benefits, and leisure resource development.
- The RT will formatively document after each group on all clients who participated.

- Discharge and Transitional planning is made to better assist clients to incorporate skills taught in group to be lifelong skill to use in everyday life and within their community. The assigned RT will complete a discharge summary, which reflects the comprehensive treatment and discharge planning or recommendations.
- RT treatment include:
 - Laugh Therapy
 - Gentle Yoga
 - Your Personal Story Program
 - Personal Optimism With Exercise Recovery (POWER) class
 - Embrace through Wellbeing and Laughter
 - Look Good Feel Better
 - Music Molds Movement

All staff in the Therapeutic Recreation department adheres to the ethical conduct by ATRA.

B) Staffing Pattern

The Recreation Department at the Cancer Institute is consisting of one recreation director, 7 full time CTRS's, and one music therapist. The Director of RT reports directly to CI's clinical director and communicates regularly with the medical director, director of nursing. Monthly staff meetings with in the CI are conducted by the Director of RT to discuss quality improvement, departmental goals, and program development.

D. Job Description:

1. Recreation Director

Requirements- CTRS (bachelor's degree and passes NCTRC exam), 10 years of experience, 2 years of supervisory experience

Duties:

 - Helps to plan programs, implement programs, develop and maintain budget, as well as promote activities.
2. Recreation Therapists

Requirements- CTRS (bachelor's degree and passes NCTRC exam), at least 2 years of experience.

Duties:

 - Provides individual recreation therapy.
 - Participates in treatment planning for patients with assessments, documentation, treatment plans, and active participation in treatment team meetings.
 - Charts on each patient, maintain records.
 - Follows proper codes.
 - Maintains recreation/activity therapy supplies and equipment and orders supplies and equipment in accordance to budget.
 - Performs other job-related functions as required.
3. Music Therapist

Requirements- - College graduate, Certification, 2 years of experience

Duties:

- Planning and providing appropriate music sessions.
- Actively participating in music sessions and encouraging clients to do the same.
- Exploring a variety of musical styles and sounds with clients through singing, percussion, ethnic instruments and improvisation.
- Use communication through music making and a shared musical experience to support them and facilitate positive changes in their behavior and well-being.

E. The Facilities and Resources

The Director of RT is responsible for creating and monitoring the annual budget. The combined RT staff is responsible for monitoring equipment used in POWER class, art supplies, and any other equipment used during Recreation Therapy. RT's can formally request new equipment on the wish list. Supplies for will include yoga mats, medicine balls, mini weights, yoga ball, art supplies, and speakers for music.

F. Policy and Procedures

- All groups have a maximum of 10:1 participants to RT.
- All staff member has completed the online courses Understanding Cancer and Living with Cancer.
- Qualified and properly credentialed personnel conduct and monitor the therapeutic recreation process and maintain their professional competence through appropriate professional development activities.
- The therapeutic recreation specialist establishes a therapeutic relationship, creates a safe environment and facilitates and supervises therapeutic recreation programs/services. The therapeutic recreation assistant shares responsibility for establishing a therapeutic relationship, creating a safe environment and facilitating therapeutic recreation programs/services.
- Participants, caregivers, and significant others assist in and/or are encouraged to assist in program/service implementation.
- Formative evaluation occurs in accordance with the standards of regulatory agencies and includes effectiveness and quality improvement outcome measures.
- Professionals and paraprofessionals are committed to advancing the use of therapeutic recreation services in order to ensure protection, quality, and promote the rights of persons receiving services.

G. Service Providers

- The RT department conducts routine, systematic program evaluation and research to determine the program effectiveness and accountability.
- The RT will routinely review research findings and apply to the RT practice as seen as appropriate by the clinician.

- The RT will participate in active research projects involving the measurement and evaluation of RT services.
- The RT will participate in planned and routine evaluation for the purpose of assuring client outcomes are met.
- The RT and RT department will contribute to the advancement of the RT profession by presented results and findings at conferences, in professional literature, and at professional meetings.
- All clients upon completion of their program/group will complete a self-reported survey to measure if the desired outcomes were met.
- Follow up survey will be emailed/mailed to the clients three months later to measure if desired outcomes had long lasting effects.
- The CTRS Director will review the department policies and procedures, at least annually, and participate in making recommended changes after meeting with the staff.
- The Director will also develop and implement policies and procedures for the identification of medically related activity needs of the resident. [‘
- The Music Therapist will execute activities using music to move the body and feel confident.

Standards of Practice

Standard 1: Assessment

The therapeutic recreation specialist conducts an individualized assessment to collect systematic, comprehensive and accurate data necessary to determine a course of action and subsequent individualized treatment plan.

The CTRS will complete the assessment within the first 48 hours of the patient’s new admission.

Typically, the patients have a short stay, so it is important for the CTRS to complete the assessment within that time so that they can work toward their goals in the interventions.

Ex. Policy:

For re-admissions, a new assessment must be done if the new admission is 30 days or later. If admission was under 30 days, then a CTRS will meet with the patient and see if there have been any changes since the last admission and if so chart on new information.

By renewing every 30 days for readmissions, this will create a different goal for the patient to meet if they have additional things that can be worked on.

The assessment will be monitored by being reviewed every 6 months to ensure that the needs and interests are being met. Additional information may be obtained from the medical record, observations or even discussions with other team members.

Standard 2: Treatment Planning

The treatment plan is the foundation for the implementation of a successful treatment program and the achievement of desired patient outcomes.

Contents of the plan may include: goals, objectives, facilitation techniques and interventions, leadership and supervision strategies, resources, safety and risk procedures.

Ex. Policy:

The therapeutic recreation specialist prepares individual intervention plans that are documented in agency records when required. This will allow feedback from clients and from the specialist's observation to see what was successful as to what needs to be adjusted.

The treatment planning will be monitored by daily charting and weekly check-ins to see if the client is reaching their goal which will show success in the planning process.

Standard 3: Implementation

The therapeutic recreation specialist establishes a therapeutic relationship, creates a safe environment and facilitates and supervises therapeutic recreation programs/services.

Formative evaluation occurs in accordance with the standards of the agency and includes effectiveness and quality improvement outcome measures.

Ex. Policy:

Goals and plans are modified based on participant needs, progress, changes in status, and evaluation results.

The therapeutic recreation specialist reports changes in the participants status and reassess if necessary which will help monitor the implementation of the plan.

Standard 4: Evaluation

The therapeutic recreation specialist collects and analyzes summative data to make decisions about the individual participants plan.

Participant and comprehensive summative evaluation demonstrate the effectiveness of programs/services in accordance with standards of regulatory agencies, including effectiveness and quality improvement measures to support research and grant initiatives.

Ex policy:

A plan for continuity of care/service (referral, discharge, after-care, follow-up) is developed with participants, caregivers, and team members and assists participants in transitioning to appropriate programs/services.

This will be monitored by client's feedback when evaluation is completed.

Standard 5: Discharge Planning

The recreational therapist develops a discharge plan in collaboration with the client, family, significant others and treatment team members in order to discharge the client or to continue treatment and aftercare, as needed.

This provides for the summarization of client treatment, responses and functional outcomes in preparation for the next level of care.

Ex. Policy:

The therapeutic recreation specialist must team up with other staff clinicians when creating a discharge plan.

This can be monitored better when working as a team as well as keeping communication with client and their family after discharge.

Standard 6: Safety Planning

The recreational therapist systematically plans to improve patient/client and staff safety by planning for prevention and reduction of risks in order to prevent injury and reduce potential or actual harm.

Recreational therapists actively must strive to maximize patient/client benefits and minimize potential risks to reduce the potential of actual physical or psychological injury or harm to patients/clients and staff.

Ex. Policy:

Recreational therapists develop specific plans to improve safety, minimize risks and maximize benefits in providing recreational therapy interventions.

In order to monitor daily safety, all staff will follow a safety checklist daily when their shift begins and assess the facility.

Standard 7: Ethical Conduct

The recreational therapist and the recreational therapy assistant adhere to the ATRA Code of Ethics in providing patient/client treatment and care that are humane and professional.

The patients/clients receiving recreational therapy treatment and care deserve to be treated in the most humane and professional manner. Adherence to the ATRA Code of Ethics and the ATRA Patient's/Client's Bill of Rights ensures that this standard will be met.

This will be monitored by daily check-ins from supervisors and monitoring daily groups.

Standard 8: Written Plan of Operations

Recreational therapy treatment and care is governed by a written plan of operation that is based upon the ATRA Standards for the Practice of Recreational Therapy, state and federal laws and regulations, requirements of regulatory and accrediting agencies, payers and employer's policies and procedures as appropriate.

The written plan of operation is essential to ensure that the recreational therapy treatment and care achieves desired goals and patient/client outcomes.

This will be monitored by management, making sure to do a 6 month refresher class of all policies and a documentation for staff to adhere to.

Standard 9: Staff Qualifications

Recreational therapy staff meet the defined qualifications, demonstrate competency, maintain appropriate credentials and have opportunities for competency development.

In order to provide quality treatment and care to patients/clients, all recreational therapy staff must meet and maintain minimum professional qualifications for practice.

This will be monitored when management is looking for employees through the interview process and ensuring that the person is qualified for the job description.

Standard 10: Quality Improvement

There exist objective and systematic processes for continuously improving patient/client safety and for identifying opportunities to improve recreational therapy treatment and care and patient/client outcomes.

Quality improvement mechanisms are employed on a systematic and routine basis, as an aspect of ethical practice, to continually improve patient/client safety and the quality of treatment, care and patient/client outcomes.

This will be monitored by quarterly evaluations on the staff to ensure for growing improvements to be made.

Standard 11: Resource Management

Recreational therapy treatment and care are provided in an effective and efficient manner that reflects the reasonable and appropriate use of resources.

In an effort to be fiscally accountable, it is necessary to provide quality patient/client treatment and care in the most appropriate and efficient manner. Finite resources must be used in ways that maximize effective patient/client treatment.

This will be monitored in daily groups by therapeutic recreation specialists who will utilize resources appropriately when needed and relate to the group specifically per client.

Standard 12: Program Evaluation

Recreational therapy staff engages in routine, systematic program evaluation and research for the purpose of determining the appropriateness and effectiveness of recreational therapy treatment and care provided.

Dynamic changes have occurred in health care and human services agencies, and recreational therapy practice continues to evolve. The recreational therapy staff has significant professional responsibility to routinely evaluate and conduct research to maintain an evidence-based practice and to demonstrate that valued patient/client outcomes are achieved on a predictable and consistent basis.

This will be monitored in staff meetings, updating all staff on new changes in the agency such as policies, as well as listening to changes that staff believes can be made.

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