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| Comprehensive Therapeutic Recreation Plan for |
| Counseling, Consultation, and Psychotherapy Services |
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1. **Introduction / History of the Agency**

Keith B. Wilson PhD, my agency contact, is the founder and director of Counseling, Consultation, and Psychotherapy Services. He can be contacted by calling 814-237-1233 or by emailing him at [ccpspa@ccpspa.com](mailto:ccpspa@ccpspa.com).

Counseling Consultation and Psychotherapy Services (CCPS) was founded in State College but serves the national population. It is located in the Executive Offices Suite 603, 119 South Burrowes Street in State College, Pennsylvania. It was “founded to provide services to address social, vocational, psychological, and environmental concerns of individuals and organizations throughout the United States” (CCPS, 2008). State College is a small metropolitan city surrounded by a largely rural area.

Counseling Consultation and Psychotherapy Services was founded 7 years ago in 2003 by Dr. Wilson himself. He founded it because he wanted to include specialty services such as psychotherapy to the general population as well as a diverse population. CCPS also does workshops and trainings. Dr. Wilson created CCPS because he recognized “that individual’s problems often relate to workplace issues and conflict... to work with profit and nonprofit organizations, primarily on multicultural, diversity, and vocational rehabilitation issues affecting the workplace” (CCPS 2008)

On an annual basis, about 30 people benefit from Dr. Wilson’s psychotherapy services in State College. This is because Dr. Wilson is the only person doing psychotherapy. He also travels nationally to conduct around two training sessions a year for groups of 20-60 people for the purpose of providing knowledge and awareness about diversity in the workplace.

CCPS’s strengths include being very flexible for its clientele and for hiring an intern for each semester. Another strength of this agency is that Dr. Wilson is able to assist a very diverse part of the population in the area who may be un-served. In other words, he is happy to help people who would usually not have enough money to cover psychotherapy services.

**Programs / Services Currently Provided**

At Counseling, Consultation, and Psychotherapy Services, Dr. Keith Wilson provides services such as **one on one counseling**, **family and relationship counseling, support groups, therapy groups, and school counseling**. He specializes in helping people with communication skills between families and co-workers, trauma and loss, identity crisis, depression, stress, personal development, chronic or life-threatening illnesses, and cultural diversity issues.

Another big part of CCPS is the **Diversity & Sensitivity Assessments &Trainings**. Dr. Wilson is very passionate about diversity issues such as gender, race, and sexual orientation. Because of this, he works all over the United States with groups and organizations to teach them about awareness of diversity issues such as racism, sexism, homophobia, ageism, and ethnocentrism.

The services he runs with psychotherapy are usually one on one unless it is a group therapy counseling session like family therapy. Since Dr. Wilson has a very busy schedule considering his therapy sessions, teaching, and training programs, only seeing 25-30 clients a month is right where he wants to be. The programs he runs are the training sessions for different organizations to teach about diversity. These programs are well attended averaging about 20-60 participants.

CCPS collaborates with other agencies when Dr. Wilson travels to them to train their employees in diversity awareness. These agencies include: Bellefonte Area School District, the National Association of Multicultural Rehabilitation Concerns at the University of North Texas, the University of Texas-Pan-American, Penn State’s Africana Research Center, East Juniata High School, The Penn State University Police Department, and TeamWorks, Inc.

**Rationale for a Therapeutic Recreation Program**

Counseling, Consultation, and Psychotherapy Services would really benefit from a therapeutic recreation program to expand the services that it provides to its clients. Since Dr. Wilson is the only person working with his clientele through therapy, it would be nice for his clients to see another face and different approach to their treatment plan other than just psychotherapy. Different programs that a TR program at CCPS could include treatment based activities such as physical and psychological activities like yoga and guided imagery. The TR program could also benefit its clients by providing group discussion sessions educating the clientele about how leisure can be a positive therapy tool and how to find leisure resources in the area they live in. Other programs, based more on recreation participation, would include social events and fun activities for the clients to get involved in, work on their social skills, and make friends.

The outcomes and benefits associated with participation in TR programs include improving clients’ social skills, physical fitness, emotion control, and mental stability. It will help them understand the relationship between health and leisure in their life and will enforce the importance of maintaining a healthy leisure lifestyle.

A TR program at CCPS would be a great addition to the agency because not only will it offer the clients a different way of going about their treatment than just psychotherapy, but the TR would work closely with Dr. Wilson to ensure that the TR program will complement his psychotherapy sessions enforcing the goal that the client is striving for in treatment.

**Governance Structure**

Since CCPS is run by one person for the most part, is not incorporated so it does not have a board of directors, although Dr. Wilson is considering becoming incorporated.

**Central Administration / Staffing**

The Executive Director of Counseling, Consultation, and Psychotherapy Services is Dr. Keith B. Wilson and he has been employed there ever since he founded it 7 years ago. Dr. Wilson is originally from Atlanta, Georgia. He received his Bachelor’s degree in Rehabilitation Services at Wilberforce University in 1984. He then attended Kent State University for his Masters of Education in Rehabilitation Counseling. In 1997, he received his Ph.D. at Ohio State University for Rehabilitation Services with a minor in Multicultural Education/Counseling. Dr. Wilson is a Certified Rehabilitation Counselor (CRC), a National Certified Counselor (NCC), a Licensed Professional Counselor (LPC), and he is part of the American Board of Disability Analysts (ABDA). (CCPA, 2008)

Dr. Wilson has been a counselor and psychotherapist for over 20 years helping hundreds of clients get through their mental health problems. He also works as a rehabilitation counselor where he helps persons with physical and mental disabilities get into/back into the workforce. At Penn State, he works as an associate professor where he has taught rehabilitation and human services and African American studies. He is also a graduate supervisor of the rehabilitation program at the University. Before Dr. Wilson created CCPS, he had already had some experience in counseling. Before Dr. Wilson received his PhD, he worked as a Counseling Coordinator at Savannah State University and then as the Director of Counseling Services at Brewton-Parker College.

Besides Dr. Wilson, the only staff at CCPS includes his secretary, who makes all of his appointments, the people who travel with him to help in training sessions, and the intern. CCPS is not an agency that has volunteers besides the intern. One of CCPS’s strengths is hiring an intern for each semester. These interns need volunteer hours to get into graduate school and are usually majors in psychology, rehabilitation and human services, or human development and family studies. The intern also travels with Dr. Wilson to help with the training sessions to learn hands on training skills. Five people applied for an internship next semester but only one could be chosen.

**Agency Facility**

Inside the office, located in the Executives Offices, is where Dr. Wilson conducts psychotherapy with his clients. His office is minimalistic with a large desk used by him and his intern and comfy chairs where he and his clients can talk. Though this is the only facility in the area that houses CCPS, Dr. Wilson also travels nationally to do training sessions about diversity awareness in states such as North Carolina, Georgia, and New Jersey.

**Marketing**

Counseling, Consultation and Psychotherapy Services uses their website (ccpspa.com) for much of their advertising. They also have brochures available at the office. Dr. Wilson is a member of the American Psychological Association (APA) which also directs people who live around the State College area in search of mental health programs to CCPS.

**Funding**

Counseling, Consultation, and Psychotherapy Services is a private agency so it does not receive federal funding. Funding comes from the clients’ insurance companies. CCPS also does not have an Annual Budget, but Dr. Wilson told me that their annual budget is probably around $30,000.

There are no fundraising techniques because they do not do any kind of fundraising.

A special event that CCPS was involved in was Boalsburg Discovery Days Cultural Heritage Festival in October 2004. The staff (Dr. Wilson, intern, secretary, and his family) set up a stand at the festival celebrating Columbus Day. The festival was focused on diversity that year. CCPS also supports and donates to many community activities such as the Leukemia Society and a couple of organizations at Penn State including Thon. This agency does not have corporate sponsors or donors.

This agency is unique because it was founded and run by Dr. Wilson. Therefore, he does not have anyone above him to report to or be accountable to. Besides Dr. Wilson, there is not really anyone to monitor the progress of this agency.

**Organizational Accomplishments / Interesting Facts**

Counseling, Consultation, Psychotherapy Services is going into its 8th year and looking forward to serving other populations that can get a lot out of the services that CCPS offers. This agency is interesting because it is run by one person and is so small. Most agencies that provide services like psychotherapy are a part of a large organization that offer other services as well. These types of agencies have numerous patients and a large staff as well. However, even though it is a small agency CCPS is held accountable to ADA standards. Dr. Wilson hopes to keep things the way they are being a small agency, however, he is looking forward to any competition that comes his way.

2. **Literature Review & Introduction to Population Served**.

The purpose of conducting a literature review is to research about different TR programs and activities in the specific population that the agency of Counseling, Consultation, and Psychotherapy is affiliated with. By researching articles on different programs used with this population, it provides the TR with insight on the best practices, if any, that have been used for the same population as CCPS. It also gives the TR an idea on activities to implement into their own program.

Article #1: ***“Leisure and Recreation Involvement in the Context of Healing from Trauma”***

A study was conducted for trauma victims to calculate the awareness people had about leisure before and during their healing process. An assessment of Leisure and Recreation Involvement was used to determine the data.

The purpose of this article was to study the understanding and awareness that leisure and recreation had on healing trauma victims who participated in a group called Leisure Connections. This study was performed in Guelph, Ontario at the Program for Traumatic Stress Recovery at the Homewood Health Centre.

The participants in this study were a mixture of 20 males and females involved in Leisure Connections who were diverse in age, gender, race, etc. and had some sort of trauma such as war veterans with Post Traumatic Stress Disorder or women who were abused. These participants were also at all different stages of healing and therapy during this study. They seemed to be able-bodied people who limited themselves due to how they dealt with their trauma. Since trauma affects the ability to think, feel and behave, these people were dealing with the issue in a negative way through isolation, avoidance, harming themselves, or emotional avoidance. Other symptoms of the trauma included “anxiety and hyper arousal, numbing and dissociation, avoidance of triggers and social isolation, and re-enactment and re-victimization” (Arai 2008). These reactions to trauma were affecting the careers and social relationships of these people.

In terms of recreation and leisure, the functional challenges that could inhibit their leisure involvement include the fact that some tended to avoid social interaction and some were afraid to try something new because they were afraid of getting hurt or being neglected by others. One woman commented on how “leisure experiences in the past were often associated with negative feelings and thoughts, such as fear, shame, isolation, and exhaustion due to a consistent cycle of traumatic reenactment in leisure” (Arai 2008). The participants also said how before participating in Leisure Connections they felt that they were too busy to participate in leisure or how it was too expensive and they didn’t realize its importance. One person even admitted that she didn’t know what leisure was.

The Therapeutic Recreation Specialist held 70minute sessions on Mondays and Wednesdays for two weeks in which 8 of the participants would work with the CTRS on “experiential learning activities to process stress and trauma issues associated with leisure and healing from trauma” (Arai 2008). These activities included partners doing a mirroring game with their hands, a bean bag toss game, tug-of-war, etc. Through these activities, the participants found out how the interventions could help in the healing process as well as learning how to “increase self awareness and recognize patterns associated with traumatic reenactment and avoidance in leisure” (Arai 2008). After the participants took part in these TR sessions, a few of them were interviewed between 30-90minutes each about if Leisure Connections had made them more aware of how their leisure when used correctly can be used as a healing tool. The interviews resulted in participants commenting on how before Leisure Connections some had no idea what leisure was or how beneficial it really is to a person’s life. Some of these survivors of trauma used their leisure time for traumatic re-enactments which are out of control compulsive behaviors that include “self-harm, including alcohol or substance abuse, binge-eating, purging food or starving (Haskell, 2003); and re-victimization or increased vulnerability to further sexual violence” (Arai 2008). Because of Leisure Connections the participants all stated how they received great knowledge through leisure education in the healthy ways to use leisure as opposed to the unhealthy ways and saw for themselves how much it helped them.

The participants also found what they enjoyed to do and since they had the time they were able to see how important that activity was in their life. For example, participants involved themselves in small activities such as knitting, crafts, being with friends, getting coffee with friends, board games etc. Even though these activities seem like just everyday normal activities some of these participants had never experienced doing them before because of the limitations that their trauma caused them. So even though going out for coffee with friends may be questionable as therapy it was a brand new activity for an adult survivor of trauma who finally experienced joy and comfort out of a normal adult activity. “For some people who coped with their trauma through isolation, self-harm, or emotional avoidance; social, self-nurturing, and playful leisure activities were brand new experiences” (Arai 2008).

Trauma, most of the time, is connected with leisure activities depending on the issue or event that the client is dealing with. As a result, the eight themes of this study included: “disconnect between the LRI (Leisure Recreation Involvement) and person's experience of the process; no conceptual connection to leisure; re-defining leisure; reclaiming past leisure; reclaim and reconnect to current leisure; staying open to affective connection; readiness for change; and no change in leisure behavior changes in intellectual awareness and attitude” (Arai 2008). The results from this study indicated that there was a significant difference between how patients started out before getting involved with Leisure Connections when they used leisure as time for traumatic re-enactment, avoidance, and other negative activities as opposed to the things they learned after participating. This shows the affects of leisure awareness for trauma patients and how they learned how important leisure really is to them. This study also found how leisure can be a big factor in helping people cope with their trauma as part of their healing process.

Article #2: **“*Guided Imagery as a Therapeutic Recreation Modality to Reduce Pain and Anxiety”***

This article discusses the current research that is going on to prove how guided imagery can be used as a therapeutic recreation tool to relieve pain and anxiety. Guided imagery can be used as a mind-body clinical invention that “is a form of deliberate, directed daydreaming-a purposeful use of the imagination, using words and phrases designed to evoke rich, multisensory fantasy and memory. It is used to create a deeply immersive, receptive mind-state as a catalyst for desired change (Naparstek, 2004)” (Bonadies 2009). Imagery involves all 5 senses and can lead to a positive attitude and potential healing of the body. In integrative guided imagery, the Therapeutic Recreation (TR) practitioner works one on one with the client to soothe them into a relaxed hypnotic state in which the client interacts with the imagery that they produce within their mind. “Guided imagery has been found to reduce abdominal pain (Weydert et al., 2006), chronic pain (Baird & Sands, 2004), post-operative pain (Huth, Broome, & Good, 2004), cancer pain (Syrjala et al., 1995) and burn pain (Fratianne et al., 2001)” (Bonadies 2009).

In the Children’s Mercy Hospital in Kansas City, Missouri, researchers studied children with frequent abdominal pain to see if guided imagery could have any effect on them therapeutically. “Twenty-two children with recurrent abdominal pain, aged 5-18 years, were randomized to either a group for learning breathing exercises alone or in a group that taught guided imagery with progressive muscle relaxation” (Bonadies 2009). Each group met four times a week with the therapist. The children’s pain depression and anxiety were documented in pain diaries. The study concluded that the children who were in the guided imagery group reported to have less pain than the group without guided imagery.

Baird and Sands also did a study on guided imagery with Progressive Muscle Relaxation (PMR) except in this study their clients where women with osteoarthritis. Twenty-eight women were randomly selected to either be a part of the group with or without guided imagery. Over 12 weeks the women who were in the guided imagery group were told to listen to a 10-15minute audio of guided imagery with a PMR script twice a day. After the 12 weeks, the group without guided imagery reported to have no change in pain while the group *with* guided imagery felt a great reduction in pain and mobility difficulties.

Another study showed the same positive results in which 36 children going into surgery watched a guided imagery videotape and listened to a guided imagery audio tape one week before surgery. They then listened to the audio tape again 1-4 hours after surgery. These tapes “included deep breathing and muscle relaxation exercises, music, and suggestions for picturing a favorite place (Bonadies 2009).

Studies in this article also looked at guided imagery for cancer patients going through radiation treatment, patients with multiple sclerosis to enhance their attitudes and moods, and wound healing in surgical patients. Guided imagery is used in all of these studies listed above in many different ways including one on one therapist to client sessions, videotapes, and audiotapes.

The author of this article, Vincent Bonadies, did an assessment of guided imagery himself. His client was a “52-year-old Hispanic male with a diagnosis of AIDS, poly substance abuse and depression (Bonadies, 2009). His intervention was a one on one twenty minute session of guided imagery where he began by guiding his client to use a body scan and deep breathing to relax all the muscles in his body. After the client was fully relaxed (which he could tell by observing the client’s face muscles softening) Bonadies suggested that the client imagine his pain intensity on a scale from 0 to 10 in his mind. Once the client was focused on the imagery of a scale, Bonadies told him to find where his pain was at that moment on the scale. The image that this particular client used as a scale was his spinal cord. Then, he told his client to imagine slowly decreasing the number and to keep lowering the number on the scale until the pain decreased to a number where the pain was either completely gone or tolerable. Once the client reached that number he was told to lock in that number by visualizing an image such as a lock and key. Bonadies told his client to remember this feeling and how he got there so that he could tap into this sensation at anytime that he was feeling pain and potentially keep reducing the number further. When the client was done with the intervention he opened his eyes with a sense of comfort and relaxation. After three more sessions of this the client’s quality of life improved because he reported that he was able to manage his pain better by using guided therapy that he could practice on his own or with a CD.

Bonadies also included in his article some interesting guidelines for the TR practitioner in using guided imagery. The TR practitioner should use a calm, low, soft, relaxing tone of voice while making their clients aware that they are always in control during the imagery process. Non-verbal communication such as facial expression, tears, and sweating can all be connected with the client’s imagery which should later be discussed. “Individuals with organic brain syndrome, [acute anxiety], psychosis or pre-psychosis are not the most suitable clients for guided imagery” and should practice deep breathing as an alternative (Bonadies, 2009).

TR practitioners should be aware that guided imagery sessions can sometimes turn negative causing the patient to “experience fear, agitation, and anxiety” (Bonadies, 2009). In this case, the TR practitioner should ask their client to go to a safe and peaceful place that is if they still wish to continue. After the session is over, the practitioner may ask their client if they wish to talk about what happened when they reached that negative spot.

To conclude, guided imagery can be used on a variety of issues that patients are dealing with, it is cost effective, it can be prescribed to people who cannot take medication, and it is harmless. Most of all, guided imagery actually works to reduce pain and should therefore be implemented more at any and all health care facilities.

Article #3: ***Active vs. Passive TR with Schizophrenia***

People who have Schizophrenia have a hard time operating normally in daily life because their severe mental illness causes them to hallucinate and act inappropriately in different social situations. This study was conducted to see if Therapeutic Recreation (TR) could have a positive effect on the patients’ behaviors and if there was a difference in effect between active and passive TR activities. (Morris, 1999).

A study was conducted at a 28 bed facility at a Midwestern state mental hospital involving 9 patients who had Schizophrenia and had resided there between 3-14 years. The 9 participants included 5 men and 4 women who were not married and aged between 39-61 years old. None of the participants had any further education past high school with some who dropped out as early as 9th grade.

The symptoms with Schizophrenia include “distortion in normal functioning (i.e., hallucinations, delusions) or a diminishing or loss of normal functioning (i.e., apathy, flat affect; American Psychiatric Association, as cited in Morris, 1999. Every patient with Schizophrenia reacts differently to the illness and to certain medications given to help them. Therefore this disease affects their “social skills, work, hygiene, daily living skills, recreation, and leisure skills” hindering them from acting like a healthy human being (Morris, 1999).

However, Therapeutic Recreation is used as a strategy to help patients with Schizophrenia to behave appropriately in social situations. Patients’ physical, mental, and emotional statuses progress because of Therapeutic Recreation. The benefits of TR interventions on patients with Schizophrenia include “an outlet for hostility and other emotions such as depressed feelings and anxiety (Dishman, 1986; Levitt, 1988; Morgan & Goldston, 1987). TR also helps develop social skills (Bluechardt & Shephard, 1995; Stumbo, 1995; Wong et al., 1993), independence, new skills and interests, and individual and group decision-making (Frye & Peters, 1972; Nesbitt, 1977; O'Morrow, 1980; Stumbo)” (Morris, 1999). At this particular mental hospital, the TR program was implemented for patients with Schizophrenia to enhance appropriate behaviors.

This study focused on the difference in behavior when patients participated in TR activities in general and also the difference between the effects of active TR activities vs. passive TR activities. The active TR activities “were aerobic in nature or required the individual to use large motor movements in order to participate successfully in the activity” (Morris, 1999). These active activities were proven to reduce stress and anxiety as well as increase self-consciousness, social skills, and body image of persons with Schizophrenia. The “passive TR activities required small deliberate movements and/or cognitive skills (Kremer, Nelson, & Duncombe, 1984)” as cited in Morris, 1999 which increased patients’ verbal and conversation skills.

For the purpose of this study, researchers used a Time-Sample Behavioral Checklist (TSBC) observing the patients during their TR activity sessions for one year. “The TSBC consists of 69 behavioral codes divided into seven behavioral categories. Categories include location, physical position, awake/asleep, facial expression, social orientation, concurrent activities, and crazy [sic] behavior” (Morris, 1999). In this study, the “average occurrence of certain behaviors” was measured by the “total appropriate behavior score (TAB)” because this study focused on the improvement of appropriate behaviors (Morris, 1999). The scores from these were calculated through a computer program in which the patient received a high score if they behaved appropriately. If the patient received a low score it meant that they had behaved inappropriately. The observations took place Mondays, Wednesdays, and Fridays for 40 minutes during the 4 p.m. TR activity as well as throughout the waking hours of the patients’ days.

According to the TAB scores, the results of the patients’ scores were all very similar to each other. There was also not much of a difference between active and passive TR activities. The average TAB score on active activities was a 4.9 while the average score on the passive activities was a 4.75. In other words, the TR activities, passive or active had indeed improved the behaviors of patients with Schizophrenia helping them to function more normally. However, there did not seem to be much of a difference between the active vs. the passive activities. This shows that it does not really matter what activity the patient is doing, it does matter whether the patient is enjoying the activity and using it as a helping tool in their treatment plan.

Furthermore, this article suggests further research on this subject because this study still questions how much of an impact TR has on a structured group as opposed to its effect on individual patients. There is also the question of how much the interaction with the TR Specialist effects the patients’ behavior. If further research was conducted, it should “include more individuals and determine baseline scores prior to implementing TR activities” (Morris, 1999).

Because of Therapeutic Recreation, more and more patients with Schizophrenia will be able to live in the community instead of at mental hospitals due to their increased ability to behave appropriately.

Article #4: ***Adventure Therapy for Youth at Risk***

The purpose of this study was to look at the effects of adventure therapy as a recreational therapy tool for youth at risk. Adventure therapy includes outdoor experimental activities including high and low ropes courses as well as other team building activities and is used to achieve the patients’ treatment goals. This particular study was located at a single gendered psychiatric youth rehabilitation center in central North Carolina which had “long-term residential wilderness camping and adventure therapy” (Autry, 2001).

The participants in this study were nine girls (out of the 21 who reside there) between the ages of 13 and 18 years old. All of the participants had to have resided at the facility for at least two months prior and they had to have participated in at least 4 hours off ropes courses there. They also needed permission from the parent or guardian of the young participants to take part in the study. All of the girls were Caucasian except for one girl who was African American.

Adolescent girls going through puberty are in danger of crises because they may experience an increase in depression, they may have low self-esteem, show signs of being suicidal, and often feel negatively towards their own body image. Though these tend to be normal adolescent behaviors, these signs and symptoms may intensify causing a girl to be identified as a youth at risk. “Factors that may cause youth to be identified as being at-risk include poverty, physical or learning disabilities, being a victim of crime, abuse or neglect, and having parents who abuse substances” (Autry,2001). The girls in this youth rehabilitation center were placed there “due to a combination of issues including aggressiveness, depression, truancy, probation violation, detention, substance abuse, sexual abuse, physical abuse, eating disorders, and/or suicidal ideation or attempts” (Autry, 2001).

The outdoor adventure therapy activities “included three to four day backpacking/hiking trips in the mountains of North Carolina and experiential education sessions facilitated by a trained ropes course instructor on an accredited high and low ropes course available on the grounds of the main campus of the facility” (Autry, 2001). The ropes courses usually ran once a week and were four hours long.

This study examined how each of the nine participants who resided at the youth rehabilitation center felt about themselves after participating in the adventure therapy activities. This study was conducted by interviewing the nine girls and asking them questions about what they felt about themselves after participating in the activities as well as what the activities meant to them. Therefore, the means for the data collected was all based on in-depth interviews “where the participants were the experts of their own feelings and perceptions” (Autry, 2001).

The interesting findings from interviewing these girls were the four themes created from the data. The first theme was *trust* in that “most of the girls experienced a growing sense of trust within their group and within themselves while they were participating in” hiking and the ropes courses (Autry, 2001). These activities showed the girls that they can take chances and trust themselves as well as the others around them. The second theme presented in the data was *empowerment* in which the “initial inhibitions and negative self-concepts seemed to have been overcome with a sense of accomplishment, control, and feeling better about themselves as they participated in the hiking trips and/or high and low ropes course initiatives” (Autry, 2001). The third theme was *teamwork* where the girls learned how working together is just as important as working individually. The fourth and final theme of the study was the recognition of *personal value*. One girl reflected, “[the ropes course makes you feel good] because you're surprising people, making them proud of something that you wouldn't normally do” (Autry, 2001).

However, the only down side to the lessons learned in these activities were that the girls had a hard time transferring what they had learned out on the course back into their everyday lives at the treatment facility. “An immediate "quick fix" in adventure therapy could be avoided by structuring programs to foster more intensive long-term therapeutic change” (Autry, 2001).

To conclude, this study proved that adventure therapy, which includes activities such as hiking and low and high ropes courses, have a positive impact on the attitudes of the girls considered to be youth at risk. Throughout these activities, the girls seemed to learn about trust, empowerment, teamwork, and personal value which all helped to achieve their treatment goals.

3. **Introduction to Community Resources**

State College, Pennsylvania is centered in the middle of the state in Centre County and is conveniently located in between Pittsburgh and Philadelphia. It has a very unique relationship with Penn State University making most of its population the students and its nickname Happy Valley. Since the total population of State College is 38,866 the ratio of students to non-students living in State college is 27,643 to 11,223.

**Geographic / seasonal variables**

State College is a suburb, with Penn State University acting as a city, in the valley of the Nittany Mountains with the average temperatures in the winter around 25º and in the summer 70 º. State College, being that it is in the middle of Pennsylvania, experiences all four seasons, though the valley causes a mild summer but freezing cold winters. On average, the warmest month is July and the coldest month is January. 1988 was when 102°F became the highest recorded temperature in State College while the coldest temperature was recorded in 1994 as -18°F. (www.weather.com)

**Demographics**

The median age is 22 years old in State College due to the abundance of undergraduate students attending Penn State University. Out of the 38,000 people living in State College, the predominant ancestry is 23% German, 13.5% Irish, and 9.8% Italian. 37% of residents are Catholic, 20% are Methodist, 12% are Lutheran, and 32% make up other denominations. 94.5% of residents have a high school diploma or higher while 72.4% have a bachelor’s degree or higher. 87.9% were born in the US. Because State College is a college town, 78.4% of people rent their housing units while only 21.6% of homes are owner occupied. Out of the total 12,514 housing units in State College, 8,065 housing units pay rent. Unfortunately the Census did not have an data about the status of persons with a disability. (factfinder.census.gov)

**Economic conditions of community**

43.4% of State College’s residents are in the industry of educational services, health care, and social services. These occupations mostly have to do with the University. 20.8% of the State College population works in the arts, entertainment, recreation, accommodations, or food services industries. 10.9% of the working population is in the industry of retail trade. The mean household income is $43,267. The mean family income is $88,250. (factfinder.census.gov)

**Human services and commercial agencies available for services**

Centre County has a plethora of human services. There are alcohol and drug services such as Alcoholics Anonymous District 43, Centre Country Drug and Alcohol Program, Clear Concepts Counseling, Narcotics Anonymous, and many others. Children and youth services include Big Brother Big Sisters of Centre County, Centre Country Children and Youth Services, Second Mile, Stormbreak Youth Program, etc. Counseling and guidance agencies other than CCPS include **Center for Counseling and Psychological Services, Penn State, Child, Adult & Family Psychological Center, College of Education Counseling Service, Counseling Alternatives Group, and Penn State Psychological Clinic.** Services for persons with disabilities and screening services include the ARC of Centre Country, **Hands On Therapeutic Riding Program, Learning Disability Association of Centre County, and Family Based Mental Health Services. Victims services include Center For Community Alternatives in Community Justice as well as Victim/Witness Services, Centre County. They also have Women’s Services which include LifeSpirit Connections, Mother's Group Meeting, and Women, Infants and Children Program. There are many more programs offered in these areas for people living in and around State College. (statecollege.com)**

**Public transportation services**

Local transportation in State College is provided by using the CATA buses to the airport, downtown, the University, Boalsburg, etc. There is also a bus terminal on Atherton street that has greyhound busses departing to major cities including NYC, Philadelphia, and Pittsburgh. 41% of commuters walk to work while 39.2% of commuters drove their own cars.

**Opportunities for recreation participation**

As for recreation participation, Bellefonte has a Family YMCA, there is Black Moshannon State Park, Centre Region Parks and Recreation Dept., Centre Region Senior Center, Girl Scouts and Boy Scouts, Hands on Therapeutic Riding Program, and Shaver’s Creek Environmental Center.

**Available resources for public**

State College has available resources for the public at the local library called Schlow Library and it also has a calendar of the events going on for the upcoming year. Penn State University has many resources as well for the public to get involved in. However, the best resource or today is the internet.

**Accessibility to above opportunities**

Depending on which service a person wants to attend and where they live, they could walk, take a bus, or easily drive a short distance to these places.

4**. Conceptualization of a Comprehensive Therapeutic Recreation Program**

**Statement of Purpose**

The purpose of the therapeutic recreation program is to provide services that will improve the clients’ physical fitness, emotional control, social skills, and mental stability, by helping them to understand the relationships between leisure, health, and the quality of life. Recreation participation programming will enforce maintaining a healthy leisure lifestyle for when clients have finished the program.

**Comprehensive Program Goals**

1. Functional Intervention (FI)

- To provide services that will improve clients’ physical fitness, emotional control, social skills, and mental stability.

1. Leisure awareness (LE)

-To provide services to help clients understand the relationships between leisure, health, and quality of life.

1. Social Interaction skills (LE &RP)

-To provide opportunities to improve their social interaction skills and develop social networks.

1. Leisure decision-making and planning skills (LE)

-To provide opportunities for clients to plan how to incorporate healthy leisure activities into their daily lives.

1. Leisure resources (LE)

-To provide services which assist the client in finding leisure resources at home and in their community.

1. Leisure activity skills (RP)

-To provide opportunities for clients to freely engage in healthy leisure activities.

**5. Specific Program Design**

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**Activity #1**

**Title**: Stress Out!

**Leisure Ability Model Focus**: LE

**Description / purpose of activity**: Are you *stressed out*? Then let the Stress Out! This program consists of a facilitated small group discussion on what causes stress, and how leisure can help to alleviate stress, and how to prevent negative stress.

**Goals**:

Participants will:

* Recognize physical and emotional impact of stress
* Identify the aspects of their own life that cause them stress
* Brainstorm ideas on how to alleviate the anxiety of stress with a leisure activity that they enjoy
* Learn how to prevent stress by using leisure

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**Activity #2**

**Title**: Repairing the Funny Bone

**Leisure Ability Model Focus**: LE & RP

**Description / purpose of activity**: Do you like to laugh? Come out to “Repairing the Funny Bone” and watch comedic movies, funny TV shows, stand-up comedians, and more!

**Goals**:

Participants will:

* Laugh and enjoy themselves amongst the others in the group
* Find out what kind of humor they like
* Get the motivation to seek out that movie or TV show that made them laugh
* Identify a coping strategy to use to prevent or ward off depression.
* Identify times of day/year in which they are prone to depression so that they can prepare or have a backup plan

**Activity #3**

**Title**: Kickboxing

**Leisure Ability Model Focus**: LE

**Description / purpose of activity**: Ever been so angry you wanted to kick or punch something? Learn how kickboxing and other sports can be used as anger management releasing stress and frustrations though vigorous physical activity.

**Goals**:

Participants will:

* Learn the basic moves to kickboxing
* Learn how physical activity such as kickboxing can be used for positive anger management
* Be able to let out all their angers and frustrations in an acceptable way
* Be relaxed and weakened by physical exertion instead of weakened by stress

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**Activity #4**

**Title**: Beam with Self-Esteem!

**Leisure Ability Model Focus**: LE

**Description / purpose of activity**: Do you find yourself cringing at the sight of a mirror? Do you think you are ugly or worthless? Well you are not. Come to Beam with Self-Esteem to find out what makes you beautiful and worthwhile!

**Goals**:

Participants will:

* Discuss what makes a person beautiful
* Identify someone they admire and write down why
* Learn about themselves and what is important to them
* Identify positive self-talk, activities, or steps that participants can do, say, or practice on a regular basis to help become more comfortable with their self-image or self-esteem

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**Activity #5**

**Title**: PAINt Management

**Leisure Ability Model Focus**: LE

**Description / purpose of activity**: What do pain and paint have in common? In PAINt Management you will be using a variety of art supplies to learn how to manage your pain through art.

**Goals**:

Participants will:

* Draw a painting of what pain looks like or draw a picture in which the paint represent pain and the canvas represents their body
* Discuss how color and style is represented in paintings
* Learn how the use of imagery can be used as a coping strategy to deal with pain
* Learn for themselves if painting is a helpful tool for them to relax and relieve pain

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**Activity #6**

**Title**: Guided Imagery

**Leisure Ability Model Focus**: FI, LE

**Description / purpose of activity**: Wash away your pain with your brain! A one on one facilitated guided imagery treatment session.

**Goals**:

Participants will:

* Learn what imagery is and how the process of guided imagery works
* Be able to relax and alleviate pain through imagery
* Describe if guided imagery does in fact work for them as a pain reliever/relaxer
* Identify images in their mind that may help them in the healing process

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**Activity #7**

**Title**: Yoga

**Leisure Ability Model Focus**: FI

**Description / purpose of activity**: Ever heard of stretching and using your muscles to relax? Come to yoga to relieve you pain, anxiety, and/or depression.

**Goals**:

Participants will:

* Learn the basic positions
* Demonstrate breathing techniques
* Become mentally relaxed
* Learn the benefits of yoga

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**Activity #8**

**Title**: The Power of Music

**Leisure Ability Model Focus**: LE

**Description / purpose of activity**: In this group activity participants will move freely to music based on how it makes them feel.

**Goals**:

Participants will:

* Learn how music affects people emotionally and physically
* React emotionally to the music (i.e. smiling, crying, laughing, etc.)
* Express what kind of picture the music created in their minds or relate personal feelings associated with a certain song
* Discuss what songs they associate their own life with and why

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**Activity #9**

**Title**: Dr. Seuss’s *Oh the Places You Can Go*

**Leisure Ability Model Focus**: LE

**Description / purpose of activity**: Cookies, milk, and a story from the beloved Dr. Seuss!

**Goals**:

Participants will:

* Talk about their favorite Dr. Seuss book or other favorite children’s book
* Discuss the adult meaning behind this “kid’s” book
* Relate the book to their own life situation and identify feelings in the book that relate to their life
* Learn how the book ends positively which will give them hope for their own lives
* Use the book to develop coping strategies

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**Activity #10**

**Title**: BBQ Party

**Leisure Ability Model Focus**: RP

**Description / purpose of activity**: Come out to the CCPS BBQ party where you will meet new people, make new friends, and eat great food right off the grill!

**Goals**:

Participants will:

* Be exposed to socialization
* Meet new people and converse
* Make friends and have someone to relate to with their losses
* Accept the fact that it is time to move on with their life

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| 1. **Implementation / Lesson Plan**   **Activity Title:** Beam with Self-Esteem!  **Leisure Ability Model Focus:** Leisure Education  **Activity Description:** Do you find yourself cringing at the sight of a mirror? Do you think you are ugly or worthless? Well you are not. Come to Beam with Self-Esteem to find out what makes you beautiful and worthwhile!  **Client Goals:**  Participants will:   * Discuss what makes a person beautiful * Identify someone they admire and write down why * Learn about themselves and what is important to them * Identify positive self-talk, activities, or steps that participants can do, say, or practice on a regular basis to help become more comfortable with their self-image or self-esteem   **Facility / Space Needed:** Aclass room or quiet room that can fit a circle of chairs  **Staffing needs:** One CTRS and maybe one aide  **Equipment / Supplies Needed:**   * Pictures of different people such as models and celebrities of different body types * White board/chalkboard or something to write on for the class to see * Journals for everyone in the class (unless they are told to bring their own) * Christina Aguilera’s “Beautiful” and a music player or Ipod speakers to play it. | | |
| **Minutes** | **Content (Game Plan)** | **Process** |
|  | As the clients walk into the room, around the time the session is supposed to start, play Christina Aguilera’s “Beautiful.” | This song will get the participants in the mood for the topic of discussion. |
| 2 min | So who here thinks they are beautiful? (no response) Well you are not the only ones. Problems with body image affect men and women in at least one stage in their life. | Probably nobody will raise their hand |
| 3-5 min | Before we start, I want to create a list of ground rules that anyone can contribute to for this session. Some of the things we talk about in here may be personal to some people so my biggest rule is to respect others and anything we say in here stays in here. Would anyone else like to add a rule in order to feel more comfortable? |  |
| 20 min | So I’m going to show you some pictures of models and celebrities and you tell me what you think of them. Why are these girls beautiful? What makes someone attractive? Why is self-image so important to us?  Is beauty in the eye of the beholder? Is it all about physical appearance? How much about a person’s “inner core” is what makes them beautiful? | Put up pictures of models and celebrities up on the computer projector or have tangible images to show the room. Have a discussion on why these models seem so attractive and why we stress so much about our looks. Also show pictures of overweight celebrities and discuss if the clients think that THEY are beautiful even though they may be overweight.  Brainstorm and discuss answers to these questions as a group and write them on the board. |
| 10min | Where does this idea of needing to be perfect and beautiful come from?  What do you do to make yourself look “beautiful”? What makes you feel “ugly”? Why? | Disney movies, Barbie dolls, older siblings, kids at school, magazines, movies, etc.  Ask questions about them |
| 5 min | Now I want you to pick a celebrity in your mind who you admire. What do you love about them? Are they beautiful? Take a few minutes now to write down in your journal who that person is for you and what you admire about them, what characteristics you value most, and what characteristics they have that you could aspire to? |  |
| 5 min | Would anyone like to share who they admire and why? | Optional input on this may make other people who are shyer in the group feel more comfortable because it is not forced yet they still listen and get a lot out of it. |
| 5 min | Now, before we leave let’s go around the circle and say one word, one thing you have learned or can take away from this session. | Go around the circle and everyone will say a word or two about something that they learned or will remember from today. This will give me (the facilitator) a way of evaluation. |
|  | Until next session, I want you to write down in your journals anytime someone says something positive about you and/or every time you feel good about yourself and why.  During our next session we will be following up on the topic of the importance of positive self-esteem. |  |
| 5 min | As you probably noticed, at the beginning of the session, I was playing Christina Aguilera’s “Beautiful” because I think it really hit home of what our discussion was today. So I’m going to leave you today with her words:  “You are beautiful no matter what they say  Words can't bring you down  You are beautiful in every single way  Yes, words can't bring you down  Don't you bring me down today...   No matter what we do  No matter what they say  When the sun is shining through  Then the clouds won't stay   And everywhere we go  The sun won't always shine  But tomorrow will find a way  All the other times” |  |
|  | Thank you for participating! I look forward to seeing you at our next group session on (date) at (time) at (location).  I will be here if anyone has any questions or wants to talk to me privately, otherwise have a good weekend! |  |

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| **Activity Title:** Stress Out!  **Leisure Ability Model Focus:** Leisure Education  **Activity Description:** Are you *stressed out*? Then let the Stress Out! This program consists of a facilitated small group discussion on what causes stress, and how leisure can help to alleviate stress, and how to prevent negative stress.  **Client Goals:**   * Recognize physical and emotional impact of stress * Identify the aspects of their own life that cause them stress * Brainstorm ideas on how to alleviate the anxiety of stress with a leisure activity that they enjoy * Learn how to prevent stress by using leisure   **Facility / Space Needed:** A room that can have chairs in a circle for group discussion  **Staffing needs:** One CTRS and possibly one aide  **Equipment / Supplies Needed:**   * Music player * Journals * White board/chalkboard for brainstorming * Accessible chairs | | |
| **Minutes** | **Content (Game Plan)** | **Process** |
| 2 min  15 min  5 min | As the participants enter the room, play Enya on the music player.  Hello, my name is Nicole Wells and I will be facilitating the activity of Stress Out! today.  I want everyone to sit in their chairs comfortably and close your eyes. If you do not feel comfortable closing your eyes you do not have to. Now take a deep breath in through your nose (inhale) and out through your mouth (exhale). Now again, in through your nose and out through your mouth. Now take all the things that are bothering you today, yesterday, this week or this year whatever is bothering you and visualize it in your mind take it and roll it up in a ball get it all tight into a ball and now I want you to take that ball in your hand and throw it as far as you can away from you right now.  Now there should be nothing in front of you and nothing on your mind just a blankness, nothing. Relax all the muscles in your body. Relax your feet, your calves, your thighs, your butt muscles, you stomach muscles, back, arms, and lastly, lead your head sit comfortably upright or carefully let it fall in front of you.  Now, listen to the sounds around you… \*the hum of air conditioner, the faint talking outside the room, the birds chirping outside… and now think of your favorite place to be. The place you would want to run to because it always makes you feel safe. Go to that place. What does it look like? What does is smell like? What does it sound like? How do you feel when you are in this place?  Listen again to the sounds around you and come back to this room in \*118 Sackett  When you are ready, slowly open your eyes.  How do you guys feel right now? Let’s go around the room and don’t be afraid to say that you didn’t feel anything from it. | Enya’s music is very calming and will give the atmosphere a mood of relaxation, helping the participants to become more calm as they enter the room.  Once everyone is in the room and sitting down, start the activity. Talk in a calm and soothing tone of voice.  If all goes well the participants will either clearly visualize this happening or they may even physically do the motion.  Throughout this entire monologue take pauses and speak in a fluid, soft, relaxing, voice. DO NOT RUSH through it.  \*whatever the actual sounds of the room and atmosphere are  Take a few seconds before you get to the next part allowing the participants to really discover and enjoy their special spot.  Replace with whatever room/place the program is taking place.  The participants may need a few seconds to orient themselves with reality (if they have really invested themselves in it)  Go around the circle and participants will describe how they feel. This activity may not work for everyone. |
|  | Does anyone want to share where they went when I said to go to a safe place? | Someone if not more than one person should volunteer where their safe place was and discuss why they chose that place. |
| 5 min  15 min  10 min  5 min | Did that exercise help to relax anyone?  It may not work for everyone and it may take a few times to have your brain get fully engaged. However, for those of you in which this did work, you can see how much it affects you. This affect is all about your brain which is the same thing that happens with stress. Stress acts as a mental impairment that can result in affecting you physically as well.  Obviously you all are here because you know that you suffer from stress and you want to get better. The fact that you have come to accept this issue is the first step in solving the problem. As I said, stress all starts in the brain and how you handle stress can greatly affect you mentally and physically.  So now I want you to write down in your journal the biggest aspects of your life that cause YOU to stress. Branching out from the stressors write down what you do to help alleviate the stress or how you deal with it.  Now let us brainstorm together some ideas on how we handle stress. What are ways that you deal with stress? Good or bad?  Now let’s look at this list and talk about which of these are positive ways to handle stress and which ones are not beneficial ways to handle stress.  As you can see from our brainstormed ideas on the board, leisure activities are a great way to alleviate stress. So right now in your journal write down at least 2 leisure activities you do or used to do that you really enjoyed.  What are some people’s leisure activities? How often or when was the last time you were able to do this activity?  You may think you don’t have time for leisure activities; however, leisure time is very imperative to your life because it can actually alleviate and prevent stress.  Therefore, from now until the next time we meet I want you to make time to practice at least one of these leisure activities and either take note of how it makes you feel in your journal or make a mental note of it so that we can discuss it next time.  Thank you for coming to our session of Stress Out today! I look forward to seeing you at our next group session on (date) at (time) at (location).  During our next session we will be following up on the topic of the importance of positive leisure to reduce and prevent stress. We will also focus on tactics on how to relax and calm yourself down when you are stressed.  I will be here if anyone has any questions or wants to talk to me privately, otherwise have a good afternoon! | Hopefully some people say yes  Let the participants be creative in how they write down their stressors in their journal.  Write down on the board all the things that the participants throw out there such as smoking, running, crying, etc.  By throwing out ideas onto the board, people forget who put up which idea and it is generalized for everyone the do’s and don’ts of handling stress. Put a + sign next to the positive ways to handle stress and a – sign next to the bad ways  Make sure the participants bring home their journals. |

**7. Client Treatment Plan**

Wilhite, B.C., & Keller, J. (2000). *Therapeutic Recreation Cases and Exercises* (pp. 107-109). State College: Venture.

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| **Name**: Caroline | **Education**: well educated |
| **Age**: 30-40 years old | **Hometown**: Unknown |
| **IQ**: intelligent | **Occupation**: trial lawyer and senior partner |
| **Marital / Relationship Status**: married | **Religion**: Catholic |
| **Lives with**: Her husband | **Resides in**: unknown |
| **Background / Demographic Information**: Caroline is a well educated trial lawyer and senior partner. She is married and lives with her husband and most recently her two teenaged step-children.  **Current Diagnosis**: Major depressive disorder with associated anxiety  **Referral to Therapeutic Recreation Services**: Received referral for therapeutic recreation services from her psychologist, Dr. Kincaid.  **Identified Strengths / Assets:**   * Though patient has had suicidal thoughts, she has never attempted suicide. * Patient has a strong positive relationship with her husband * Patient has accepted the fact that she is in need of help * Patient continues to jog, but less frequently than she used to * Patient continues to work and support the family income   **Identified Limitations / Problems / Assessment Results:**   * Patient shows low self-confidence, has suicidal thoughts, and feelings of failure and inadequacy. * Patient shows continual weight loss, electrical charges in her upper body, fatigue, insomnia, and gastrointestinal problems. * Patient feels out of control, overwhelmed, stressed, and depressed * Patient is experiencing social withdrawal and is hiding her problems from her co-workers * Patient is having difficulty sustaining concentration * Patient abandoned her main recreational activities of collecting music and reading mysteries. She needs help to find happiness in pursuing them again. * Patient does not have the option to leave work because her husband and herself both share substantial weight in their income.   **Client Goals & Objectives:**   1. **General goal**: Functional Intervention (FI)   To provide services that will improve clients’ physical fitness, emotional control, social skills, and mental stability.  **Measurable objective**: After two weeks of active participation, the client will show signs of relaxation and calmness as observed by the CTRS.   1. **General goal**: Leisure awareness (LE)   To provide services to help clients understand the relationships between leisure, health, and quality of life.  **Measurable objective**: After completion of the program, the client will plan out a weekly schedule time for work, household maintenance, and personal leisure as judged by the CTRS.   1. **General goal**: Leisure activity skills (RP)   To provide opportunities for clients to freely engage in healthy leisure activities.  **Measurable objective**: When given an opportunity, the client will choose to engage in a recreational activity of their liking, as judged by the CTRS.  **Action Plan for Client Involvement:**   1. Enroll patient in “Stress Out!” (learning and realization focus) Mondays from 3-4pm from 4/12 to 5/3. Focus on: 2. Recognizing the physical and emotional impact of stress 3. Identifying the aspects of their own life that cause them to stress 4. Brainstorm ideas on how to alleviate the anxiety that stress brings on with a leisure activity that they enjoy 5. Learn how to prevent stress by using leisure 6. Enroll patient in “Guided Imagery” (treatment and leisure education focus) Wednesdays 4:00 to 5:00PM from 4/14 to 5/6. Focus on: 7. Learning what imagery is how the process of guided imagery works 8. Being able to relax and alleviate pain through imagery 9. Being able to see if guided imagery does in fact work for them as a pain/stress reliever/relaxer 10. Seeing images and find things in their mind that may help them in the healing process 11. Enroll patient in “Yoga” (physical health focus) Tuesdays and Thursdays 8:00 to 9:00 PM from 4/13 to 5/7. Focus on: 12. Learning the basic positions 13. Demonstrating breathing techniques 14. Becoming mentally relaxed 15. Learning the benefits of yoga | |
| **Signed**: Nicole Wells | **Date**: 4/13/2010 |

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