

# Sing • Explore • Create, LLC

---



## Operational Manual

*Developed by*

Bethany Austin  
Molly Bernhardsen  
Abigail Bjork  
Alyse Dawson  
Katherine Durant  
Jenai Goodwin  
Tamika Jones

Nicole LiVigni  
Lori Marabella  
Sara McFadden  
Leigh Myers  
Holly Nisson  
Julie Quill  
Alyssa Rioux

Anthony Rose  
Kassandra Sandiford  
Angela Sanfilippo  
Alaina Sherman  
Allison Stein  
Deanna VanOyen  
Brandon West

Lynn Anderson



# Table of Contents

Introduction and Goals		Page
Introduction and Background		3
Needs Assessment		4-5
Theory Base and Guiding Principles		5-6
Purpose, Goals, and Outcomes		6-7
Impact Statement		7-8
Specific Program/Service Protocols:		
Sing, Explore, Create: Therapeutic Recreation Services Referral and Intake Protocol		10-17
Pathways to Singing, Exploring and Creating: Assessment and Plan Protocol		17-36
Sing, Explore, Create: Expressive Arts with You! Individualized Therapeutic Arts Protocol		36-43
Express Yourself with Art and Music: Group Therapeutic Arts Protocol		44-56
Memory Café Protocol		57-67
Sensory Friendly Yoga Protocol		68-77
Sing, Explore, Create Community Transition Protocol		78-86
Comprehensive Evaluation Plan		
Evaluation Plan		87-92
Human Resources/Personnel		
Staffing and Credentials		93-94
Job Qualifications		95
Job Descriptions		96
Budget/Resource Needs		
Budget with justification		97-102
Finance/Revenue		
Pricing		103-104
Funding Sources		105-116
Risk Management		
Risk Management and Safety		117-121
Waiver Form		122
Marketing and Public Relations		
Marketing Plan		123-126
Marketing Tools		127-132
Appendix A -Fact Sheets		
Laws and regulations that apply to <i>Sing, Explore, Create, LLC</i>		133-149





# Introduction and Background/Overview

Written by Jenai Goodwin, Deanna VanOyen, and Brandon West

Sing Explore Create, LLC (SEC) was founded in 2013. Our team of musicians, artists, music therapists, therapeutic recreation specialists and teachers are dedicated to making music, art and physical activity accessible and fun for everyone whether an individual or group setting is chosen. We are a private practice that believes in the abilities and strengths of each person to experience life to the fullest enabling them to reach their own personal goals and desires (Anderson & Heyne, 2013). We receive referrals from participants themselves, parents or guardians, physicians or other health care professionals, educators, school administrators or recreation professionals.

Personal assessments are provided for a therapeutic program track as well as community reintegration and discharge planning for those who want to continue using skills gained at SEC by connecting with local community resources.

We believe all people have the right to self-expression through the arts, music and movement. Our newest programs include:

- Express Yourself! with Art and Music* focusing on those living with dementia at various stages.
- Expressive Arts with You!* providing private art and music lessons for all ages. Art lessons include painting, drawing, weaving and multimedia. Music lessons include piano, guitar, voice, ukulele, saxophone, clarinet, beginning woodwinds, and music theory. All lessons can be adapted for students with special needs and/or learning disabilities.
- Memory Café* promoting artful aging by using expressive arts to promote health and well-being across all domains of human functioning, especially for those with memory loss.
- Sensory-Friendly Yoga* for children or adults with Autism Spectrum Disorder (ASD) or similar needs.

We also host drop-off music/art toddler programs for ages 3-4, camps, dance classes, birthday parties, special events and paint nights.

## Needs Assessment

According to Anderson and Heyne (2012), “Assessment allows us to get to know the participant as a whole person in the environment, and find out what is meaningful for him or her” (p. 181). The purpose of a therapeutic recreation assessment is for the recreational therapist to improve and enhance participant mental and physical abilities for overall well-being and health.

The assessment practices at Sing Explore Create, LLC, enables us to set and measure realistic goals and objectives for each participant. Various assessment tools will be used depending on the person and situation to assess areas of leisure well-being, basic functional skills and behaviors in the cognitive, physical and social/emotional domains and needs for social inclusion and competence. Attaining leisure well-being and a flourishing life includes developing and refining skills in leisure education and movement programs.

In addition to the programs offered at SEC, guidance by a therapeutic recreation specialist can help participants with involvement in many personal areas of interest such as:

- Games
- Crafts/Arts
- Exercise
- Improved knowledge and awareness of leisure opportunities
- Improved communication with peers and social circles for support
- Music
- Reading
- Outdoor Adventure
- Gardening/plants
- Sports
- Writing
- Improved stress management
- Improved memory

*Social care institute for excellence (n.d., 2017)*

# Theory Base

Sing Explore Create, LLC is founded upon several evidence-based concepts and theories. The information below explains the theoretical basis for why we do what we do, in the way that we choose to do it.

## *Broaden-and-Build Theory of Positive Emotions*

The Broaden-and-Build Theory is an important foundation of therapeutic recreation. The theory suggests that a person's life is improved by each positive experience. It suggests that each positive experience can open up possibilities in our brains to more and different positive experiences, broadening our perspective. Once our perspective is broadened, we can build upon that broadened perspective with brand new positive emotions, further broadening our perspective. This creates an upward spiral of positivity that builds and continues to build (Anderson & Heyne, 2016).

## *Art and Music Increase Well-Being*

Art and music, the foundations of programming at Sing Explore Create, LLC, are empirically shown and widely believed to increase well-being. Studies show that art can positively affect well-being in participants with dementia, Alzheimer's disease, Parkinson disease, autism, and schizophrenia (Mirabella, 2015) as well as many other conditions. Studies also show that music therapies can have a positive well-being outcome for people with dementia (Gómez-Romero et al, 2017) and other conditions. Both music and art therapy are widely used for therapeutic purposes with a long history of success, both empirically and subjectively from the perspective of the participants. In addition, expressive arts provide a sense of accomplishment and a path for satisfaction, contemplation, exhilaration and liberation (Devine, 2016, p. 233).

## *Flow State*

Flow state is a subjective state of a challenge being just hard enough and our skills to respond to it being just advanced enough. It is characterized by intense, but effortless concentration, and losing track of time. Most people have experienced flow at some point when doing an activity where they feel connected to it. Flow is a positive experience that is considered desirable and beneficial to a person's well-being (Glick-Smith, 2015) and is often experienced when people interact with arts and music (de Manzano et al, 2010).

## *The Efficacy of Yoga*

Yoga is an ancient practice that over the centuries has gained a reputation for effectively improving people's lives in just about every domain. Aside from the physical benefits of yoga including increased flexibility and improved muscular strength (Schmid et al, 2014), countless studies amassed over decades of research have shown that yoga can be effective in treating or reducing the symptoms of many disorders, including Autism Spectrum Disorder (Deorari & Bhardwaj, 2014). According to Ehleringer (2010), "Yoga is a powerful tool that can teach children how to connect to their bodies, tap into their own personal strength, better deal with life's challenges, and build connections with the outside world."

## *The Importance of Art in Aging*

Creativity is good for the mind, the brain, and the body. It promotes a positive outlook and a sense of well-being. Studies also show that creativity benefits memory (Hannemann, 2006), expresses emotions, promotes socialization, and helps preserve a sense of identity (Harlan, 1993). Art can assist participants in developing autonomy (Percoskie, 1997), which

naturally declines as people age. Art provides mental stimulation for participants, as well as a sense of personal control and of social support (Cowl & Gaugler, 2014).

## **Mission and Vision**

Our mission at Sing Explore Create, LLC is to make music and the arts accessible to all, regardless of one's age, capabilities or abilities. We aim to provide therapeutic services, as well as recreational services, which allow children and adults to successfully participate in the expressive arts across the lifespan. Our classes and therapeutic services allow clients to engage with others in a creative environment while improving social, emotional, cognitive, motor and/or artistic skills.

Whether clients are engaged in an expressive therapy session or taking part in an arts class, our knowledgeable and experienced therapists and teachers will create an environment in which all participants are welcomed into a creative community. Although many programs target those with special needs, we also provide services, lessons, and classes for the all abilities.

Music and the arts have a way of bringing people of various backgrounds together and we enjoy creating an environment where this can take place.

## **Values and Guiding Principles**

Engaging in the arts is a way to communicate and to make meaning of life. It is empowering, it stimulates, it calms and it comforts. It provides the stimulus to activate cognitive processes that maintain and strengthen neuronal connections in the brain. Participating in creative activities connects to something essential deep inside a person, bypassing the ego and dialoguing with the essence of a person (Hayes, 2011, p. 32).

Sing Explore Create, LLC, is guided by the following principles to help make this a reality:

- Fostering true inclusion by welcoming people of all abilities to participate in activities of their choice, side-by-side
- Treating all participants with respect and dignity
- Ensuring all services are client-centered
- Helping those with memory loss onset or diagnosis experience artful aging through creativity, self-expression, leisure skills, and engagement with life
- Believing memories are worth creating, preserving, recalling, and sharing
- Promoting physical health for improved well-being

We use music, art, and movement to bring all people together for those that enjoy these things and think they are fun!

## **Goals**

- To promote an individual participant's desires and personal goals
- To effectively provide therapeutic recreation services, as needed, through strengths-based assessment, planning, implementation and evaluation

- To help develop improved cognitive abilities such as problem solving, communication, memory, decision making, following directions
- To facilitate physical activity for benefits in fine motor skill development, range of motion, gross motor skill development, focus, increased strength and flexibility
- To assist in community integration and engagement, accessibility, community outings, resource awareness and utilization
- To encourage lifestyles involving relaxation methods, assertiveness, leisure skill development, and stress management
- To enhance important social skills, coping mechanisms, self-esteem and confidence

## **Outcomes**

By participating in Sing Explore Create, LLC programs, participants will increase their skills and freedom when it comes to recreational activities they enjoy. Each participant will feel a sense of accomplishment and independence when their session or class is complete. Improvements in well-being will be noted in areas of cognition, physical ability, social skills and psychological/emotional health.

And last, but not least, each participant will experience fun!

## **Program Impact Statement**

Sing Explore Create, LLC impacts all ages of participants on an individual level through our various music, arts and movement programs to help each person experience a greater sense of well-being in many areas of their life. Our classes are open to all in the community no matter the ability level. We meet each person where they are developmentally or physically and introduce them to their chosen activity.

Most lessons, classes, and programs take place out in the community at a location of your choosing. However, we also offer services in our studio located in Rockland Ma.

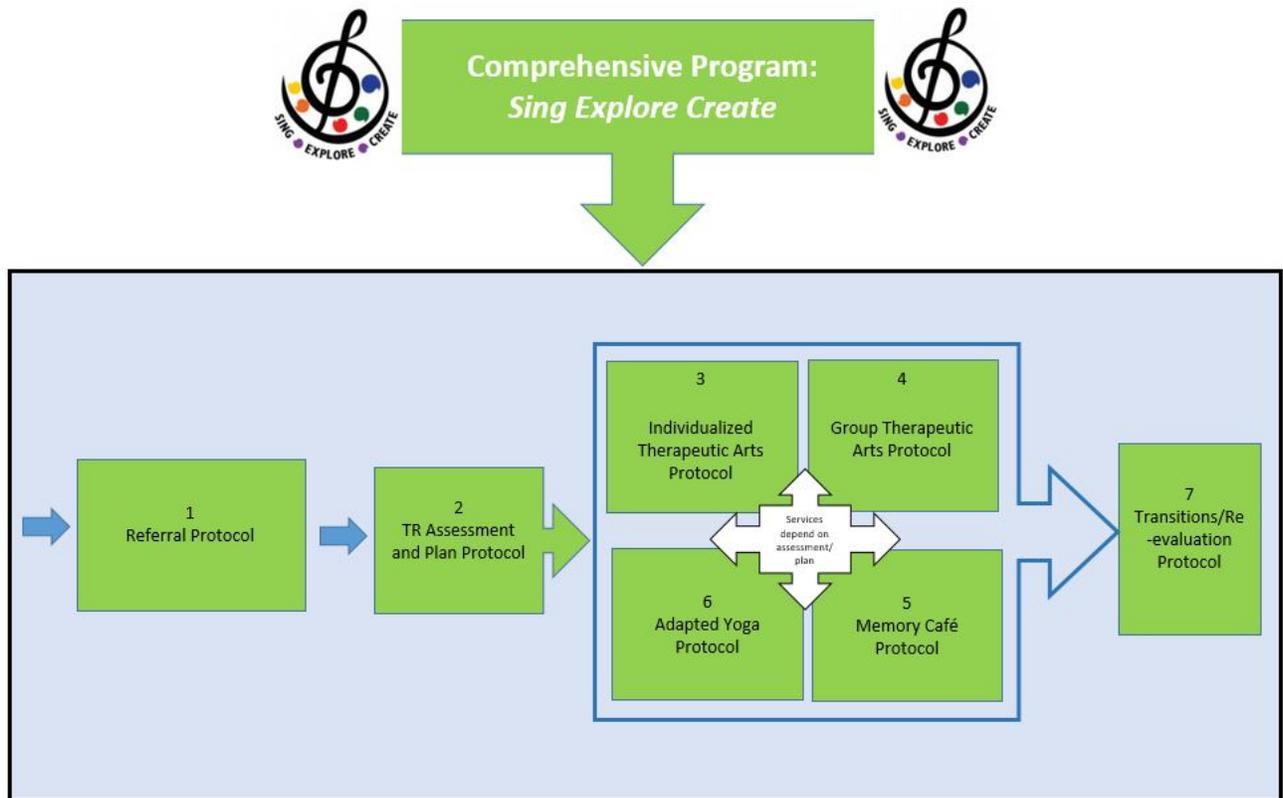
We are interested in visiting any of these organizations:

- Skilled nursing facilities (long-term and short term care)
- Assisted living facilities
- Adult day programs
- Group homes
- Public and private schools (high, middle, elementary, pre-k classes)
- Child day care centers
- Head Start
- Hospitals
- Inpatient and outpatient facilities
- Centers for independent living/healthy aging
- Non-profit disability/ability related agencies
- Community parks and recreation centers

## References

- Anderson, L. & Heyne, L. (2012). *Therapeutic recreation practice: a strengths approach* (p. 194, Table 9.3). State College, PA: Venture Publishing, Inc.
- Anderson, L. & Heyne, L. (2013). A strengths approach to assessment in therapeutic recreation: Tools for positive change. *Therapeutic Recreation Journal*, 47(2).
- Anderson, L. & Heyne, L. (2016). Flourishing through leisure and the upward spiral theory of lifestyle change. *Therapeutic Recreation Journal*, 50(2), 118-137.
- Cowl, A L. & Gaugler, J. E. (2014). Efficacy of creative arts therapy in treatment of Alzheimer's disease and dementia: A systematic literature review. *Activities, Adaptation & Aging*, (38)4, 281-330.
- de Manzano, Ö., Theorell, T., Harmat, L., & Ullén, F. (2010). The psychophysiology of flow during piano playing. *Emotion*, 10(3), 301-311. doi:10.1037/a0018432.
- Deorari, M., & Bhardwaj, I. (2014). Effect of yogic intervention on Autism Spectrum Disorder. *Yoga Mimamsa*, 46(3/4), 81-84.
- Devine, M.A., (2016). Expressive Arts as Therapeutic Media. In Dattilo, J. & McKenney, A. (Eds.), *Facilitation Techniques in Therapeutic Recreation* (pp. 233-262). State College, PA: Venture Publishing, Inc.
- Ehleringer, J. (2010). Yoga for children on the autism spectrum. *International Journal Of Yoga Therapy*, 20 131-139.
- Glick-Smith, J. L. (2015). When flow doesn't happen. *Integral Leadership Review*, 182-190.
- Gómez-Romero, M., Jiménez-Palomares, M., Rodríguez-Mansilla, J., Flores-Nieto, A., Garrido-Ardila, E., & González López-Arza, M. (2017). Review article: Benefits of music therapy on behaviour disorders in subjects diagnosed with dementia: A systematic review. *Neurología (English Edition)*, 32253-263. doi:10.1016/j.nrleng.2014.11.003
- Hannemann, B. T. (2006). Creativity with dementia patients: Can creativity and art stimulate dementia patients positively? *Gerontology*, 52(1), 59-65.
- Harlan, J. E. (1993). The therapeutic value of art for persons with Alzheimer's disease and related disorders. *Loss, Grief & Care*, 6(4), 99-106. doi:10.1300/J132v06n04\_13
- Hayes, J., Povey, S. (2011). *The creative arts in dementia care: practical person-centered approaches and ideas*. Philadelphia: Jessica Kingsley Publishers.
- Mirabella, G. (2015). Is art therapy a reliable tool for rehabilitating people suffering from brain/mental diseases? *Journal Of Alternative & Complementary Medicine*, 21(4), 196-199. doi:10.1089/acm.2014.0374
- Percoskie, S. (1997). Art therapy with the Alzheimer's client. *The Humanistic Psychologist*, 25(2), 208-211. doi:10.1080/08873267.1997.9986881
- Schmid, A. A., Miller, K. K., Van Puymbroeck, M., & DeBaun-Sprague, E. (2014). Yoga leads to multiple physical improvements after stroke, a pilot study. *Complementary Therapies In Medicine*, 22994-1000. doi:10.1016/j.ctim.2014.09.005
- Social care institute for excellence. (n.d.). Retrieved May 08, 2017, from <http://www.scie.org.uk/>

# Sing Explore Create: Specific Program/Service Protocols



<p><b>Title</b></p>
<p><i>Sing, Explore, Create, LLC - Therapeutic Recreation Services Referral and Intake</i></p>
<p><b>Brief Description of TR Service/Program</b></p>
<p>Sing, Explore, Create, LLC is an organization providing music therapy and inclusive art services for individuals of all ages and abilities. Sing, Explore, Create’s goal is to establish a creative arts center that is welcoming and inclusive for all members of the community. Services range from individual music therapy sessions to group painting classes. Staff has been trained to work with individuals of all ages and abilities including children and adults with learning and other disabilities.</p> <p>The Sing, Explore, Create, LLC referral process starts with self-referral or referral from a physician, parent/guardian or other service professional (OT, PT, educator or recreation professional) and also includes the completion of the referral packet.</p>
<p><b>Research on Efficacy/Literature Review Summary</b></p>
<p>The American Therapeutic Recreation Association defines a referral as “a request or recommendation to initiate services, including an evaluation of the patient/client and interventions determine to be necessary or beneficial to reach planned outcomes” (ATRA, 2015). The referral process is the first step towards helping an individual reach their goals. According to the American Therapeutic Recreation Association a referral for therapeutic recreation services can be made on behalf of an individual or by the individual themselves, though it may depend on the setting in which the services will take place (ATRA, 2015). The referral process also helps guide service providers to the correct path that best serves that individual (Stumbo &amp; Peterson, 2009). Anderson and Heyne (2012) say that a referral must clearly state who made the referral and why, to obtain that information referral forms should include the following elements:</p> <ul style="list-style-type: none"> <li>● Referral date</li> <li>● Identifying information for the participant</li> <li>● Reason for the referral</li> <li>● Referral request (general services, specific services, assessment, etc.)</li> <li>● Precautions, special needs, medications and other important information</li> <li>● Signature and contact information of the person making the referral</li> </ul> <p>A referral initiates an assessment and the development of a plan that is fitting for the individual that will be receiving services (Anderson &amp; Heyne, 2012). Stumbo and Peterson (2009) state that it is the responsibility of the therapeutic recreation specialist to be realistic when a referral is made for a service that cannot be provided at their agency and to make a referral for a more appropriate service and setting only when necessary.</p>
<p><b>Referral Criteria</b></p>
<ol style="list-style-type: none"> <li>1. Participants can be referred via the following: <ol style="list-style-type: none"> <li>a. self- referral</li> <li>b. parent/guardian</li> <li>c. physician or other health care professional</li> <li>d. educator or school administrator</li> <li>e. recreational professional</li> </ol> </li>   <li>2. Referrals must be completed using client referral packet (please see below)</li> </ol>

<b>Goals</b>
<ul style="list-style-type: none"> <li>● Provide initial referral to Sing, Explore, Create, LLC services</li> <li>● Obtain some background information on the participant and reason for the referral</li> <li>● Determine setting and type of services appropriate for participant</li> <li>● Make services suggestions</li> </ul>
<b>Measurable Objectives</b>
<ul style="list-style-type: none"> <li>● The total number of referrals received will be counted as the referral packets are reviewed (an excel spread sheet will be created at that time)</li> <li>● The different types of referrals (self, parent/guardian, physician, etc.) will be counted and documented when referral packets are reviewed</li> <li>● The different reasons for referrals (based on the areas checked in the referral packet) will be counted and documented</li> <li>● The number of referrals that Sing, Explore, Create, LLC cannot accommodate will be counted and documented when the referral packets are reviewed</li> </ul>
<b>Time Required</b>
<p>Time to fill out the referral packet should take no longer than 15 minutes.</p>
<b>Materials, Equipment, and Resources Needed</b>
<ul style="list-style-type: none"> <li>● Paper copies of referral packet (or electronic version, based on preference of referrer)</li> <li>● Clipboard</li> <li>● Pens</li> </ul>
<b>Activities (Content)</b>
<p>When an individual, parent/guardian, physician, educator, or recreation professional requests information regarding the referral process, a referral packet will be sent to the individual or family. The packet can be sent through either a hard copy form or through confidential email at the preference of the requester. Staff are available by phone, email, or in person to assist with filling out the referral packet.</p>
<b>Methods (Process)</b>
<p>Sing, Explore, Create, LLC will work with other organizations and professionals in the area to inform them of the services that are offered. Included in the referral form will be our mission statement, along with programs that we currently are offering. These hard copy referral packets will be left with organizations and professions who are interested in referring participants. Some organizations that we will be interested in meeting with include:</p> <ul style="list-style-type: none"> <li>● Skilled Nursing Facilities (long-term and short term care)</li> <li>● Assisted Living Facilities</li> <li>● Adult Day Programs</li> <li>● Group Homes</li> <li>● Public and Private School (high, middle, elementary, pre-k classes)</li> <li>● Day care centers for kids</li> <li>● Head Start</li> <li>● Hospitals</li> <li>● Inpatient and outpatient facilities</li> </ul>

- Centers for independent living/healthy aging
- Non-profit disability related agencies
- Community parks and Recreational Centers

Methods for completing the referral packet:

- In person (hard copy form)
- Electronic Version (available upon request)
- Referral Packets can also be mailed to interested parties (will be processed upon return of referral packet).

Once referral packets are received, the packets will be reviewed by staff at staff meetings occurring biweekly.

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

The referral packet is to be completed by persons 18 years of age or older. For participants with varied ability, the staff at Sing, Explore, Create, LLC have been trained in the referral form. Therefore, staff can assist with completion of the referral packet, if needed. Staff are also qualified to answer questions about programs available.

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

Expected outcomes include participants engaging in therapeutic recreation services to increase quality of life. The referral process is expected to better align programs and services to the individual participant based on interests and needs.

#### **Documentation** (forms, frequency, etc.)

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

- Relation to who would be receiving services (if not completed for self)
- Participant Information (name, date of birth)
- Participant Contact Information (address, phone, email)
- Emergency Contact Information for Participant (name, address, phone, email, relation to participant)
- Referring Person Information (name, relation to participant, address, phone, email, organization/agency)
- Participant's Interests (music, art, adaptive yoga)

The referral/intake form also asks for the reasons of the referred participant to help understand the individual goals of participants. The reason of referral includes:

- Cognitive Goals (problem solving, communication, memory, decision making, following directions)
- Physical Goals (fine motor skill development, range of motion, gross motor skill development, strengthening)
- Community Integration Goals (accessibility, community outing, resource awareness and utilization)
- Lifestyle Goals (relaxation, assertiveness training, leisure skill development, stress management, leisure education, family education)
- Psychosocial Goals (social skills development, attention deficit, anxiety reduction, coping mechanism, adjustment to disability, enhanced self-esteem)

The demographic information allows for a space where the participant or referring person may write other interests that the participant may have to best serve the participant. The reason for referral also offers the same write in space so the individual goals are addressed as well.

Referral packets that are not completed in person will have a Sing Explore Create, LLC representative contact them within one week to schedule an appointment.

Based on the referred participant's goals and requests, service suggestions will be made. If there is a request for a service that is not normally provided, the representative will track the request (if reasonable). Requests resulting in outgoing referrals to other organizations will be tracked and monitored for potential collaborative purposes.

#### **Evaluation Plan**

Referral/Intake packets will be reviewed by a representative to check completeness of the form. The referral/intake packet will be monitored as they are received to determine if there are any required updates to information.

Referrals to other agencies will be evaluated and discussed to seek potential opportunities to collaborate.

#### **Staff Qualified to Deliver Service (training or certification requirements)**

An in-service program is provided to staff at the beginning of each year to go over the referral program. This in-service, qualifies staff to assist participants filling out the referral packet. Staff members are qualified to answer questions about programs.

When a referral comes into the organization, a staff meeting will be set up, and staff together will decide what services are best for participant based on the referral form and interests of the participant. Staff meetings happen on a biweekly basis.

#### **Safety/Risk Management/Precautions**

No safety issues are present.

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

Attached please find the referral packet for Sing, Explore, Create, LLC - Therapeutic Recreation Services

#### **Reference List**

American Therapeutic Recreation Association (2015). *Standards for the practice of recreational therapy & self-assessment guide*. Hattiesburg, MS: The Association.

Anderson, L. & Heyne, L. (2012). *Therapeutic recreation practice: A strengths approach*. State College, PA: Venture Publishing, Inc.

Stumbo, N.J. & Peterson, C.A. (2009). *Therapeutic recreation programs design: Principles and procedures*. San Francisco, CA: Pearson/Benjamin-Cummings.

The Art Therapy Project (2017). *Client referral form*. Retrieved April 25, 2017 from <http://thearttherapyproject.org/forms/referral-form/>

Wagner-Heffner, D. (n.d). *Recreation therapy referral form*. Retrieved April 25, 2017 from [www.hcrt.net/index.php.referrals](http://www.hcrt.net/index.php.referrals).

#### **Protocol Authors**

Bethany Austin  
Molly Bernhardsen  
Tamika Jones



## **Sing Explore Create, LLC**

**Making music and the arts accessible to all!**

(781) 803-2117

28 Webster St. Box 11 - Rockland MA 02370

[ncraven@singexplorecreate.com](mailto:ncraven@singexplorecreate.com)

[jquill@singexplorecreate.com](mailto:jquill@singexplorecreate.com)

Our mission at Sing Explore Create, LLC is to make music and the arts accessible to all, regardless of one's capabilities or disabilities. We aim to provide music therapy and expressive therapy services, as well as quality recreational music and arts programs that allow children and adults to successfully participate in the arts across the lifespan. Our classes and therapeutic services allow clients to engage with others in a creative environment while working to improve social, emotional, cognitive, motor and/or artistic skills. Whether clients are engaged in an expressive therapy session or taking part in an arts class, our knowledgeable and experienced therapists and teachers will create an environment in which all participants are welcomed into a creative community.

Please note, while we do provide many programs for individuals with disabilities we also provide services, lessons and programs for individuals without disabilities as well.

# Participant Referral Form

Fields marked with an \* are required

Date: \_\_\_\_\_

**\*I am interested in services for:**

- Myself (must be 18 years or older for self-referral)
- My family member
- My patient
- My student
- My program participant

**Participant Information:**

\*Name (First, Last): \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Phone: \_\_\_\_\_

**Emergency Contact Information:**

\*Name (First, Last) : \_\_\_\_\_

\*Relationship to Participant: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Phone: \_\_\_\_\_

**Referring Person Information (if this is not a self-referral):**

\*Name (First, Last): \_\_\_\_\_

\*Relationship to Participant: \_\_\_\_\_

\*Organization/Agency Name (if applicable): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Signature: \_\_\_\_\_

**What are you/participant interested in?**

**Music:**

- Group
- Individual
  - Piano
  - Guitar
  - Voice
  - Ukulele
  - Saxophone
  - Clarinet
  - Beginning Woodwinds
  - Music Theory

**Art:**

- Group
- Individual
  - Painting
  - Drawing
  - Weaving
  - Multimedia

**Adaptive Yoga:**

- Group
- Individual

Other Interests:

---

---

---

---

---

---

**Reason for referral (check all that apply):**

**Cognitive Goals:**

- Problem solving
- Communication
- Memory
- Decision making
- Following directions

**Physical Goals:**

- Fine motor skill development
- Range of motion
- Gross motor skill development
- Strengthening

**Community Integration:**

- Accessibility
- Community outing
- Resource awareness and utilization

**Lifestyle Goals:**

- Relaxation
- Assertiveness Training
- Leisure skill development
- Stress Management
- Leisure Education
- Family education

**Psychosocial Goals:**

- Social skills development
- Attention Deficit
- Anxiety reduction
- Coping mechanism
- Adjustment to disability
- Enhanced self-esteem

Please provide any additional information that will help us best serve the participant (current medications, additional program modifications that might be needed, etc.):

---

---

---

---

<b><u>For Office Use Only</u></b>	
Received by:	Date:
Reviewed by:	Date:
Action(s) Taken:	

Thank you for completing the Sing, Explore, Create referral form. We look forward to seeing you soon!

**Title : Assessment and Planning**

*Pathways to Singing, Exploring and Creating*

**Brief Description of TR Service/Program**

Assessment of participants using strengths-based methods will allow participants to achieve a greater sense of well-being as well as advanced skills in recreational programs. Along with program staff from Sing Explore Create, LLC and the participant's personal support network, goals will be created based upon participants' current skills, their hopes and dreams.

**Research on Efficacy/Literature Review Summary**

"Assessment allows us to get to know the participant as a whole person in the environment, and find out what is meaningful for him or her" (Anderson & Heyne, 2012, pg. 181). Assessment practices at Sing Explore Create, LLC will enable us to help participants gain skills in music and art, while increasing their sense of well-being through a caring staff and a fun variety of programs.

Assessment of well-being:

The Leisure Diagnostic Battery will be used to measure a perceived sense of well-being. This will help staff at Sing, Explore Create, LLC gain a sense of where the participants leisure needs are, and in areas where they can grow. The concept of the Leisure Diagnostic Battery is based on perceived freedom by a participant in a given endeavor. We hope that participants who enroll in our program will feel a greater sense of perceived freedom and leisure based on this questionnaire.

Assessment of skills learned:

The Functional Assessment of Characteristics for Therapeutic Recreation-Revised (FACTR-R) will be used to determine participants' needs related to their basic functional skills and behaviors. This will help staff at Sing Explore Create, LLC understand the functional capabilities of their participants after completion of the activities in areas of cognition, physical ability, and social/emotional needs. While participating in the activities, the participants can get a sense of the areas/skills they need to work on to fully participate and enjoy the activity.

Assessment of social inclusion:

Therapeutic recreation service providers at Sing, Explore, Create, LLC will use the Cooperation and Trust Scale and the Social Attributes Checklist to assess a participant's social inclusion, social skills and perception thereof. Social strengths are those that help us relate to others and belong to a valued social group (Anderson & Heyne, 2012). Assessment of a participant's social strengths will help Sing Explore, Create, LLC to foster inclusivity and diversity within groups, and generate purposeful group formations.

The Cooperation and Trust Scale (CAT) will be used to measure a participant's perceived level of trust and cooperation. Cooperation is a fundamental skill in productive social relationships. There is no norm data available for the CAT but a gain of 3 or more points is a significant change.

The Social Attributes Checklist will be used to measure social attributes in a child that include individual, social skills, and peer relationships and the child's social behavior related to developmentally appropriate social competence. It is based on observation of behavior over 3 to 4 weeks. In lieu of a long verbal interview with participants who are preschool or elementary school aged the first observation will be made as they participate in an activity.

<b>Referral Criteria</b>
<ul style="list-style-type: none"> <li>● Anyone is welcome to attend our programs and no formal referral from a provider is needed.</li> <li>● Caregivers can attend with participants.</li> <li>● Private services will be open to members of agency that has requested our services.</li> </ul>
<b>Goals</b>
<ul style="list-style-type: none"> <li>● Identification of participant’s current skills</li> <li>● Identification of participants goals</li> <li>● Identification of ecological resources so that the participant may carry experiences over</li> </ul>
<b>Measurable Objectives</b>
<ul style="list-style-type: none"> <li>● Participants will see an increase in their assessment scores from pre to post assessments after participating in the chosen activity</li> <li>● Staff will see an increase in their skills numbers through the FACTR-R assessment and feel comfortable using those skills in the future after the program</li> <li>● Participants will continue to attend activity classes regularly as indicated in their participation logs from staff</li> </ul>
<b>Time Required</b>
<p>Before the beginning of an activity, participants should sit down with staff to get a sense of what skills they would like to improve on and the goals the participants would like to accomplish. Here, they will fill out the ‘Explore Questions’ and the Leisure Diagnostic Battery (approx. 10 minutes). After session 1, participants will complete the FACTR-R, Cooperation &amp; Trust Scale (approx. 10 minutes each). Exit interview to review scores, goals and enjoyment level (approx. 10 minutes).</p>
<b>Materials, Equipment, and Resources Needed</b>
<ul style="list-style-type: none"> <li>● Participant registration form (completed prior)</li> <li>● Entry interview form</li> <li>● Pens, pencils or other writing instrument</li> <li>● Paper or notepad</li> <li>● Quiet space free of distractions</li> <li>● Assessment tools and manuals as needed (see attachments)</li> <li>● Surveys and forms, as needed (see attachments)</li> <li>● Adaptive equipment and assistive devices used by participant (if applicable)</li> <li>● Caregivers should be present</li> </ul>
<b>Activities (Content)</b>
<p>Introduction (Entry Interview): “Motivational interviewing is a technique in which you become a helper in the change process and express acceptance of your client” (Miller &amp; Rollnick, 1991). The interview process is important in getting to know the participant and his/her needs and goals for the activity being offered. It is important as therapists that we help motivate the participant to want to change and recognize their goals and aspirations for the future that they want to achieve. Therapists must demonstrate empathetic, supportive and directive styles in the interview process that provides conditions under which change can occur. “Your role in motivational interviewing is directive, with a goal of eliciting self-motivational statements and behavioral change from the client in addition to creating client discrepancy to enhance motivation for positive change” (Miller &amp; Rollnick, 1991).</p>

Questions to ask during introduction: 'Exploring Questions' were compiled from (Anderson & Heyne, 2012, pgs. 194, 217) and should give insight to the staff at Sing, Explore, Create, LLC on the participant's hobbies, recreational activities, support network as well as any safety concerns or adaptive equipment needed. These questions, along with the participant's goals that they wish to accomplish will allow the staff to facilitate a customized learning and recreational experience.

Reviewing of assessment tools as aligned with goals: Staff at Sing Explore Create, LLC will review the participant's goals to prepare an appropriate list of assessments prior to their sessions with clients. Participants will be reminded of their goals and progress updates noted at each session. The goals of any given assessment should be reviewed with the participant and together with the service provider assessments that fit participant's goals should be attempted. In a group setting, individuals with similar goals should be grouped together and assessments meeting these goals should be prepared before sessions. The service provider is obligated to review the goals of the assessment with group prior to administering it. The participants should be allowed to opt out if they are uncomfortable participating.

Identifying and using assessment tools with participant: Assessment tools should be initially chosen by the service providers based on the population and functional abilities criteria for each assessment. The chosen assessments may then be presented to the participant, and the goals, objectives, materials needed and directions reviewed. Any adaptive or assistive devices necessary for assessment completion should be available. Time constraints should be recognized and accounted for prior to starting any assessment. Participants hold the final say in what assessment they feel comfortable completing and should not be pressured or in any other way manipulated into completing any given assessment.

#### **Methods (Process)**

Step #1: Receive 'Registration Form' for participant's scheduled programming.

Step #2: Contact participant and thank them for registration. "Thank you for registration in our program. We are excited to work with you and to get to know you. The staff at Sing, Explore and Create, LLC will help you improve your skills and have fun while participating. We look forward to meeting you!"

Step #3: Schedule an 'Entry Interview' with participant and caregiver (if applicable) to review registration form, class programming and what it entails. It is at this interview that the participant will express what their hopes are from participating in the program and answer 'Exploring Questions' so that the staff can get a better understanding of the participants hobbies, goals, and support network. A second possible interview can be done without the care giver if that need is expressed. All interviews will be documented and inconsistencies noted if applicable

Step #4: During the entry interview, participant will take the Leisure Diagnostic Battery, so that staff members can evaluate the participants perceived sense of well-being and note where improvements can be made and success gained.

The Leisure Diagnostic Battery will be reviewed with the participant prior to completion.

Step #5: Once entry interviews are complete and Leisure Diagnostic Battery complete, participant can enroll in the program and begin.

Step #6: Progress of participant in class should be noted on documentation in participant's file.

Participation logs will consist of class activities and any important information about participant's skills or effort.

Step #7: After completion of the first session of participant's enrolled class, the FACTR-R, Cooperation and Trust Scale, Social Attributes Checklist and the Community Asset Mapping will be conducted with the participant. These will be kept in the participant's file and revisited at the midpoint and completion of the program.

Step #8: At completion of the program the Leisure Diagnostic Battery, FACTR-R and Cooperation and Trust Scale will be conducted again and reviewed with the participant along with any post-assessments. A discharge/end of service summary should be generated by the main service provider/case manager.

Step #9: Exit Interview: an exit interview will be conducted with the participant to review pre and post assessments, discuss goals accomplished, the creation of new goals (if applicable) or transition plan, and their enjoyment level of the program. A participant satisfaction survey of the services at Sing, Explore, Create, LLC will be completed by the participant and answers will remain anonymous.

### **Leadership Variations**

The helping relationship is the development of a trusting and supportive relationship and should be cultivated with both individuals and groups. Service providers at Sing, Explore, Create, LLC are expected to hold an authentic belief in the strengths and resources of each participant (Anderson & Heyne, 2012).

When it comes to economical approaches in leadership and TR, it is important that you have counselors and leaders for the activities with experience and knowledge. According to Harms and Leise (YEAR), ecological leaders utilize four roles (counseling, mentoring, consulting & coaching) which will help enable individuals as well as the organization overcome obstacles and maximize opportunities. "Ecological leaders are able to identify the process that is needed at the time for the specific issue and are then able to connect the needed process between the "expert" provider and the recipient of the specific process" (Harms & Leise, p. 35).

### **Expected Outcomes and Contraindications**

Expected outcomes include being able to provide the best quality therapeutic recreation services by using the best practices for each participant relevant to their goals and strengths. The end goal of the activities provided is to increase the participant's skills and freedom when it comes to recreational activities that they enjoy. A participant's physical and cognitive abilities will be recorded prior or during intake assessment. There is no foreseeable harm present to participants during the intake and initial assessments.

### **Documentation**

All documentation should be placed in the participant's file and dated.

Plans should be reevaluated and updated regularly- this will ensure that progress is being made.

Documentation includes Registration Form, which is the first point of contact with the participant, the Entry Interview form where participants will answer 'Exploring Questions', and discuss their hopes and dreams and goals for enrolled programming. 'Exploring Questions' were compiled from Anderson and Heyne (2012, pp. 194, 217).

Success of the program will be measured but measuring the first completed Leisure Diagnostic Battery, the first FACTR-R, Cooperation and Trust Scale and the Social Attributes Checklist, as well as the midpoint evaluations and completion evaluations.

The participation logs will document attendance, skills reviewed, and the participants level of effort and involvement.

The last piece of documentation will be an exit interview and completed survey from participant on our services.

- Registration Form
- Entry Interview Form
- Leisure Diagnostic Battery
- FACTR-R
- Cooperation and Trust Scale
- Social Attributes Checklist
- Participation Log
- Exit Interview form
- Survey questions on services

### **Evaluation Plan**

All evaluations should be conducted as a collaboration between the participant and the professional, where the professional acts as an evaluation guide only when asked directly. Evaluations should be used to provide feedback during and at the end of services. The evaluations will focus on the individual self and as part of a group as well as Sing Explore Creates, LLC ability to provide quality service to all. All documents and evaluations will be kept in a safe and secure location away from unauthorized persons as it contains sensitive information. However, upon request a participant will be allowed to review and retain a copy of their individual documents less any information relevant to other program participants. In addition, focus will be on process and outcomes achieved by participants at time of service or as soon as possible after as to retain authenticity of report. Evaluation plan will include the following:

- Formative evaluations: participant registration forms, all completed assessments, individualized (treatment) plans, progress notes and plan updates.
- Summative evaluations: transition plan, post assessments, end of service summary, participant satisfaction survey. These components should be compiled with those of other participants to create a service evaluation.

### **Staff Qualified to Deliver Service**

CTRS or a Therapeutic Recreation trained professional staff member. Music and Art on staff at Sing, Explore, Create, LLC.

### **Safety/Risk Management/Precautions**

Make sure participant is aware of all risks the activity may entail.

Make sure that participant feels comfortable with the assessment process.

When participating in assessment and programming, craft materials, including but not limited to scissors, ink, paint and paint supplies may be used. Make sure participants are carefully instructed, and supervised when using any equipment.

When participating in assessment and programming participant may experience loud noises. Make sure participant is aware of environment and comfortable with the noise level.

Please disclose any allergies, or sensitivities that the participant may have.

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

- Registration Form
- Entry Interview Form
- Leisure Diagnostic Battery Adult and Adolescent Version
- FACTR-R
- Cooperation and Trust Scale
- Social Attributes Checklist
- Participation Log
- Exit Interview Form

**Reference List**

Anderson, L., & Heyne, L. A. (2012). *Therapeutic recreation practice: a strengths approach*. State College, PA: Venture Pub.

Burlingame, J., & Blaschko, T. M. (2010). *Assessment tools for recreational therapy and related fields*. Enumclaw, WA: Idyll Arbor.

Carter, M., Smith, C., & O'Morrow, G. (2013). *Effective management in therapeutic recreation services (3rd ed.)*. State College, PA: Venture Publishing.

Harms, V., & Leise, C. (n.d.). Ecological leadership. pp. 33-41. Retrieved April 27, 2017, from <http://www.processeducation.org/ijpe/2011/ecological.pdf>

Miller, & Rollnick. (1991). Chapter 3-Motivational Interviewing as a Counseling Style. *Treatment Improvement Protocol*

Olsson, R. H. (n.d.). *ASSESSMENT PROTOCOL IN THERAPEUTIC RECREATION*. Retrieved from <http://lin.ca/sites/default/files/attachments/sp0084%5B3%5D.pdf>

Peterson, C. A. & Gunn, S. L. (1984). *Therapeutic recreation program design: Principles and procedures (2nd ed.)*. Englewood Cliffs, NJ: Preston-Hall

Sing Explore Create, LLC. (n.d.). Retrieved April 21, 2017, from <https://www.singexplorecreate.com/locations/sing-explore-create-llc/>

Wittman, J.P. (1989). *Outcomes of adventure program participation by adolescents involved in psychiatric treatment*. *Dissertation Abstracts International, 50/01-B, 121*. (University Microfilms No. AAD89-07355)

Witt, P. A., & Ellis, G. D. (n.d.). The Leisure Diagnostic Battery, Measuring Perceived Freedom in Leisure. Retrieved April 25, 2017, from [https://www.researchgate.net/profile/Peter\\_Witt5/publication/261657889\\_The\\_leisure\\_diagnostic\\_battery\\_Measuring\\_perceived\\_freedom\\_in\\_leisure/links/55662d9808aeab77721cb931.pdf](https://www.researchgate.net/profile/Peter_Witt5/publication/261657889_The_leisure_diagnostic_battery_Measuring_perceived_freedom_in_leisure/links/55662d9808aeab77721cb931.pdf)

**Protocol Authors**

Kate Durant, Alyssa Rioux, Kassandra Sandiford

## Attachments

- (A) Registration Form
- (B) Entry Interview Form
- (C) Participation Log
- (D) Exit and Survey Questions
- (E) Leisure Diagnostic Battery Adult and Adolescent versions
- (F) FACTR-R
- (G) Cooperation and Trust Scale
- (H) Social Attributes Checklist

A. Registration Form : <https://www.singexplorecreate.com/class-registration-form-new/>

**Class Registration**

\* Required fields

Student's Name \*

Date of Birth \*

Date

Name of class student is registering for: \*

Parent/Guardian's Name (if under 18)

Email \*

Street Address \*

Town/City \*

State \*

Zip Code \*

Phone # to be reached at on day of class \*

Secondary Phone

Please list any allergies (write N/A if none) \*

Will the student have an epi-pen in class? \*

Primary Care Physician

PCP's phone #

Emergency Contact Name (in addition to the parent/guardian listed above) \*

Emergency Contact Relation \*

Emergency Contact Phone # \*

**Permission to be photographed \***

At times, we may take pictures during class for our website, professional Facebook page, and/or other promotional materials (brochures, pamphlets, newspaper articles, etc.). Please check below to give permission or decline permission to photograph the student for the previously mentioned reasons.

Yes, I give permission for the student to be photographed by Sing Explore Create, LLC

No, I do not give permission for the student to be photographed by Sing Explore Create, LLC

**Permission to be recorded \***

At times, we may take video during class for our website, professional Facebook page, presentations, and/or other promotional materials. Please check below to give permission or decline permission for us to record the student for the previously mentioned reasons.

Yes, I give permission for the student to be video recorded by Sing Explore Create, LLC

No, I do not give permission for the student to be video recorded by Sing Explore Create, LLC

### **Medical Attention \***

In the event of an emergency requiring medical attention, I understand that Sing Explore Create, LLC will make every effort to contact and notify the listed parent/guardian and emergency contact listed above. However, if neither can be reached Sing Explore Create, LLC reserves the right to call emergency personnel to transport the student to the nearest medical facility to secure necessary medical treatment.

I have read and agree to the above statement regarding medical attention.

### **Pick Up Policy**

For students under age 18, we reserve the right to ask for picture identification from anyone picking up students from Sing Explore Create, LLC studios. Only those who have been given written permission from the student's' parent/guardian will be allowed to pick up. PLEASE LIST THE NAMES OF THOSE WHO MAY BE PICKING UP THE STUDENT BELOW. In the event that a student will be picked up by someone not listed below, a hand-written notification and permission from the parent/guardian will be given to the teacher prior to the student being dismissed.

### **Accommodations**

We strive to create an environment in which all students feel comfortable getting creative and have a successful class experience. Please let us know of any special accommodations the student may need. Describe below, or write "call me" and a teacher will contact you for more information.

Your answer

**SUBMIT**

Never submit passwords through Google Forms.

## **B. Entry Interview Form**

Name:

Date:

Classes Enrolled In:

Evaluations Completed and Scores:

Exploring Questions:

1. What are your favorite activities or hobbies?
2. What recreation resources or programs do you use now or have you used in the past?
3. What new recreation programs or activities are you interested in doing?
4. Do you remember a time when you felt really proud of yourself? What were you doing at the time?

5. What hidden talent do you have that no one seems to know about?

6. Who do you usually play or recreate with?

7. Do you know of any neighbors/family members/friends that have hobbies that interest you? What makes them interesting?

**Safety Questions**

8. What type of communication are you most comfortable using?

9. Are there any supports, accommodations or adaptive equipment that you use?

10. Any other information you'd like to add?

Goals you hope to attain through our program:

Caretaker Input:

Notes:

**C. Participation Log**

Name of Participant:

Name of Program:

Dates of Program:

1st Session

Date:

Skills Reviewed:

Participant's level of engagement: Low                      Moderate                      High

2nd Session

Date:

Skills Reviewed:

Participant's level of engagement: Low                      Moderate                      High

...

Last Session

Date:

Skills Reviewed

Participants level of engagement: Low                      Moderate                      High

Facilitator/Staff Notes:

Facilitator/Staff Signature:

Date:

#### **D. Exit Interview and Survey Questions**

Analysis of Assessments:

Leisure Diagnostic Battery:

FACTR-R:

Cooperation and Trust Scale:

Social Attributes Checklist:

1. How do you feel after taking this class?
2. What skills do you feel like you have learned?
3. Were your goals accomplished? Do you have new goals after completion of this program?

Survey Questions:

1. What did you like the best about our programs?
2. What did you like the least about our programs?
3. Would you enroll again?
4. Would you recommend us to a friend or family member?

#### **E. Leisure Diagnostic Battery Adult and Adolescent versions**

**PERCEIVED FREEDOM IN LEISURE SHORT FORM—VERSION B**

**Instructions:** This survey deals with how you feel about your leisure experiences. These include participation in activities such as reading, hobbies, and crafts, social activities, music, sports, etc. Please read each of the following statements and circle the response that best reflects your feelings about each item.

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1. My recreation activities help me to feel important.	SA	A	N	D	SD
2. I know many recreation activities that are fun to do.	SA	A	N	D	SD
3. I can do things to improve the skills of the people I do recreation activity with.	SA	A	N	D	SD
4. I have the skills to do the recreation activities in which I want to participate.	SA	A	N	D	SD
5. Sometimes during a recreation activity there are short periods when the activity is going so well that I feel I can do almost anything.	SA	A	N	D	SD
6. It is easy for me to choose a recreation activity in which to participate.	SA	A	N	D	SD
7. I can do things during recreation activities that will make other people like me more.	SA	A	N	D	SD
8. My recreation activities enable me to get to know other people.	SA	A	N	D	SD
9. I can make a recreation activity as enjoyable as I want it to be.	SA	A	N	D	SD
10. I can do things during a recreation activity that will enable everyone to have more fun.	SA	A	N	D	SD
11. I usually decide with whom I do recreation activities.	SA	A	N	D	SD
12. I am good at the recreation activities I do with other people.	SA	A	N	D	SD
13. I am able to be creative during my recreation activities.	SA	A	N	D	SD

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
14. I am good at almost all the activities I do.	SA	A	N	D	SD
15. I can enable other people to have fun during recreation activities.	SA	A	N	D	SD
16. During my recreation activities, there are often moments when I feel really involved in what I am doing.	SA	A	N	D	SD
17. I can usually persuade people to do recreation activities with me, even if they don't want to.	SA	A	N	D	SD
18. I can make almost any activity fun for me to do.	SA	A	N	D	SD
19. I participate in recreation activities which help me to make new friends.	SA	A	N	D	SD
20. I can make good things happen when I do recreation activities.	SA	A	N	D	SD
21. When participating in recreation activities, there are times when I really feel in control of what I am doing.	SA	A	N	D	SD
22. I can do things to make other people enjoy doing activities with me.	SA	A	N	D	SD
23. When I feel restless, I can do recreation activities that will help me calm down.	SA	A	N	D	SD
24. Sometimes when I do recreation activities, I get excited about what I'm doing.	SA	A	N	D	SD
25. I usually have a good time when I do recreation activities.	SA	A	N	D	SD

Copyright 1985 © by Peter A. Witt and Gary W. Ellis. Venture Publishing is the licensed distributor of the *Leisure Diagnostic Battery Users Manual* and the various LDB scales. No part of the material protected by this copyright and license may be reproduced in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission of the publisher. Version B of the Perceived Freedom in Leisure Short Form is intended for use with adults. Information about the conceptualization, development, testing procedures, scoring, reliability and validity of any of the LDB forms can be obtained by consulting the *Leisure Diagnostic Battery Users Manual*. Additional copies of any of the forms or copies of the Users Manual can be obtained from Venture Publishing, 1999 Cato Avenue, State College, PA 16801

**PERCEIVED FREEDOM IN LEISURE SHORT FORM - VERSION A**

Instructions: Please read each of the following items and indicate the extent to which you agree or disagree. If you Strongly Agree, Circle "SA." If you Agree, circle "A." If you Neither agree nor disagree, circle "N". If you Disagree, circle "D". If you Strongly Disagree, circle "SD".

	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE
1. My recreation activities help me feel important.	SA	A	N	D	SD
2. I know a lot of fun recreation activities.	SA	A	N	D	SD
3. I can do things to improve the skills of the people I do recreation activities with.	SA	A	N	D	SD
4. I am good enough to do all the recreation activities I want to.	SA	A	N	D	SD
5. Sometimes during a recreation activity there are short periods of time when I feel I can do anything.	SA	A	N	D	SD
6. It is easy for me to pick a recreation activity to do.	SA	A	N	D	SD
7. I can do things during recreation activities that will make other people like me more.	SA	A	N	D	SD
8. My recreation activities help me to get to know other people.	SA	A	N	D	SD
9. I can make a recreation activity as fun as I want it to be.	SA	A	N	D	SD
10. I can do things during an activity that will make everyone have more fun.	SA	A	N	D	SD
11. I usually decide who I do recreation activities with.	SA	A	N	D	SD
12. I am good at the activities I do with other people.	SA	A	N	D	SD
13. I am good at almost all the recreation activities I do.	SA	A	N	D	SD

# FACTR—R

## Functional Assessment of Characteristics for Therapeutic Recreation, Revised

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Physical \_\_\_\_\_ /11  
 Staff \_\_\_\_\_ Date \_\_\_\_\_ Cognitive \_\_\_\_\_ /11  
 Unit \_\_\_\_\_ Admit \_\_\_\_\_ Social/Emotional \_\_\_\_\_ /11

Functional Skills Related to Leisure	Will Influence Program Participation		Can Be Improved thru RT and Needs Improvement		Functional Skills Related to Leisure	Can Be Improved thru RT and Needs Improvement	
	yes	no	yes	no		yes	no
<b>1.0 Physical</b>							
1.1 Sight/Vision: *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.0 Physical (continued)		
___ Normal					1.9 Cardio-vascular Functioning (endurance)	<input type="checkbox"/>	<input type="checkbox"/>
___ Partial or impaired (corrected with lenses)					___ Excellent		
___ Partial or impaired (not correctable with lenses)					___ Normal		
___ Legally blind - no vision					___ Poor		
1.2 Hearing: *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.10 Weight	<input type="checkbox"/>	<input type="checkbox"/>
___ Normal					___ Normal		
___ Hearing impaired (corrected)					___ Overweight		
___ Hearing impaired (not correctable)					___ Underweight		
___ Deaf					1.11 Balance	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Ambulation: *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ Normal		
___ Normal					___ Minor balance difficulties		
___ Ambulates with difficulty (no aids)					___ Major balance difficulties		
___ Ambulates with aids (crutches, cane, walker)							
___ Wheelchair (difficulty in use)							
___ Wheelchair (unable to use independently)							
___ No ambulation (bedridden)							
1.4 Bowel and Bladder*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* These 4 areas are not amenable to improvement, although knowledge of them is necessary for programming.		
___ Normal bowel and bladder for age population					end of physical		
___ Occasional incontinence problems					-----		
___ Incontinent					2.0 Cognitive		
___ Uses bowel and bladder appliances					2.1 Orientation	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Upper Extremity Manipulation (arms, hands, grasp)			<input type="checkbox"/>	<input type="checkbox"/>	___ Normal		
___ Normal					___ Confused & disoriented occasionally		
___ Softness					___ Confused & disoriented most of the time**		
___ Weakness					___ Confused & disoriented all of the time **		
___ Uses adaptive devices					** Note: If either of these is checked, it may be impossible to accurately assess other cognitive or social/emotional items.		
1.6 General Coordination (major body parts)			<input type="checkbox"/>	<input type="checkbox"/>	2.2 Oral Expressive Language	<input type="checkbox"/>	<input type="checkbox"/>
___ Normal					___ Very articulate		
___ Minor coordination problems					___ Average articulation		
___ Major coordination problems					___ Poor articulation		
1.7 Hand Eye Coordination			<input type="checkbox"/>	<input type="checkbox"/>	___ No oral expressive language		
___ Normal					Note: If manual communication (signing) is the primary communication method, indicate the level of manual communication skill.		
___ Minor hand eye coordination difficulties					___ Excellent		
___ Major hand eye coordination difficulties					___ Average		
1.8 Strength					___ Poor		
___ Normal					2.3 Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>
___ Minor weakness					___ Can process and act on directions immediately		
___ Major weakness					___ Needs time to process and act on directions		
					___ Needs cues, prompts or second set of directions		
					___ Does not process directions		

**SAMPLE**  
**Do Not Copy**

Functional Skills Related to Leisure	Can Be Improved thru RT and Needs Improvement	
	yes	no
2 (i) Cognitive (continued)		
2.4 Attending and Concentrating	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concentrates and focuses well <input type="checkbox"/> Concentration and focus drifts or is easily distracted <input type="checkbox"/> Major difficulties attending and concentrating <input type="checkbox"/> Seems functionally unaware of people and objects in environment		
2.5 Long Term Memory	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clear recall of past events <input type="checkbox"/> Vague or occasional recall of past events <input type="checkbox"/> Unrealistic or distorted recall <input type="checkbox"/> No recall of past events		
2.6 Short Term Memory	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clear recall of recent events <input type="checkbox"/> Vague or occasional recall of recent events <input type="checkbox"/> No recall of recent events		
2.7 Thought Process (logic, problem solving, creativity, abstraction)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor		
2.8 Learning	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Learns new material quickly and easily <input type="checkbox"/> Average learning ability <input type="checkbox"/> Slow learning ability		
2.9 Literacy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Good reading ability <input type="checkbox"/> Basic reading ability <input type="checkbox"/> No functional reading ability		
2.10 Math Concepts	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Above average mathematical computation ability (add, subtract, divide, multiply) <input type="checkbox"/> Average mathematical computation ability <input type="checkbox"/> Basic computations (add & subtract) <input type="checkbox"/> No functional mathematical computation ability		
2.11 Decision making ability	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Surveys alternatives and selects positive approach <input type="checkbox"/> Somewhat ambivalent and uncertain in decision making <input type="checkbox"/> Extremely ambivalent and uncertain in decision making		
----- end of cognitive -----		
3 Social/Emotional		
3.1 Dyad (2 persons)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Initiates and maintains dyad situations/conversations <input type="checkbox"/> Responds to and maintains dyad situation when initiated by others <input type="checkbox"/> Responds minimally in dyad situations (does not contribute new content or questions) <input type="checkbox"/> Does not respond in dyad situations		
3.2 Small Group (3-8 persons)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Initiates and maintains small group interactions <input type="checkbox"/> Responds to and maintains small group situations when initiated by others <input type="checkbox"/> Responds minimally in small group interactions (does not contribute new content or questions) <input type="checkbox"/> Does not respond in small group situations		

Functional Skills Related to Leisure	Can Be Improved thru RT and Needs Improvement	
	yes	no
3.3 Social Interest	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seeks social contacts/situations <input type="checkbox"/> Doesn't initiate, but doesn't avoid social contacts/situations <input type="checkbox"/> Avoids social contacts/situations <input type="checkbox"/> Excessive need for social contact		
3.4 General Participation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self-initiating <input type="checkbox"/> Voluntarily complies with activities initiated by others <input type="checkbox"/> Responds to direct commands or instructions <input type="checkbox"/> Nonparticipative		
3.5 Cooperation (compliments, shares voluntarily, comments of emotional support, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands & engages in cooperative behavior <input type="checkbox"/> Cooperation with prompting and reinforcement <input type="checkbox"/> Does not engage in cooperative behavior		
3.6 Competition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands and engages in competitive behavior appropriately <input type="checkbox"/> Overly aggressive in competitive behavior <input type="checkbox"/> Overly passive in competitive behavior		
3.7 Conflict/Argument	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Appropriate communication and behavior in an argument/conflict situation (maintains emotional and physical control and verbally responds appropriately.) <input type="checkbox"/> Loses emotional and/or physical control in argument/conflict situations <input type="checkbox"/> Passively submits in argument/conflict situations		
3.8 Emotional Expression	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Appropriate emotional response to situations <input type="checkbox"/> Excessive emotional response <input type="checkbox"/> Withholds emotional response <input type="checkbox"/> Inappropriate emotional expression		
3.9 Authority/Leadership	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Responds appropriately to authority <input type="checkbox"/> Defies or actively resists authority <input type="checkbox"/> Overly passive with authority		
3.10 Frustration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High tolerance for frustration <input type="checkbox"/> Average frustration tolerance <input type="checkbox"/> Frequent frustration behavior		
3.11 Purposive interaction with environment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interacts purposively with other persons and objects <input type="checkbox"/> Intermittent purposive interaction with environment <input type="checkbox"/> Minimal purposive interaction with environment		
----- end of social/emotional -----		

Total the number of "no" responses for each category and record on page 1



Idyll Arbor, Inc.  
39129 264th  
Enumclaw, WA 98022  
360-825-7797

**SAMPLE**  
**Do Not Copy**

## Cooperation and Trust Scale (CAT)

Below is a set of questions which we would like you to answer honestly. By answering these questions and looking at your score, you will be able to learn more about yourself. There are no 'right' or 'wrong' answers.

**Purpose:** The purpose of the CAT is to measure the degree of cooperation and trust that you feel.

**Directions:** Listed below are 15 statements. To the left of each statement is a line for you to indicate how much you agree (or disagree) with the statement. Use the following responses:

1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
------------------------	---------------	----------------	------------	---------------------

- \_\_\_\_\_ 1. Having a group's support makes many things easier to do.
- \_\_\_\_\_ 2. Cooperation is important to doing well in school/work.
- \_\_\_\_\_ 3. Employers think a cooperative attitude is important.
- \_\_\_\_\_ 4. Cooperation is more enjoyable than competition in sports and games.
- \_\_\_\_\_ 5. Helping others is enjoyable.
- \_\_\_\_\_ 6. Trusting others is often a mistake.
- \_\_\_\_\_ 7. Working as a team means taking orders.
- \_\_\_\_\_ 8. Team sports and games are often frustrating because the mistakes of others can cause you to lose.
- \_\_\_\_\_ 9. Showing compassion and caring for others is often not rewarding.
- \_\_\_\_\_ 10. Working as a team means giving up your freedom.
- \_\_\_\_\_ 11. A group can often produce results greater than those of any individual in the group.
- \_\_\_\_\_ 12. Cooperation is important to making and keeping friends.
- \_\_\_\_\_ 13. Taking risks is an exciting part of life.
- \_\_\_\_\_ 14. Sharing is often enjoyable.
- \_\_\_\_\_ 15. Success in the world is based more on your ability to cooperate than your ability to compete.

**Score** \_\_\_\_\_

**Comments:**

<b>Name</b>	<b>Date</b>	<b>ID #</b>
-------------	-------------	-------------

## Cooperation and Trust Scale CAT

**Scoring:** For statements #1-5 and #11-15, add up the numerical values of the answers.

$$(\#1)+(\#2)+(\#3)+(\#4)+(\#5) = A \quad \underline{\hspace{2cm}}$$

$$(\#11)+(\#12)+(\#13)+(\#14)+(\#15) = B \quad \underline{\hspace{2cm}}$$

For statements numbered 6-10, add up the numerical values of the answers and subtract from 30:

$$30 - \{(\#6)+(\#7)+(\#8)+(\#9)+(\#10)\} = C \quad \underline{\hspace{2cm}}$$

$$\text{Now add } (A) + (B) + (C) = \text{to find score.} \quad \underline{\hspace{2cm}}$$

The average score from previous testing is 42.

(H) Social Attributes Checklist

**The Social Attributes Checklist**

The set of items presented below is based on research on elements of social competence in young children and on studies in which the behavior of well-liked children has been compared with that of less-liked children. Because it is normal to have "good" weeks and "bad" weeks, summarize the child's behavior over the last four weeks. If the listed characteristic or attribute typically describes the child, place a check ("✓") in the "+" column. If the listed characteristic or attribute is not typical of the child's behavior, place a check ("✓") in the "-" column. There is no established range for problematic scores.

+	-	
		<b>I. Individual Attributes — The child:</b>
		1. Is usually in a positive mood.
		2. Is not excessively dependent on adults.
		3. Usually comes to the program willingly.
		4. Usually copes with rebuffs adequately.
		5. Shows the capacity to empathize.
		6. Has positive relationships with one or two peers; shows the capacity to really care about them and miss them if they are absent.
		7. Displays the capacity for humor.
		8. Does not seem to be acutely lonely.
		<b>II. Social Skills Attributes — The child usually:</b>
		1. Approaches others positively.
		2. Expresses wishes and preferences clearly; gives reasons for actions and positions.
		3. Asserts own rights and needs appropriately.
		4. Is not easily intimidated by bullies.
		5. Expresses frustrations and anger effectively and without escalating disagreements or harming others.
		6. Gains access to ongoing groups at play and work.
		7. Enters ongoing discussion on the subject; makes relevant contributions to ongoing activities.
		8. Takes turns fairly easily.
		9. Shows interest in others; exchanges information with and requests information from others appropriately.
		10. Negotiates and compromises with others appropriately.
		11. Does not draw inappropriate attention to self.
		12. Accepts and enjoys peers and adults of ethnic groups other than his or her own.
		13. Interacts nonverbally with other children with smiles, waves, nods, etc.
		<b>III. Peer Relationship Attributes — The child:</b>
		1. Is usually accepted versus neglected or rejected by other children.
		2. Is sometimes invited by other children to join them in play, friendship, and work.
		3. Is named by other children as someone they are friends with or like to play and work with.
		<b>Total Score (number of "+") =</b>

**SAMPLE**  
**Do Not Copy**

Authors: D. E. McClellan and L. G. Katz. ERIC Identifier: ED450953; Publication Date: 2001-03-00 Source: ERIC Clearinghouse on Elementary and Early Childhood Education Champaign IL, March 2001.

<b>Title</b>
<i>Sing Explore Create - Expressive Arts with You! Protocol</i>
<b>Brief Description of TR Service/Program</b>
<p>Expressive Arts with You! includes both private art and music lessons for all ages. Art lessons include painting, drawing, weaving and multimedia. Music lessons include piano, guitar, voice, ukulele, saxophone, clarinet, beginning woodwinds, and music theory. All lessons can be adapted for students with special needs and/or learning disabilities.</p>
<b>Research on Efficacy/Literature Review Summary</b>
<p>Expressive arts can be used as a therapeutic intervention to promote self-expression and improve physical, social, cognitive and emotional functioning. Expressive arts provided a sense of accomplishment and a path for satisfaction, contemplation, exhilaration and liberation (Devine, 2016, p. 233). During expressive arts interventions, individuals initially may have feelings of insecurity. However, the use of this intervention helps individuals learn to express feelings, have a sense of accomplishment and pride, stress relief, and increased self-awareness (Perryman, 2015, p. 205). According to Purswell and Stulmaker (2015), expressive arts are a way to connect with feelings that someone might otherwise struggle to reach.</p>
<p><b>Art Lessons</b></p> <p>Devine (2016) stated “Use of visual arts as a therapeutic media is based on the premise that by adapting, teaching, and using visual art skills, an individual’s physical, cognitive, emotional, and mental functioning, self-expression, and meaningful leisure experiences may improve”. Art has positive effects on individuals with a variety of disabilities and of all ages. According to a study conducted by Habib and Ali (2015), art therapy is an effective intervention in the reduction of behavior symptoms of ADHD including hyperactivity, impulsivity, and inattention. According to Morreau and Anderson (1984), it is essential to implement individualized plans for art lessons for individuals with disabilities. They also speak of the importance of developing short-term objectives for individuals (Morreau &amp; Anderson, 1984, p. 13). According to Furniss (2009), using art lessons with an individual with Asperger Syndrome, the work impacted interpersonal and social communication skills, including use of social language. Escker and Ashton (2013) stated that “Art activities are useful in reducing isolation, battling physical and mental disuse syndrome, and encouraging communication. Additionally, art activities can help a person find a sense of control over his or her current experience, as such activities facilitate personal autonomy (Sterritt &amp; Pokorny, 2013). They found in their study that individualized art activities were found to be effective “in reducing passive behaviors in older adults with dementia.” (Escker &amp; Ashton, 2013, p. 13).</p>
<p><b>Music Lessons</b></p> <p>According to Devine (2016), music is a means to help people “reduce stress, relieve depression, increase relaxation, and improve recall and memory with people before and after operative time periods”. Music has positive effects on people of all ages. The benefits are evident in the research on music lessons for a variety of individuals. According to a study conducted by Chang et. al (2015), music improved disruptive behaviors in patients with dementia and reduced anxiety or depressive moods. A study conducted in Germany showed music lessons improves auditory perceptual and cognitive performance in deaf children (Rochette, Moussard, &amp; Bigand, 2014). According to Gonyou-Brown (2016), “Music engages students in a multi-faceted sensory and emotional experience that links the individual with their learning” (p. 38). Based on a review of literature, De Vires et. al (2015) found the effect of music as an intervention with autism includes: increased engagement, decrease in off-task behaviors when music is used, increase in socially acceptable behaviors, decrease in social avoidant behaviors, decrease in negative and self-stimulating behavior, increased eye contact, improvements in communicative behavior, language development, and adolescents with high functioning autism able to recognize basic emotions in music such as happy, sad and scary.</p>
<b>Referral Criteria</b>
<p>At <i>Sing Explore Create, LLC</i> anyone can participate in our individualized therapeutic art classes. Art is a great way to express yourself, and referrals are done at the participants’ discretion. If you are a parent or caregiver of someone who would benefit from our services, please contact us. If you are interested and willing to join, we strongly encourage it.</p>

## Goals

### Individual Art Classes

- Participant will form future intentions for improvement and personal growth with the art techniques they have explored during their lesson

### Individual Music Lessons

- Participant will express opinions about instruments and musical styles different than the ones they learned that day based on what was learned during their lesson

## Measurable Objectives

### Individual Art Classes

- When asked by facilitator, the participant will identify what they would do differently next time they utilize the same art technique.
- When prompted by facilitator, participant will identify two other items of visual content they are interested to try emulating when they visit this technique again

### Individual Music Lessons

- When asked by facilitator, participant will identify a second instrument that they think will pair well with the instrument and music they utilized during the lesson that day
- Participant will identify a personally preferred sound, and why they prefer that style when facilitator presents the same musical piece to them in two different ways

## Time Required

This one-on-one session between a Recreation Therapist and a participant will run 30-60 minutes per session depending on the clients' needs. Whether the activity is drawing/painting or music-based, each option for the individualized sessions are up to 60 minutes (1 hour).

## Materials, Equipment, and Resources Needed

### Art Classes

- Canvases
- Tabletop easels
- Acrylic paint
- Plates
- Paper towels
- Paint brushes
- Water cups
- Tables
- Chairs
- Pencils
- Pencil Sharpener
- Rubber eraser
- Kneaded erasers
- Charcoal
- Pastels
- Chalk
- Blending tools
- Newsprint
- Drawing paper
- Yarn

- Preferred or experimental weaving material
- Loom
- Hooks
- Scissors
- Ink
- Stamps
- Clay
- Craft Materials
- Materials found in nature
- Variety of types of papers
- Mod podge

#### Music Lessons

- Piano
- Bench for two
- Sheet music (with copies for student to take home for practice)
- Metronome
- Water bottles
- Guitar picks
- Music stand
- Chairs
- Reeds
- Guitar Strings
- Ukulele Strings
- Tuners
- Music Theory workbooks
- Copy machine
- Gathering Drums

### Activities (Content)

#### **Art Classes:**

The individual art classes are a 1:1 ratio where the art medium of the participant's choosing will be held for either 30, 45, or 60 minutes. Both the length of the class, and art medium must be chosen when signing up to assure appropriate materials and art directives are attained. The classes will have a short warm up, then the bulk of the time will be used on the main art project, followed by clean up and conversation for the last few minutes of the class.

#### **Music Lessons:**

The individual music classes function similarly to art classes. It is a 1:1 ratio where the session runs 30, 45, or 60 minutes based on the participants choosing. Prior to the first class the participant will need to choose an instrument. This will allow the music therapist time to get the studio set up for their lesson. The class will consist of a quick warmup, the lesson, and a post lesson assessment to ensure that the appropriate skills were learned.

### Methods (Process)

#### **Art Classes:**

The facilitator of the art class will work in a small private space with the participant. Depending on the type of art class, there will be a form of warm-up for the first five to ten minutes. For drawing this would involve sketching on newsprint first, for painting this may involve wetting the canvas and mixing custom paint colors, for sculpture this may involve warming up the clay and hands by rolling small golf ball sized portions of the sculpting material, for weaving this may involve rolling and prepping the yarn intended to be used. After the warm up, the main product of the class will begin with instruction and guidance appropriate to the participant's age and ability level. Five to ten minutes before the end of the session, clean-up will begin; both the participant and facilitator can participate in the clean up so that the participant learns proper procedures for maintaining art materials. During the clean-up, the facilitator will ask questions to the participant to assess what knowledge the participants has gained.

**Music Lessons:**

Music lessons will take place at the studio in a designated room, so all other sounds will not be distracting. Each session will start with a warmup involving the use of scales. This will familiarize each participant with the different pitches and sounds of their instrument. This is a very important warmup, especially for beginners, so this usually takes between seven and ten minutes to complete. Following the warmup, the body of the lesson will take place. Depending on the participant's age and ability, the lesson will start where the facilitator finds appropriate. Beginners will learn how to read music, while others with more experience will improve on their previous abilities. Throughout the lesson, the facilitator will ask the participant about preferred sounds and styles, and about how different instruments pair with each other. This will help the individual identify different types of music outside of one specific instrument or style. Before the end of each lesson, the instructor will have a few questions to ask the participant to make sure what he/she has learned that day.

**Leadership Variations (based on age, ability, etc.)****Art Classes:**

Leadership styles will vary according to individual's age, mental abilities, physical, abilities, and skill level to maintain an appropriate and fair amount of challenge in each class. If a participant needs particular accommodations such as gripping tools for paint brushes or pencils, reduced sensory stimulation, increased exposure to new materials, hand over hand guidance, hand under hand guidance, or any other considerations arrangements will be made.

**Music Lessons:**

Music lessons are offered across a wide range of ages and abilities, so leadership styles will vary depending on the participant. Special accommodations are made based off the attached "Initial Intake Form." Accommodations include, but are not limited to: special grips for instruments, ear plugs, music sheets with larger print, etc. If any additional accommodations need to be made, the therapist will modify each session to meet the participant's needs.

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

These individualized music and art sessions are designed for participants of all levels to improve their skills, and identify the therapeutic use of arts. Each participant will feel a sense of accomplishment and independence when their session is complete. This positive experience will help participants express themselves, follow instructions, increase attention span, and so much more. But most importantly, these sessions are designed to have fun while benefiting from the use of art and music. The recreation therapist will sit with the individual and make sure that all goals are being achieved.

**Harms:**

During these sessions, we try our best to ensure each experience is unique. If there are any concerns prior to the first music and/or art session, we ask that you address those concerns. There is not much potential harm when participating in an art or music class, but for some first time participants, this can be a bit overwhelming. For example, an individual with Sensory Processing Disorder may have specific preference with the volume of music.

**Documentation (forms, frequency, etc.)**

Initial Intake Form: Participants/family members will be asked to fill out an initial intake form to gather information on participants' history with art/music. There will be a section for necessary modifications and expected outcomes from individual lessons.

Weekly Evaluation: Weekly notes will be completed by staff stating progress towards individual goals, and updating future goals for individuals.

## Evaluation Plan

During the weekly evaluation notes, staff will compare where the individual is in relation to goals and formulate future goals. Participants will be encouraged to take part in goal setting.

Quarterly Client Satisfaction surveys will be given to all participants.

## Staff Qualified to Deliver Service (training or certification requirements)

For music lessons:

Certification as a music therapist or recreation therapist. Minimum of a bachelor's degree in therapeutic recreation or music studies required.

For art lessons:

Certification as an Art is 4 Every1 instructor or recreation therapist. Minimum of a bachelor's degree in therapeutic recreation or art studies required.

## Safety/Risk Management/Precautions

- Counting scissors before and after use
- Utilizing only non- toxic paints, sculpting materials, and adhesives
- Sanitizing hand held parts of community materials between uses
- Classes and lessons subject to reschedule or cancelation in events of inclement weather
- Staff training on universal precautions such as exposure to blood and bodily fluids, sanitizing materials and equipment, and proper hand washing
- Surveillance camera for the protection of the facilitator and participant, especially significant in pertinence to 1:1 classes and lessons
- CPR and First Aid training to staff
- Staff ID badges
- Quarterly Quality Assurance meetings with all staff
- Monthly evaluation of programs to identify areas of strength, weakness, and improvement plans

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

- Initial Intake Form
- Client Satisfaction Survey

## Reference List

- Devine, M.A., (2016). Expressive Arts as Therapeutic Media. In Dattilo, J. & McKenney, A. (Eds.), *Facilitation Techniques in Therapeutic Recreation* (pp. 233-262). State College, PA: Venture Publishing, Inc.
- De Vries, D., Beck, T., Stacey, B., Winslow, K., & Meines, K. (2015) Music as a Therapeutic Intervention with Autism: A Systematic Review of the Literature. *Therapeutic Recreation Journal*, 49(3), 220-237.
- Esker, S. N., & Ashton, C. (2013). Using Art to Decrease Passivity in Older Adults with Dementia. *Annual in Therapeutic Recreation*, 213-15.
- Furniss, G. J. (2009). Art Lessons for a Young Artist with Asperger Syndrome. *Art Education*, 62(3), 18-23.
- Gonyou-Brown, J. (2016). Incorporating music into individualized programs for students with developmental disabilities. *Canadian Music Educator*, (3), 38.

Morreau, L. & Anderson, F.E. (1984). Individualized Education in Art: Benefit or Burden? *Art Education*, 37(6), 10.

Perryman, K., Moss, R., & Cochran, K. (2015). Child-Centered Expressive Arts and Play Therapy: School Groups for At-Risk Adolescent Girls. *International Journal of Play Therapy*, 24(4), 205-220. doi:10.1037/a0039764

Purswell, K. E., & Stulmaker, H. L. (2015). Expressive arts in supervision: Choosing developmentally appropriate interventions. *International Journal of Play Therapy*, 24(2), 103-117. doi:10.1037/a0039134

Rochette, F., Bigand E., & Moussard, A. (2014). Music Lessons Improve Auditory Perceptual and Cognitive Performance in Deaf Children. *Frontiers in Human Neuroscience*, 8 (July).

Habib, H., & Ali, U. (2015). The Efficacy of Art Therapy in the Reduction of Symptoms of ADHD. *Pakistan Journal of Clinical Psychology*, 14(1).

Yu-Shiun, C., et al. (2015). The Efficacy of Music Therapy for People with Dementia: A Meta-analysis of Randomized Controlled Trials. *Journal of Clinical Nursing*, 24(23/24), 3425-3440.

### **Protocol Authors**

Nicole LiVigni  
Anthony Rose  
Angela Sanfilippo

# Expressive Arts with You! Sing Explore Create LLC

Choose one of the following individual sessions:



**Art Classes:**

- Drawing
- Painting
- Weaving
- Multimedia

**Music Lessons:**

- Piano
- Guitar
- Voice
- Ukulele
- Saxophone
- Clarinet
- Beginning Woodwind
- Music Theory

<b>Information</b>		
Participants Name:		
Date of Birth:		
Skill Level/Special Accommodations:		
Parent or Guardians Name (if under 18)	Email:	
Phone Number:	Alternate Phone Number:	
Street Address:		
Primary Care Physician Contact Info:		
Do you grant permission for pictures to be taken of the student during class?		
Do you grant permission for recordings to be taken of the student during class?		
Emergency Contact Phone Numbers:	Emergency Contact Relation:	Allergies or Health Concerns

<b>Payment</b>		
<b>Choose lesson duration:</b> (Cost does not include supplies)		
30mins/\$30	45mins/\$45	60mins/\$60
Preferred Days (Monday – Saturday)	Preferred Time Slot	Who will pick up participant: (Will require photo ID)

You will be called after intake sheet has been submitted to arrange a lesson date and time.



## Quarterly Client Satisfaction Survey

1. Name: \_\_\_\_\_

2. What lessons are you taking?

Art (Specify: \_\_\_\_\_)

Music (Specify: \_\_\_\_\_)

3. How would you rate your experience with your instructor?

Exceptional

Above Average

Average

Below Average

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Are there any new goals that you would like to achieve?

\_\_\_\_\_

\_\_\_\_\_

5. How would you rate your overall experience with Sing-Explore-Create, LLC?

Exceptional

Above Average

Average

Below Average

6. Do you have any suggestions or additional comments for Sing-Explore-Create, LLC staff?

\_\_\_\_\_

\_\_\_\_\_

<b>Title</b>
<i>Express Yourself! with Art and Music</i>
<b>Brief Description of TR Service/Program</b>
<p>People of all ages and abilities have one thing in common; innate talents, ideas, and feelings just waiting to be expressed. This program is two-fold, focusing on individuals living with dementia at various stages of this progressive disease. Artistically, participants will have the opportunity to learn about, and use, various painting materials during group sessions held at the studio. Musically, other participants will be invited to engage in a “Name That Tune” group in sessions held on-site at various facilities. The modalities for these expressive arts programs are designed to provide a creative outlet, self-expression, socialization, self-efficacy, and cognitive stimulation for all who participate.</p>
<b>Research on Efficacy/Literature Review Summary</b>
<p>Humans process external stimuli from their environment through sensory receptors via sight, hearing, smell, taste, and touch. The sensory stimuli is received in the limbic system of the brain, the part of the brain where emotions are formed as well as where the hippocampus creates short term memories. Once in the limbic system, the brain translates the sensory stimuli (referred to as Bottom’s Up Processing) and sorts it out using internal references; for example, putting together shapes to form symbols. The stimuli through the central nervous system to the area of executive decision making, in the parietal lobes of the brain. The symbols are compared to what is stored in the memory, and the brain recognize the symbols as letters and words (referred to as Top-Down Processing) (DelGiacco, 2002). Engaging in expressive arts such as painting and music with individuals who have dementia is a powerful activity.</p> <p>When an individual is painting, the bright colors translate into energy in the brain jump-starting the process described above. Painting exercises gross and fine motor skills and hand-eye coordination and it “satisfies the need to work and engage in meaningful activities” (alz.org, YEAR). The process of painting can be more important than the final product, as it facilitates peak experience (Csikszentmihalyi, 1975, 1990, 1996, 1997; Maslow, 1959, 1963, in Hegarty, 2009, p 11) in addition to the above mentioned benefits. “A sense of identity and a sense of where (geographically, spiritually, morally) a person belongs can result in participation in the creation or appreciation of art” (Congdon, 1990, p 22).</p> <p>As a person sings, he “breathes more fully, the body becomes invigorated and we begin to be more fully present in community. Many songs used with older populations are songs into which we can bring actions, cross-lateral actions promoting connection between right and left hemispheres of the brain. This keeps the brain functional and decelerates the process of dementia” (Hayes, 2011, p 36). The Alzheimer’s Association supports the use of music: “Music also engages areas of the brain involved in paying attention, making predictions and updating events in memory. Findings suggest that music can help the brain organize incoming information.” “Alicia Ann Clair, PhD, MT-BC, director of music education and therapy at the University of Kansas/Lawrence, says that making music and listening to it provide ways to employ cognitive skills avoid losing them” (Schaeffer, 2017).</p> <p>Participating in expressive art has many other benefits. It can reduce negative behaviors, decrease passivity “which can result in loss of skills, isolation and sensory deprivation” (Buettner, 1998 in Esker, 2013, p 4), increase socialization and cooperation, and creates a sense of control and self-efficacy. It increases attention span and focus, the ability to follow directions, it can reduce the need for psycho-pharmacological interventions, and it sublimates negative behaviors. Engaging in the arts is a way to communicate and to make-meaning of one’s life. It is empowering, it stimulates, it calms and it comforts. It provides the stimulus to activate cognitive processes that maintain and</p>

strengthen neuronal connections in the brain. Participating in creative activities connects to something essential deep inside a person, by-passing the ego and dialoguing with the essence of a person (Hayes, 2011, p 32).

### Referral Criteria

- Participants will be referred based on individual needs, preferences, and goals and grouped per similar cognitive levels. People living in long-term care facilities who would benefit from community outings, who need to improve social skills, fine/gross motor skills, and/or who have a natural interest in art will be referred accordingly.
- People living in various community-based residences who have dementia will be referred to the facility on-site music program. Therapeutic use of music with these individuals is designed to improve memory, foster socialization, stimulation, and promote enjoyment in a universal way.

### Goals

#### Therapeutic use of art:

- To introduce and utilize various painting materials.
- To facilitate self-expression and creativity.
- To provide opportunities for social interactions and improved motor skills.

#### Therapeutic use of music:

- To improve cognitive skills such as memory, recall, and recognition.
- To foster connections with the past using music.
- To encourage socialization and stimulation in a group format.

### Measurable Objectives

#### Group Art Session:

- Objective 1: Participants will demonstrate appropriate use of art supplies for duration of group, as observed by TR staff.
- Objective 2: Participants will successfully create paintings during each session showing their personal style, as evidenced by TR staff.
- Objective 3: Participants will work cooperatively in studio space, using fine/gross motor skills, during each session.

#### Group Music Session:

- Objective 1: Participants will verbalize appropriate recognition of songs played during each session, when asked by TR staff.
- Objective 2: Participants will share 1-2 positive memories related to songs played, spontaneously or when asked by TR staff.
- Objective 3: Participants will interact with one another 75% of the time, during each session.

### Time Required

#### SEC Studio Art Sessions:

Participants will come to the studio weekly for a 1-hour session. For an optimal therapeutic environment, each painting group is best suited for up to 10 people at a time. Since most paintings are completed in 4 sessions, participants may need to take turns attending, as needed.

**On-site Facility Music Sessions:**

Participants will be invited to attend a "Name That Tune" program on a weekly basis for 45 min-1 hour.

**Materials, Equipment, and Resources Needed****For Art Groups:**

- 11 x 14" canvases
- Table easels
- Acrylic paints
- Brushes
- Paint palettes
- Water containers
- White Charcoal sticks
- Smocks/aprons
- Plastic table cloths
- Variety of reference pictures/ideas to paint

**For Music Groups:**

- Room large enough to fit all participants and staff comfortably, with minimal distractions
- Chairs arranged in a circle
- Music arranged by era loaded on to Ipod, CD player and CD's, or record player and records.
- Sing-a-long sheets by song (optional)

**Activities****Express yourself painting**

Art is 4every1 is a method of painting taught by certified instructors, which involves a layering method of painting ensuring a successful painting by anyone of any ability.

**Name That Tune**

This activity provides opportunity for recall, reminisce and fun. Participants will listen to songs from an era, name that tune, and then sing it. Participants are encouraged to reminisce and share stories.

**Methods****Express yourself painting**

- CTRS will set up easels, canvas, brushes and water at each seat.
- CTRS will review goals and objectives of painting group.
- CTRS will give an overview of the Art is4every1 painting process.
- CTRS will review reference for subject matter for paintings and participants will select. Participants may choose to paint from their imagination.
- CTRS will give out paint needed for background of picture selected, instruct how to mix colors needed, 1:1 assistance where needed.
- CTRS will lead the group in sketching with charcoal on the canvas selection to be painted, 1:1 assistance as needed.
- CTRS will lead participants, and assist as needed, through the painting process, demonstrating how to mix colors, how to paint effects, which brush to use, etc., throughout sessions over time.

### **Name That Tune**

- Participants and instructor will be seated in a large circle.
- Instructor will review goals and objectives of group.
- Instructor will explain how game works; song plays for 5 second intervals, group tries to guess.
- Instructor will ask group what era music they want to hear, play 5 seconds at a time until group guesses the song.
- Instructor will lead group in singing the song, providing song sheet as needed.
- Instructor will encourage participants to share memories the song may have brought up:
  - Tell me what this song makes you think of?
  - Who can tell me what they were doing when this song was around?
  - What was happening in the world at that time?

### **Leadership Variations**

#### **Art is 4every1**

- Be sure the participants understand basic use of art supplies.
- Provide encouragement and positive feedback. It is the process of painting that matters.
- Provide 1:1 assistance as needed, to avoid feelings of frustration.
- Because participants may work at different paces, allow flexibility of sessions and program duration.
- Participants with more advanced dementia may require a simplified version
- For younger participants, finger paints may be used as well as a simplified version of group project(s).
- Offer any adapted equipment as needed (i.e.: built-up paint brushes, larger canvas for range of motion).

#### **Name That Tune:**

- Ensure the participants understand how to play.
- Offer hints if anyone seems be having difficulty remembering the songs.
- Younger participants could listen to different musical instruments being played and then name the instrument.
- Participants may also be provided different musical instruments to play for a more interactive experience.
- Game may be played as Musical Bingo; participants guess the song and then find the song on the bingo board.

### **Expected Outcomes and Contraindications**

#### **Art is 4every1:**

Outcomes of this program may include: creative outlet for sub-conscious emotions, increased sense of accomplishment, strengthened self-identity and self-esteem, socialization, and effective use of upper body ROM.

Contraindications of this program may include: frustration/anxiety caused by feeling unfamiliar with art materials and how to use them. Participants may work very slowly requiring extended sessions. More confused participants may require close supervision for direction.

#### **Name That Tune:**

Outcomes of this program may include: expression of positive emotions, comradery within the group, left/right brain stimulation, increased alertness, and benefits of deep breathing through singing, stimulated cognitive function, and decreased agitation. Motor skills and hand-eye coordination benefits through the inclusion of musical instruments.

Contraindications of this program may include: negative thoughts or feelings triggered by the music, feelings of frustration or anger if unable to recall a particular song.

## Documentation

### Art 4every1:

An initial assessment will be completed for each participant outlining individual needs, preferences, and goals as determined by the participant (if able), as well as their facility support person or team. This will allow the studio staff to get to know each participant and what they hope to get out of the program. Progress notes will be completed after each weekly session. Discharge summaries will be completed once each participant has finished the 4-week cycle. Follow-up recommendations will be provided to participant's facility TR staff regarding continued painting and/or participating in other appropriate expressive art activities.

### Name That Tune:

An initial assessment will be completed for each participant outlining individual needs, preferences, and goals as determined by the participant (if able), as well as their facility support person or team. This will allow the studio staff to get to know each participant and what they hope to get out of the program. Progress notes will be completed after each weekly session. Discharge summaries will be completed if a participant has met their goals within the program and is ready to engage in other leisure time interests.

## Evaluation Plan

For both the Art is 4every1 sessions and the "Name That Tune" music group sessions, participants' progress and evaluation of the programs will be reviewed and documented by staff. Studio staff will consult with on-site clinical referring staff, caregivers, and family members as necessary, to discuss participants' overall progress and well-being. Staff will discuss the overall effectiveness of the programs and make any necessary adjustments to best meet the goals and preferences of the people served.

## Staff Qualified to Deliver Service

Staff working with individuals with varying stages of dementia require the appropriate education and training experience. This includes a minimal of a bachelor's degree in Music studies with a CTRS preferred. A certified "Art is4every1" art teacher is required. All staff need to be certified in First Aid, CPR, and AED (for studio programs only).

## Safety/Risk Management/Precautions

Important medical information to include are any allergies, DNR's, health care proxies, medical concerns, infection controls and dietary needs. Ensure appropriate staff to participant ratios (1 staff member per 10 participants). Any incidents must be reported and documented to participant's respective facility staff. Studio staff should monitor participants for the safe use of both art and music supplies and equipment.

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



REC 538 Part 2  
Assignment Intake A



REC 538 Part 2  
Assignment Assessr



REC 538 Part 2  
Assignment Assessr



REC 538 Part 2  
Assignment Sing Ex

Also see below

## Reference List

- Alzheimer's Association. *Memories in the Making*. Retrieved April 14, 2017.  
[http://www.alz.org/co/in\\_my\\_community\\_art\\_program.asp](http://www.alz.org/co/in_my_community_art_program.asp).
- Alzheimer's Association. *Music Therapy Enhancing Cognition*. Retrieved April 14, 2017.  
[https://www.alz.org/.../Demetia\\_Care\\_12\\_Art\\_Helping\\_Living\\_w\\_Alzheimers.pdf](https://www.alz.org/.../Demetia_Care_12_Art_Helping_Living_w_Alzheimers.pdf)
- Congdon, K. (1990). Normalizing art therapy. *Art education*, 43 (3), 18-21 + 41-43.
- Del Giacco, M. (2002). *Del Giacco art therapy and the therapeutic drawing series: A missing link in cognitive rehabilitation for the neurologically impaired* (4<sup>th</sup> ed.). Clarksville, NY: Del Giacco's Art Therapy Institute.
- Esker, S., Ashton, C. (2013). Using art to decrease passivity in older adults with dementia. *Annual in therapeutic recreation*, 21, 3-15.
- Hayes, J., Povey, S. (2011). *The creative arts in dementia care: practical person-centered approaches and ideas*. Philadelphia: Jessica Kingsley Publishers.
- Hegarty, B. (2009). The value and meaning of creative leisure. *Psychology of Aesthetics, Creativity, and the Arts*. 3 (1), 10-13.
- MacLeod, A., Skinner, M., Wilkinson, F., Reid, H. (2016). Connecting socially isolated older rural adults with older volunteers through expressive arts. *Canadian Journal on Aging*, 35 (1), 14-27.
- Shaeffer, J. (2017). Music therapy in dementia treatment – Recollection through sound. *Today's Geriatric Medicine*. Retrieved April 14, 2017. <http://todaysgeriatricmedicine.com/news/story1.shtml>

## Protocol Authors

Alaina Sherman and Lori Marabella



# Sing Explore Create, LLC

28 Webster Street, Rockland, MA 02370  
701-803-2117 ● [Jquill@singexplorecreate.com](mailto:Jquill@singexplorecreate.com)

## Intake Assessment Form

(To be completed by participant and/or SEC staff member)

### General Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

Important medical information: (allergies, DNR, Health Care Proxy, health concerns, dietary needs, etc.):

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (Home/Work/Cell): \_\_\_\_\_

\_\_\_\_\_

Program Information:

Why would you like to participate in this program?

---

---

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

---

---

Do you have any background experience with art or music? If yes, please explain: \_\_\_\_\_

---

Do you have any questions or concerns about the program?

---

---



# Sing Explore Create, LLC

28 Webster Street, Rockland, MA 02370  
701-803-2117 [ncraven@singexplorecreate.com](mailto:ncraven@singexplorecreate.com)

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

## Art is 4every1/Name That Tune Progress Note

---

Week 1/Date \_\_\_\_\_

---

Week 2/Date \_\_\_\_\_

---

Week 3/Date \_\_\_\_\_

---

Week 4/Date \_\_\_\_\_

---



# Sing Explore Create, LLC

28 Webster Street, Rockland, MA 02370  
701-803-2117 [ncraven@singexplorecreate.com](mailto:ncraven@singexplorecreate.com)

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

## ACTIVITY:

Circle Behavior Below:

Date	Motivation	Participation	Social Interaction	Skill Level
	Refuses Activity	Observer	None	Lacks Skills/Needs Instruction
	Attends with Persuasion	Participates with Persuasion	Responds on Approach	Adequate Skills
	Attends Willingly	Participates Freely	Spontaneous	Advanced Skills
Date	Motivation	Participation	Social Interaction	Skill Level
	Refuses Activity	Observer	None	Lacks Skills/Needs Instruction
	Attends with Persuasion	Participates with Persuasion	Responds on Approach	Adequate Skills
	Attends Willingly	Participates Freely	Spontaneous	Advanced Skills
Date	Motivation	Participation	Social Interaction	Skill Level
	Refuses Activity	Observer	None	Lacks Skills/Needs Instruction
	Attends with Persuasion	Participates with Persuasion	Responds on Approach	Adequate Skills
	Attends Willingly	Participates Freely	Spontaneous	Advanced Skills
Date	Motivation	Participation	Social Interaction	Skill Level
	Refuses Activity	Observer	None	Lacks Skills/Needs Instruction
	Attends with Persuasion	Participates with Persuasion	Responds on Approach	Adequate Skills
	Attends Willingly	Participates Freely	Spontaneous	Advanced Skills



# Sing Explore Create, LLC

28 Webster Street, Rockland, MA 02370

701-803-2117 ● [ncraven@singexplorecreate.com](mailto:ncraven@singexplorecreate.com)

## Discharge Summary Form

Name: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Reason for Referral:

Summary of Assessment:

---

---

---

Goal	Objectives	Services	Improved? Yes	Improved? No	Summary

Status at Discharge:

---

---

---

Follow-up Plans and Recommendations:

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Title</b></p> <p><i>Memory Café</i></p>
<p><b>Brief Description of TR Service/Program</b></p> <p>Aging can be a fearful concept for some individuals, especially with the onset of a memory loss diagnosis like Alzheimer’s or another type of dementia. Memory Cafe is a program designed to promote artful aging. Therapeutic use of expressive arts is an evidence-based intervention that promotes health and well-being across all domains of human functioning. Memory Cafe consists of three different visual arts workshops geared towards older adults and individuals with memory loss. These programs encourage creativity, independence, communication, confidence, self-expression, leisure skills, and engagement with life.</p>
<p><b>Research on Efficacy/Literature Review Summary</b></p> <p><b>Artful Aging</b>  Creativity promotes a positive outlook and a sense of well- being that can boost the immune system and fight disease. Creativity reinforces brain connections such as memory (Hannemann, 2006). Young, Tischler, Hulbert, and Camic (2015) found that art viewing and art making benefited verbal fluency and increased lifetime memory. Creating art helps preserve a sense of identity, vents emotions, promotes social inclusion, and provides a challenging and stimulating experience without demanding too much from the participants (Harlan, 1993). Woywod and Davenport (2013) used art as a way for seniors with memory loss to express memories. A caregiver expressed that, “creating these pictorial representations of her early memories not only engaged her in acts of remembering and brought her joy, but they also revealed to me the slow but steady advance of her ongoing memory loss” (Woywod &amp; Davenport, 2013, p. 5) In addition to mental stimulation, creative arts therapies also have the potential to provide both a personal sense of control and social support—two factors cited as important predictors of health outcomes in the elderly (Cowl &amp; Gaugler, 2014, p. 4). Group art sessions stimulate socialization. Social support provides better prognoses. In the literature review by Andrielle &amp; Gaugler (2014) 46 studies showed qualitative improvement of cognitive or behavioral changes in participants with dementia; symptoms that were improved were: agitation, behavior, cognition, depression and mood. Qualitative studies reviewed by Adrielle and Gaugler (2014) showed improvements in socialization, participation, communication, amelioration of behavioral symptoms, emotional improvements such as happiness, enjoyment, improved mood, decreased depression, and positive affect. Improved staff attitudes and enthusiasm and understanding and humanization of patients, fostering family relationships, capacity of self expression of emotions and feelings despite language and cognitive deficits, a personal sense of control, life meaning, and personal satisfaction, evoking memories and encouraging memories. Art Therapy can decrease depression and give the participant autonomy (Percoskie, 1997).</p> <p><b>Sensory Reminisce and Paint</b>  Sensory stimulation, reminiscence, and therapeutic use of expressive arts are all interventions that have been shown to have numerous benefits for older adults with dementia. Sensory Reminisce and Paint is designed to integrate these three interventions to produce positive outcomes for participants with memory loss and cognitive decline. Wardlaw and Stumbo (2011) define sensory stimulation as, “providing a number of items or experiences for or to the individual that activate one or more senses” (p. 339). Sensory experiences engage olfactory, tactile, visual, auditory, gustatory, or kinesthetic awareness (Wardlaw &amp; Stumbo, 2011). The ability of sensory stimulation programs to stimulate brain activity make them an ideal intervention for people with dementia, which affects brain cells and functioning (Wardlaw &amp; Stumbo, 2011). Baker et al. (2001) studied the effects of sensory stimulation on individuals with dementia and recorded significant improvements in spontaneous speech, relating to others, attention, focus, initiative, and enjoyment.</p>

While all varieties of sensory input impact mental functioning, olfactory stimulation has a unique connection with memory (Vozzella, 2007). This is one reason sensory stimulation can be used in conjunction with reminiscence, or “the recalling of personally relevant memories from the past” (Cappeliez, Guindon, & Robitaille, 2008, p. 266). Of the six functions of reminiscence proposed by Wong (as cited in Cappeliez et al., 2008), integrative and instrumental reminiscence are the main focus in the Sensory Reminiscence and Paint program. These two types of reminiscence, which have the purpose of connecting with identity and solving problems, “evoke a positive and motivation-enhancing view of oneself as capable and competent” (Cappeliez et al., p. 267) in addition to helping participants identify worth and meaning in the lives they have lived. These positive outcomes have been found to lead to improvement in overall health and life satisfaction (Cappeliez et al., 2008).

The connection with identity that is evoked through reminiscence can be channeled and communicated through expressive arts, another modality that assists “individuals to make contact with their authentic self” (Devine, 2016, p. 233). Expressive arts as a therapeutic intervention, have the ability to improve cognitive, physical, social, and emotional functioning in addition to helping individuals express their thoughts and feelings (Devine, 2016). Carney (2016) conducted an eight-week research project studying the use of expressive arts as an intervention for individuals with memory loss and concluded that art making was as successful tool in both stimulating long-term memory and creating new memories. Woywood and Davenport (2013) identified two important outcomes as a result of creative arts interventions. Maintaining a sense of identity is encouraged through the recall of specific life events during the art making process and feelings of productivity, engagement, and belonging to a group were evoked through participation in art making programs (Woywood & Davenport, 2013). Through case study analysis of personal experiences as art educators, Woywood and Davenport “posit that for older adults with memory loss, creative engagement can make facets of past experiences tangible, as well as commemorate new, generative moments (Woywood & Davenport, 2013, p. 2). Cowl and Gaugler (2014) conducted a meta-analysis of 112 studies that researched the relationship between dementia and expressive art therapies. The researchers identified several trends that were common across most of the studies. Expressive arts can decrease disruptive behaviors, like wandering, aggression, and agitation, and increase positive behaviors, like smiling, socializing, participating in activities (Cowl & Gaugler, 2014). Cowl and Gaugler also found that creative arts therapies are associated with emotional outcomes, including increased self-esteem, motivation, self-satisfaction, and quality of life, and decreased symptoms of depression.

The combination of sensory stimulation, reminiscence, and therapeutic use of expressive art provides an opportunity for the therapeutic recreation specialist to facilitate a unique leisure experience for individuals with dementia that has the potential to elicit a multitude of positive outcomes. The research proves that these three interventions have a solid base of evidence to support their success and validity.

### **Scrap A Pic To Not Forget**

Care partners of individuals with dementia rely on many therapies to help their loved ones. Scrapbooking is an intervention that is used. Studies show that scrapbook photo albums may enhance the well-being of people diagnosed with Alzheimer's disease.

Scrapbooking is just one of the forms of media used in reminiscence therapy and activities. Reminiscence therapy is the use of life histories such as written and/or oral communication to recall experiences from a person's past that may improve psychological well-being (Saraswathi, 2014). Other media are music, smell, taste, and tactile stimulation. By viewing objects that have autobiographical meaning, scrapbooking is visually stimulating for participants. Reminiscence therapy that encourages the act of reminiscence can improve a participant's interpersonal skills and sense of self. Scrapbooking allows the patient to reminisce about pleasant times in their past. Scrapbooking may also open a window into the life of the participant for the caregiver or health professional. The participant may remember or recognize family, loved ones, and experiences that they knew but are now unfamiliar to them (Mizen, 2004). This may result in short-term improvements in the participant.

Referral Criteria
<p>Memory Cafe is designed for older adults with memory loss or cognitive impairment due to stroke, dementia, traumatic brain injury, or other life circumstances. Memory Cafe workshops can be requested by assisted living facilities, memory care communities, skilled nursing facilities, or other community organizations including libraries and senior centers. For classes held at the Sing Explore Create, LLC space, participants can self-refer through registration on the website form, or be referred by friends or family.</p>
Goals
<p><b>Artful Aging</b></p> <ul style="list-style-type: none"> <li>● Develop painting skills</li> <li>● Express independence</li> </ul> <p><b>Sensory Reminisce and Paint</b></p> <ul style="list-style-type: none"> <li>● To recall positive long term memories</li> <li>● To communicate thoughts, emotions, and memories expressively through art</li> </ul> <p><b>Scrap A Pic To Not Forget</b></p> <ul style="list-style-type: none"> <li>● Reminisce about past life experiences</li> <li>● Participants will express their thoughts, emotions, and personal experiences through nonverbal communication</li> </ul>
Measurable Objectives
<p><b>Artful Aging</b></p> <ul style="list-style-type: none"> <li>● Objective: Participants will choose from two finished paintings to model theirs after before beginning painting.</li> <li>● Objective: Participants will complete a painting during the session.</li> </ul> <p><b>Sensory Reminisce and Paint</b></p> <ul style="list-style-type: none"> <li>● Objective: Participants will communicate at least one memory, thought, or emotion during the reminiscence discussion.</li> <li>● Objective: Each participant will complete one watercolor painting during the painting portion of the activity.</li> <li>● Objective: After finishing their painting, each participant will share at least once sentence describing the meaning of their painting when asked by the facilitator.</li> </ul> <p><b>Scrap A Pic To Not Forget</b></p> <ul style="list-style-type: none"> <li>● Objective: Participants will establish a topic based off the album page being completed during the program.</li> <li>● Objective: Participants will communicate one memory and emotion based on the topic of the scrapbooking page being completed.</li> <li>● Objective: Each participant will complete one page of their scrapbooking album during the scrapbooking/collage program.</li> </ul>
Time Required
<p>Each Memory Cafe program will require a 60-minute time frame to complete, including setup and cleanup.</p>

## Materials, Equipment, and Resources Needed

### Artful Aging

- Canvas
- Paint
- Paint brushes
- Cup/bowl of water
- Paper towels
- Paint palettes
- Two finished painting examples
- Easels or tables to put canvas and supplies
- Seats

### Sensory Reminisce and Paint

- A quiet and relaxing space that is well-lit and free from distractions.
- Sensory triggers that inspire long-term memory and stimulate the senses. Items should be related to a common theme and be relevant to the group members' interests. Examples include decorative centerpieces, floral arrangements, photographs, music, essential oils to diffuse, snacks, beverages, etc.
- A dry erase board and dry erase markers
- Paints (watercolor, acrylic, etc. depending on facilitator's choice)
- Paintbrushes of various sizes, with adaptive grips if needed
- Paint palettes
- Paper (thicker paper designed for painting)
- Bowls or cups of water
- Paper towels

### Scrap A Pic To Not Forget

- A quiet and relaxing space that is well-lit and free from distractions
- Cardstocks
- Patterned paper
- Scissors
- Adhesives
- Journaling Pen
- Scrapbook Album
- Embellishments
- Photos of family, friends, and life experiences
- Magazines

## Activities (Content)

### Artful Aging

The creative arts have the power to stir feeling and memory when a person seems to have lost contact with chronological time. The arts seem to reach below the conscious level of experience and move underground towards a hidden depth memory, accessing the feelings stowed away (Hayes & Povey, 2011). Creating art stimulates socialization, increases mood, improves communication, and gives autonomy. The group setting of Memory Cafe will provide a setting to gain social support in an environment that often causes isolation. Creating art can reduce disfluent speech, (Young et. al., 2015). When painting participants will be able to assert autonomy by choosing their painting and colors. Individuals with dementia have trouble making choices and painting will help them exercise autonomy.

### **Sensory Reminisce and Paint**

Reminisce means to recall personally relevant memories from the past (Cappeliez, Guindon, & Robitaille, 2008). We will be surrounding ourselves with sensory stimulating materials to help us remember important and meaningful life events and experiences. Past events, experiences, and accomplishments are a valuable part of our identity. It is important to stay connected with our life history and how it affects who we are today. Indulging in the recollection of joyful and happy memories helps us relate our past to our present and provides meaning and purpose to how we live our lives. Sharing our unique life experiences reminds us that we have value and importance.

Recording our valued memories has many similar benefits, as well as creating something tangible that can be a valuable reminder of pleasant life experiences. Painting is an outlet for self-expression that allows us to express our creativity and communicate our ideas, feelings, and emotions in a unique way.

### **Scrap A Pic Not To Forget**

Scrapbooking and photo collage can provide an avenue to preserve memories for an individual with dementia. Providing a scrapbooking album can enhance the well-being of both the participants with dementia and those affected by the disease. Photographs allow participants to reminisce about the past and bring about positive memories. A big portion of our personal identities come from knowing where we have been in our past and what our future has ahead of us. When we start to lose our memory, there can be a sense of loss of yourself, therefore providing a scrapbook can stimulate memories. Creating a timeline can give the participants a chance to connect with events in their lives and share events with individuals currently in their lives.

## **Methods (Process)**

### **Artful Aging**

- Set up supplies
- Explain the goals of the group
- Show the examples painting and explain that they will be modeling after one of them
- Ask to choose which painting they want to model
- Begin painting and give directions so participants can follow

### **Sensory Reminisce and Paint**

- Introduce the goals of the program and explain the plan for the activity. First, the facilitator will lead a reminiscence discussion in which participants are encouraged to share positive memories, thoughts, and feelings evoked by the sensory triggers. Then, each participant will create a painting that reflects the memories and emotions they shared during the discussion. Last, participants will share their paintings and describe them to each other.
- Describe each of the sensory triggers to the participants. Make sure each participant has a chance to view, touch, smell, listen to, or taste each material. Facilitate a discussion in which participants are encouraged to share any thoughts or memories the sensory triggers bring to mind. Focus on the five senses (sight, sound, touch, smell and taste). Record answers on the dry-erase board.
- After each participant has had a chance to share their memories and feelings, introduce the next part of the activity, painting!
- If not already out on the table, distribute paper, paintbrushes, water, and paint palettes to each participant.
- Provide instructions on how to use the type of paint chosen.
- Let participants know that this is their time to get creative! Encourage participants to use the sensory triggers as inspiration to illustrate their memories or feelings in a painting. If needed, they can refer to the dry-erase board for ideas or to remember what they shared during the discussion. While they are painting, provide one-on-one encouragement and assistance.
- When each participant is finished, ask them to title their painting and record the title and their name in pencil on the back of the painting.
- After everyone has completed their painting, ask each participant to describe what they painted and what it means to them.

**Scrap A Pic Not To Forget**

- Introduce the goals of the program and explain the plan for the activity. The facilitator will instruct the participants to establish a topic for their scrapbook/collage album.
- Once a topic is established, the participant will be prompted to associate a positive memory with the topic of the album and express those memories through scrapbooking.
- The participants will be given the opportunity to brainstorm a topic.
- Provide the materials needed to complete their scrapbooking page.
- The participants will begin scrapbooking and the facilitator will be present if any assistance is needed.
- The participants will complete one page of their album within the allotted time.
- After everyone has completed their page, ask each participant to describe their topic and what the memory/life experience meant to them.

**Leadership Variations (based on age, ability, etc.)****Artful Aging**

Individual attention can be given to those who need more assistance.

**Sensory Reminiscence and Paint**

Based on interest or preference of the participants, the artistic expression part of this workshop could be altered to utilize other media, like drawing or sculpting. Many individuals with dementia experience aphasia and their ability to communicate verbally is affected. The discussion portion of the program can be abbreviated or changed to better include individuals with different means of communication. Any other accommodations can be made upon request.

**Scrap A Pic Not To Forget**

Individual attention will be given to those who need more assistance.

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

Expected Outcomes: Benefits are similar across all Memory Cafe workshops. Expected outcomes include improved self-expression, self-esteem, communication, creativity, socialization, reminiscence, independence, confidence, leisure skills, and engagement with life.

Contraindications: Potential harms include reactions to paint or sensory materials including essential oils, food, etc. All paint, glue, or other art supplies used should be non-toxic to avoid negative reactions. SDS forms should be on file in case of ingestion or other hazardous use. "Undifferentiated bombardment" may occur if too much sensory stimulation is provided and the individual becomes overwhelmed and loses the ability to process sensory information (Wardlaw & Stumbo, 2011).

**Documentation (forms, frequency, etc.)**

Community organizations will complete the Memory Cafe Program Request Form to schedule a Memory Cafe program at their facility.

Documentation will occur after every session. The facilitator will complete a Memory Cafe Participant Participation Summary for each participant, inclusive of a checklist and SOAP note. For programs that are requested by nursing homes, assisted livings, or other facilities, the program facilitator will share copies of the Memory Café Participant Participation Summary with the facility's staff to communicate outcomes.

Participants, care partners, and/or staff members will complete the Memory Cafe Program Evaluation Form after every session.

<b>Evaluation Plan</b>
Memory Cafe Program Evaluation Form allows participants, care partners, and staff members to provide Sing Explore Create, LLC with quantitative and qualitative feedback of Memory Cafe programs. Depending on the setting in which the program is offered, participants, care partners of participants, and/or staff members at facilities that request Memory Cafe programs will be asked to complete the Memory Cafe Program Evaluation Form.
<b>Staff Qualified to Deliver Service</b> (training or certification requirements)
Certified Therapeutic Recreation Specialist Certified “Art is 4 Every1” Teacher
<b>Safety/Risk Management/Precautions</b>
<p><b>Artful Aging</b> Label container for rinsing brushes or have a distinct container that doesn’t look like drinking glasses. Provide seating or accessible tables for wheel chairs. Consider using non-toxic paints.</p> <p><b>Sensory Reminisce and Paint</b> Make sure that the vessels of water for rinsing brushes are clearly labeled and do not look like drinking glasses. Use non-toxic paint and have the SDS sheet on file and available. Be aware of food preferences and allergies if using food or beverages as a taste sensory trigger.</p> <p><b>Scrap A Pic To Not Forget</b> Label the adhesives. Provide separate containers for the embellishments being used with lids and label each one. Provide seating or accessible tables for wheelchairs. Simplify the instructions and provide step-by-step tasks as needed.</p>
<b>Attachments</b> (handouts, forms, etc. needed to implement program/service)
Memory Café Program Request Form Memory Café Participant Participation Summary Memory Café Program Evaluation
<b>Reference List</b>
<p>Aybar-Damali, B. Z., Bell, G., Conti, A., &amp; McGuire, F. A. (2011). Chapter 19: Reality orientation, validation, and reminiscence. In Stumbo, N., &amp; Wardlaw, B. (Eds.), <i>Facilitation of therapeutic recreation services: An evidence-based and best practice approach to techniques and processes</i> (pp. 353-363). Urbana, IL: Sagamore-Venture Publishing.</p> <p>Baker, R., Bell, S., Baker, E., Gibson, S., Holloway, J., Pearce, R.,...Wareing, L. (2001). A randomized controlled trial of the effects of multi-sensory stimulation (MSS) for people with dementia. <i>British Journal of Clinical Psychology</i>, 40, 81-96.</p> <p>Bober, S., McLellan, E., McBee, L., &amp; Westreich, L. (2002). The Feelings Art Group: a vehicle for personal expression in skilled nursing home residents with dementia. <i>Journal Of Social Work In Long-Term Care</i>, 1(4), 73-87.</p> <p>Camic, P. M., Tischler, V., &amp; Pearman, C. H. (2014). Viewing and making art together: A multi-session art-gallery-based intervention for people with dementia and their carers. <i>Aging &amp; Mental Health</i>, 18(2), 161-168.</p>

doi:10.1080/13607863.2013.818101

- Cappeliez, P., Guindon, M., & Robitaille, A. (2008). Functions of reminiscence and emotional regulation among older adults. *Journal of Aging Studies, 22*, 266-272.
- Carney, K. (2016). *Making art and making memories: A study on the effects of art making as a possible intervention to memory loss*. Retrieved from Education Resources Information Center.
- Cowl, A. L., & Gaugler, J. E. (2014). Efficacy of creative arts therapy in treatment of Alzheimer's disease and dementia: A systematic literature review. *Activities, Adaptation & Aging, (38)4*, 281-330.
- Devine, Mary Ann. (2016). Expressive arts as therapeutic media. In Dattilo, J. (Ed.). *Facilitation techniques in therapeutic recreation* (3rd ed.) (pp. 233-264). Urbana, IL: Sagamore-Venture Publishing.
- Hannemann, B. T. (2006). Creativity with dementia patients: Can creativity and art stimulate dementia patients positively? *Gerontology, 52(1)*, 59-65.
- Hayes, J., & Povey, S. (2011). *The creative arts in dementia care: Practical person-centred approaches and ideas*. London: Jessica Kingsley Publishers.
- Harlan, J. E. (1993). The therapeutic value of art for persons with Alzheimer's disease and related disorders. *Loss, Grief & Care, 6(4)*, 99-106. doi:10.1300/J132v06n04\_13
- Kim, H., Kim, K. M., & Nomura, S. (2016). The effect of group art therapy on older Korean adults with Neurocognitive Disorders. *The Arts In Psychotherapy, 47*48-54. doi:10.1016/j.aip.2015.11.002
- Mizen, M.B. (2004). Scrapbook photo albums are therapeutic for Alzheimer's patients. *Creative Memories*.
- Percoskie, S. (1997). Art therapy with the Alzheimer's client. *The Humanistic Psychologist, 25(2)*, 208-211. doi:10.1080/08873267.1997.9986881
- Saraswathi, K. N. (2014). Reminiscence therapy. *ejournaljsscon, 8*.
- Vozzella, S. (2007). Sensory stimulation in dementia care: Why it is important and how to implement it. *Topics in Geriatric Rehabilitation, 23(2)*, 102-113.
- Wardlaw, B., & Stumbo, N. J. (2011). Chapter 18: Sensory stimulation and sensory integration. In Stumbo, N., & Wardlaw, B. (Eds.), *Facilitation of therapeutic recreation services: An evidence-based and best practice approach to techniques and processes* (pp. 339-352). Urbana, IL: Sagamore-Venture Publishing.
- Woywod, C., & Davenport, M. G. (2013) Remembering through art: Imaginative reconstructions with older adults experiencing dementia. *Journal of Art for Life (4)1*.
- Young, R., Tischler, V., Hulbert, S., & Camic, P. M. (2015). The impact of viewing and making art on verbal fluency and memory in people with dementia in an art gallery setting. *Psychology Of Aesthetics, Creativity, And The Arts, 9(4)*, 368-375. doi:10.1037/aca0000030

#### Protocol Authors

Alyse Dawson, Leigh Myers, and Sara McFadden

## Memory Café Program Request Form

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Program Requested:

- Artful Aging
- Sensory Reminisce and Paint Program
- Scrap a Pic to Not Forget

Number of Sessions: \_\_\_\_\_

Number of participants (max 10): \_\_\_\_\_

Adaptation requests: \_\_\_\_\_

If you are requesting Sensory Reminisce and Paint Program, please let us know of any allergies to food or essential oils:

\_\_\_\_\_

Preferred dates:

Preferred times:

1.	1.
2.	2.
3.	3.



(781) 803-2117

28 Webster St. – Rockland, MA 02370

[ncraven@seingexplorecreate.com](mailto:ncraven@seingexplorecreate.com)

**Sing Explore Create, LLC**  
Making music and the arts accessible to all!

## Memory Café Participant Participation Summary

Participant name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Title: \_\_\_\_\_

### Attendance

- Attended willingly
- Attended with encouragement
- Refused

### Participation

- Active participant
- Participated with persuasion
- Passive observer
- Refused

### Social Interaction

- Appropriate
- Disruptive or negative. Explanation: \_\_\_\_\_

**Objectives Accomplished:**

**Goals Achieved:**

**Additional Notes:**

S -

O -

A -

P -

## Memory Café Program Evaluation

Program Title: \_\_\_\_\_ Date: \_\_\_\_\_

Rate your satisfaction with SEC staff interaction with participants.

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

Rate your satisfaction with the intervention methods used during this program.

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

Rate your satisfaction with the ability of this program to help participants achieve positive outcomes.

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

Was the program implemented as expected?

- The program exceeded my expectations.
- The program met my expectations.
- The program did not meet my expectations

If the program did not meet your expectations, what could have been done differently to make it better?

Additional comments:

<b>Title</b>
<i>Sensory-Friendly Yoga</i>
<b>Brief Description of TR Service/Program</b>
<p>Participants will register for class and meet one-on-one with the Certified Therapeutic Recreation Specialist (CTRS). Along with family or members of their support circle, participants will be asked questions from the Getting to Know You Assessment (as cited in Anderson and Heyne, 2012), or something similar, to help learn more about the individual. In addition, a pre-test tool, like the Childhood Autism Rating Scale (CARS) (as cited in Deorari and Bhardwaj, 2014), may be used to assess the participant’s functioning at that time including the ability to increase focus. For a physical pre-test, a measurement like the sit and reach test from the Presidential Youth Fitness Program will be used to check flexibility.</p> <p>Each participant will experience six, 45-minute sessions of yoga, adapted to meet the needs of adults and children with Autism Spectrum Disorder (ASD). The yoga sessions will help participants increase their ability to focus and increase their physical health. Two yoga classes will be offered each week and depending on the participant makeup of the adult class, it might be extended from 45 minutes to an hour. Each session will build upon the previous session.</p>
<b>Research on Efficacy/Literature Review Summary</b>
<p>According to Deorari and Bhardwaj (2014), The Centers for Disease Control and Prevention estimate that 1 in 88 children in the United States has been identified as having ASD. There are many studies showing yoga as an effective tool for physical improvement such as one where Schmid, Miller, Van Puymbroeck and DeBaun-Sprague (2014) showed increased strength and flexibility of those who had a stroke. Even using a virtual reality based yoga program gave benefits in a study where Nintendo’s Wii Fit Yoga program was used. Kim, Min, Kim and Lee (2014) showed lower back pain improvement over four weeks doing a 30-minute program three times a week.</p> <p>Similarly, Ehleringer (2010) states these same benefits for those on the autism spectrum. According to the study, “Yoga is a powerful tool that can teach children how to connect to their bodies, tap into their own personal strength, better deal with life’s challenges, and build connections with the outside world” (p. ?). Based on parent feedback, Ehleringer’s students also demonstrated increased strength and flexibility along with awareness of breath. The ability to concentrate and focus attention, improvement in digestion and a greater overall sense of calm were present as well.</p> <p>Molly Kenny, the founder of Integrated Movement Therapy (IMT), has seen yoga have “especially consistent and remarkable results with children diagnosed with ASD”. Kenny (2002) gives the six core principles of IMT as: structure and continuity, social interaction, language stimulation, self-calming, physical stimulation and direct self-esteem building. She details how each of these core principles of IMT specifically addresses the characteristics associated with autism and has positive effects in the therapeutic environment.</p> <p>In addition, yoga just provides a fun, leisurely experience. Kenny confirms through parents and teachers of her students that “these children love coming to their Yoga class, which is not always the case when kids are coming to “therapy”.” She summarizes by stating it is “crucial specialists working with this population develop therapeutic interventions that address the whole child...Therapy should help these children not only maintain a functional level, but it should also encourage and expect development and expression of each child’s full potential.”</p>

<p><b>Referral Criteria</b></p>
<p>Participants will be considered for this class if they are diagnosed with ASD or any special needs. Participants will be placed in one of two classes. There will be one class for children up to age 12 and another for people aged 13 and older (termed ‘adult class’). This class designation is flexible depending on the needs of the participant. The decision about which class a participant will attend will be made jointly between the participant, CTRS, and parents or guardian.</p>
<p><b>Goals</b></p>
<ul style="list-style-type: none"> <li>• Goal 1: Participants will increase their ability to focus.</li> <li>• Goal 2: Participants will increase their overall physical health.</li> </ul>
<p><b>Measurable Objectives</b></p>
<ul style="list-style-type: none"> <li>• Participant will show a 25% improvement or better between attention factors pre- and post-test after participating in the class when the post-test is given by the CTRS.</li> <li>• Participant will set up his/her own space before class every time the class meets when instructed by the CTRS.</li> <li>• Participant will show a 25% improvement or better on the sit and reach between pre- and post-test after participating in the class when initiated by the CTRS.</li> </ul>
<p><b>Time Required</b></p>
<p>Participants will meet one on one with the CTRS to complete appropriate assessments mentioned above. Each weekly yoga class will be 45 minutes and there will be six classes in a session. Again, two classes will be available each week and the adult class could become an hour-long class depending on the participants that session.</p>
<p><b>Materials, Equipment, and Resources Needed</b></p>
<p>Yoga materials can be as complex or as simple as desired or needed. No equipment is absolutely necessary to do yoga which makes yoga an excellent activity for any budget. However, some materials may enhance yoga, such as yoga blocks and bolster pillows. This protocol requires only yoga mats for the participants to use (which may alternatively be provided by the participants) and pinwheels for participants to practice deep breathing.</p> <p>Other materials that may benefit a yoga class might include:</p> <ul style="list-style-type: none"> <li>• Towels (should be brought by participant if desired - not provided)</li> <li>• Yoga socks</li> <li>• CD stereo/PDA system</li> <li>• Blocks</li> <li>• Yoga strap</li> <li>• Bolster pillow</li> </ul>
<p><b>Activities (Content)</b></p>
<p><b>Session 1: Introductory Session</b></p> <p>The group participants will now be introduced to yoga. This will include a simple, basic explanation of what yoga is, how yoga works, and the ways yoga can be beneficial. Special emphasis will be placed on the effects of yoga on people with ASD. Participants will learn about how to do deep breathing techniques and focus on what they are doing. The session will also include breaks when necessary. Participants will set up their own yoga mats in each session.</p>

## **Session 2-5: Body Sessions**

Sessions 2-5 will be primarily focused on learning yoga poses, deep breathing, and mindfulness associated with yoga. Deep breathing and mindfulness will always be a priority and prompted regularly throughout each session. Yoga poses will become progressively more advanced as the group develops their yoga abilities, as determined by the CTRS. Participants will discuss their experience. Earlier sessions will begin with gentler poses such as cat and cow pose and work up to more intense poses such as downward facing dog. Ending poses will include the relaxing ones such as child's pose and savasana. Later sessions will still begin and end with gentler or relaxing poses, but will work in a larger variety of poses to include those such as warrior pose. After each session, participants will review what occurred during the session.

## **Session 6: Wrap-Up Session**

Participants will review what happened in their last session and all sessions prior. Each pose that was practiced throughout the class will be performed during this session. After reviewing all the poses several times, the participants and CTRS will discuss how they can work yoga into their lives outside of the class and if they would be interested in doing so. Participants will receive a handout with pictures showing the poses they have learned in class to take home with them. Finally, participants will take post-test assessments to gauge improvements in focus and flexibility.

## **Methods (Process)**

### **Session 1: Introduction to Yoga**

The CTRS will set up the room prior to the arrival of the participants. The CTRS will make sure the room is sensitive to the sensory needs of the participants, including lack of any strong smells, loud sounds, or bright lights.

The session will begin with an awareness of each participant's attention and flexibility per the earlier assessments. Then, the CTRS will present an introduction to yoga. The CTRS will explain in easy to understand language that yoga is a series of physical poses paired with deep breathing and a focus on the present moment. The CTRS may use pinwheels to help explain deep breathing by having them blow into the pinwheels to see the movement of their breath. The CTRS will explain, taking into consideration the comprehension level of participants, that yoga can have countless psychological and physical benefits including increased focus, increased flexibility, increased self-esteem, lower stress and offers benefits for people with anxiety, depression, substance use disorders, schizophrenia, and countless other conditions. The CTRS can specify ways yoga can specifically benefit people with autism, including increased focus and concentration. The CTRS will explain and demonstrate how to do the deep breathing necessary for yoga and have the group practice. Next, the group will learn about how yoga involves focusing on the present moment and learn that mindfulness helps with body awareness. The CTRS will explain how participants should try to think only about what they are doing in the current moment and notice how their bodies and breathing feel.

Next, there will be a quick warm-up activity to break the ice with group members. An example could be a name game asking participants one thing they have learned about yoga so far. But, again, the warm-up activity will depend entirely on the makeup of the group.

After this activity, the CTRS will ask participants to set up their yoga mats with enough space so that no one is crowding anyone else. The CTRS will provide as much time as necessary for this setup and give guidance if necessary. When the group is all set, the CTRS will begin leading the group in yoga. The precise yoga poses used will have to be modified depending on the group composition, but the general outline will be as follows: gentle poses such as mountain pose, child's pose, chair pose, corpse pose, locust pose, forward bend, cat pose, and cow pose; more intense poses like downward facing dog, tree pose, bridge pose, warrior pose, plank pose, bow pose, camel pose, boat pose, and heron pose); then, gentle poses again. The CTRS will regularly remind participants to do their deep breathing and remember

to focus on their breath. Breaks will be interspersed throughout the poses as deemed necessary by the CTRS for the attention span and comfort of the participants.

After the poses, the CTRS will ask the participants to put their yoga mats away. They will discuss what was just done and the CTRS will conduct a debriefing. The session will end after the debriefing.

### **Sessions 2-5: Yoga**

Sessions two through five will primarily be focused on executing yoga poses, deep breathing, and focusing on the present moment.

The CTRS will set up the room as before. When participants arrive, the CTRS will ask them to set up their yoga mats and ask participants to sit on them. As before, the CTRS will conduct a warm-up activity. After the warm-up activity, the CTRS will lead participants in a yoga session. The CTRS will frequently prompt participants to remember to do deep breathing and focus. The yoga session will follow the same format as before of gentle poses, to increased intensity poses, to gentle poses again. The sessions should include a review of previous poses and the addition of new poses. As participants advance through the sessions, the yoga poses will become more intense, except for the gentle poses that start and conclude the session. The exact intensity to attain will be determined by the CTRS based on the needs of the specific group for that session.

After the poses are complete, the CTRS will ask participants to put their yoga mats away. The CTRS will then lead a discussion about what was just done and conduct a debriefing. The sessions will end after the debriefing.

### **Session 6: Wrap Up**

The final session will have a focus on reviewing what was done and looking towards what could be done in the future. The CTRS will set up the room as before. The CTRS will ask participants to set up their yoga mats and will again conduct a warm-up activity. After the participants are warmed up, the CTRS will conduct a yoga session following the same procedure as before, with an emphasis on deep breathing and focus. The CTRS will include every pose that was done in the whole class to review them with the participants.

After the yoga session, the CTRS will ask participants to put their yoga mats away. The CTRS and participants will discuss what they have done over the course of the class. Parents may possibly be included in the group discussion, or may be talked with individually after class. The CTRS will discuss with the participants how they might include yoga into their lives and the benefits of doing so. Participants will receive a handout with pictures showing the poses they have learned in the class. Participants will re-take the attention and flexibility tests they took before the classes. The CTRS will conduct a last debriefing. The session will end after the debriefing.

SOAP notes and narrative notes will have been completed after each class session and an end of service summary will be completed on each participant to be discussed sometime soon after the class session has ended.

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

It is anticipated a CTRS, or member of the treatment team, will complete the assessment forms mentioned earlier, especially if the participant is under the age of 18 years old. If there is a vision impairment, a language barrier, or some other difference in ability, the assessment forms may be read to the participant and completed by a proxy representative.

The structure of the Sensory-Friendly class makes it ideal for adaptation in many ways. Depending on needs identified in the assessments, some adaptations may be needed for noise levels, texture sensitivities (as in the mats or socks), smells or various other possible stimuli. There could also be needed adjustments in room temperature, room brightness

and differences in the volume of the music or if there should be music. Sometimes it is necessary to touch a participant to correct posture or to support a pose, but only if verbal or written permission is given first. However, with ASD, in some situations, touching should not happen due to extreme sensitivity to touch.

In some situations, a one-on-one yoga lesson with the instructor may be best at first for the participant with group inclusion coming later.

Using the yoga pose cards, or yoga pose posters, during the class might also be helpful to reinforce the position and order of each pose. Modifications for each pose will always be given.

An interesting variation of the class might be for some Snoezelen room items to be added depending on the participants in that class session.

And, if at some point in time, more class referrals are being received for those with limited physical abilities, the class structure could be adapted to focus more on chair yoga with poses being modified to whatever degree is necessary.

In each class, the instructor will stress listening to the body and only doing what feels good that day. There is no pressure to execute the pose as demonstrated. The body may be at a different place each class and that is perfectly fine.

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

#### Benefits:

- Increased physical health including flexibility and range of motion
- Increased focusing ability
- Enhancement of psychological and emotional health and general well-being

#### Potential Harms:

- Pulled muscles
- Risk of fall/overexertion
- Possibility of overstimulation/meltdowns

### **Documentation (forms, frequency, etc.)**

To register for the class, the online registration form on the Sing Explore Create, LLC website will be used. The CTRS will call and make an appointment to meet one-on-one with the participant and parents or guardian, if applicable. The Getting to Know You Assessment as well as the Childhood Autism Rating Scale will be given at that time and personalized goals and objectives will be discussed in addition to the class goals and objectives.

SOAP notes and narrative notes will be completed after each class session and an end of service summary will be used. These will help give direction on whether more yoga classes will be taken or if the participant would like to enter another class offered at Sing Explore Create, LLC or transition to another type recreation activity in the community or at home.

### **Evaluation Plan**

- Class Registration form is available online at Sing Explore Create, LLC: <https://www.singexplorecreate.com/class-registration-form-new/>
- The preferred assessment forms will be completed at the one-on-one meeting between the CTRS and the class participant and parent, if applicable. (A document review may also be performed if information is received from a referring agency or professional.)

- The Adaptive Yoga Class SOAP note form will be use along with narrative notes to record participant's experiences each class session.
- The End of Service Summary form will be completed to document goals and objectives met. Follow up plans and recommendations will be given.
- The participants will be asked to complete post-program feedback form via the Sing Explore Create, LLC website about class experiences and asking for comments for any improvements.

### **Staff Qualified to Deliver Service (training or certification requirements)**

- Certified Therapeutic Recreation Specialist (CTRS)
- Registered Yoga Teacher (RYT 200) Certification or higher, preferably with adaptive yoga certification or 1 year experience equivalent
- Prefer Cardiopulmonary Resuscitation (CPR), First Aid and Automated External Defibrillator (AED) certification

### **Safety/Risk Management/Precautions**

The Getting to Know You Assessment, or similar tool, should help identify communication and mobility differences as well as any allergies or medication needs. In addition, specific sensory needs or concerns should have been addressed and will be considered each class.

The class instructor will be aware of the signs of overexertion or overstimulation. Safe physical movements during practice will be encouraged with modifications to poses always demonstrated when needed.

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

- The Getting to Know You Assessment (not attached-may need to purchase or ask permission to use)
- Childhood Autism Rating Scale (CARS) (not attached-has been updated and maybe need to be purchased)
- Presidential Youth Fitness Program specifics like sit and reach can be accessed on website
- Adaptive Yoga Class SOAP note form
- Sample yoga pose cards. Many card sets are available for purchase on websites such as <https://www.asanasforautismandspecialneeds.com/product-page/c-a-l-m-m-yoga-tool-kit>
- End of Service Summary form

### **Reference List**

(n.d.). Retrieved April 28, 2017, from <https://www.asanasforautismandspecialneeds.com/>

(n.d.). Retrieved April 28, 2017, from <http://presidentialyouthfitnessprogram.org/>

(n.d.). Retrieved April 28, 2017, from <https://www.singexplorecreeate.com/>

(2017). Adaptive yoga crosses barriers. *Duluth News-Tribune (Duluth, MN)*.

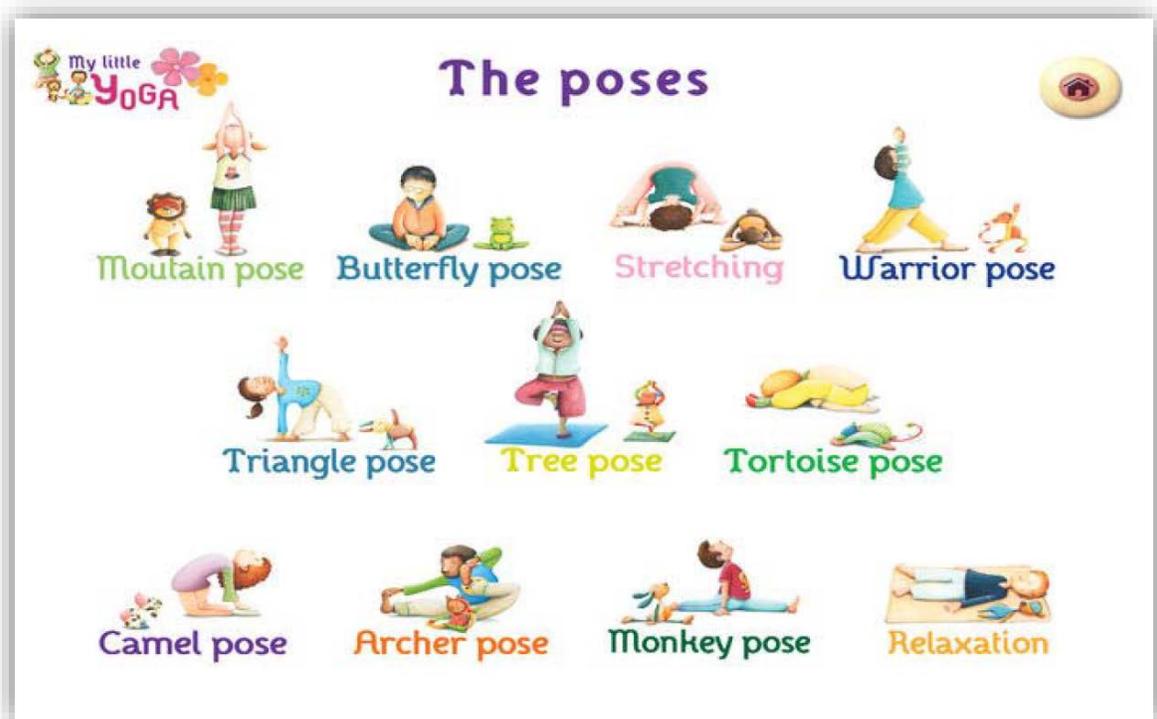
Anderson, L. & Heyne, L. A. (2012). *Therapeutic recreation practice: A strengths approach* (p. 194, Table 9.3). State College, PA: Venture Pub., ©2012.

Boulgarides, L., Barakatt, E., & Coleman-Salgado, B. (2014). Measuring The Effect Of An Eight-Week Adaptive Yoga Program On The Physical And Psychological Status Of Individuals With Parkinson's Disease. A Pilot Study. *International Journal Of Yoga Therapy, 24(1)*, 31-41.

- Cramer, H., Lauche, R., Haller, H., Langhorst, J., Dobos, G., & Berger, B. (2013). 'I'm More in Balance': A Qualitative Study of Yoga for Patients with Chronic Neck Pain. *Journal Of Alternative & Complementary Medicine*, 19(6), 536-542. doi:10.1089/acm.2011.0885
- Crowe, B. M., Van Puymbroeck, M., & Schmid, A. A. (2016). Yoga as Coping: A Conceptual Framework for Meaningful Participation in Yoga. *International Journal Of Yoga Therapy*, 26(1), 123-129.
- Curtis, K. B., Hitzig, S. L., Leong, N., Wicks, C. E., Ditor, D. S., & Katz, J. (2015). Evaluation of a Modified Yoga Program for Persons with Spinal Cord Injury. *Therapeutic Recreation Journal*, 49(2), 97-117.
- Deorari, M., & Bhardwaj, I. (2014). Effect of yogic intervention on Autism Spectrum Disorder. *Yoga Mimamsa*, 46(3/4), 81-84.
- Ehleringer, J. (2010). Yoga for Children on the Autism Spectrum. *International Journal Of Yoga Therapy*, 20131-139.
- Grieser, J. D., Gao, Y., Ransdell, L., & Simonson, S. (2012). Determining Intensity Levels of Selected Wii Fit Activities in College Aged Individuals. *Measurement in Physical Education and Exercise Science*, 16(2), 135-150. doi:10.1080/1091367x.2012.665268
- Kenny, M. (2002). Integrated Movement Therapy: Yoga-Based Therapy as a Viable and Effective Intervention for Autism Spectrum and Related Disorders. *International Journal Of Yoga Therapy*, (12), 71-79.
- Kershner, C. (2014). The Process of Creating an Adaptive Class. *Yoga Therapy Today*, 10(2), 36-38.
- Kim, S., Min, W., Kim, J., & Lee, B. (2014). The Effects of VR-based Wii Fit Yoga on Physical Function in Middle-aged Female LBP Patients. *Journal Of Physical Therapy Science*, 26(4), 549-552. doi:10.1589/jpts.26.549
- Koenig, K. P., Buckley-Reen, A., & Garg, S. (2012). Efficacy of the Get Ready to Learn yoga program among children with autism spectrum disorders: A pretest-posttest control group design. *American Journal Of Occupational Therapy*, 66(5), 538-546. doi:10.5014/ajot.2012.004390
- Litchke, L. G., & Hodges, J. S. (2014). The Meaning of "Now" Moments of Engagement in Yoga for Persons With Alzheimer's Disease. *Therapeutic Recreation Journal*, 48(3), 229-246.
- Litchke, L., Hodges, J., & Reardon, R. (2012). Benefits of Chair Yoga for Persons With Mild to Severe Alzheimer's Disease. *Activities, Adaptation And Aging*, 36(4), 317-328. doi:10.1080/01924788.2012.729185
- Mullins, N. M., Tessmer, K. A., McCarroll, M. L., & Peppel, B. P. (2012). Physiological and Perceptual Responses to Nintendo® Wii Fit™ in Young and Older Adults. *International Journal Of Exercise Science*, 5(1), 79-92.
- Rosenblatt, L. E., Gorantla, S., Torres, J. A., Yarmush, R. S., Rao, S., Park, E. R., & ... Levine, J. B. (2011). Relaxation response-based yoga improves functioning in young children with autism: A pilot study. *The Journal Of Alternative And Complementary Medicine*, 17(11), 1029-1035. doi:10.1089/acm.2010.0834
- Schmid, A. A., Miller, K. K., Van Puymbroeck, M., & DeBaun-Sprague, E. (2014). Yoga leads to multiple physical improvements after stroke, a pilot study. *Complementary Therapies In Medicine*, 22994-1000. doi:10.1016/j.ctim.2014.09.005

### Protocol Authors

Jenai Goodwin, Deanna VanOyen, Brandon West







## Sing Explore Create, LLC

### END OF SERVICE SUMMARY SENSORY-FRIENDLY YOGA

Referral Date: \_\_\_\_\_

End of Service Date: \_\_\_\_\_

Reason for Referral:

Summary of Assessment:

Goals	Objectives	Services	Improved?		Summary
			Yes	No	

Status at End of Service:

Follow-up Plans and Recommendations:

Signature:

Date:

<b>Title</b>
<i>Sing Explore Create, LLC Community Transition Protocol</i>
<b>Brief Description of TR Service/Program</b>
<p>Discharge plans are based on individualized goal of the participants. When a participant enrolls in Sing Explore Create, LLC the recreational therapist documents the participant's goals. The different practitioners within the organization will understand each participant's goals and evaluate them as the classes progress. The overall goal of the transition/discharge plan is to determine if the goals have been met. If the participant's goals have been fulfilled, the recreation therapist can implement this protocol. This protocol ensures that the participant has a safe and supportive environment when they are discharged. A list of community resources, efficacy and success questionnaire, and discharge summary document are included in this discharge protocol. If the individual has not met their goals, the recreation therapist can administer the questionnaire to see where they can improve the program in order to encourage the achievement of goals.</p>
<b>Research on Efficacy/Literature Review Summary</b>
<p>A discharge protocol represents the culmination of recreation therapy services. This protocol focuses on the participant's goals, services, outcomes of services, areas for growth, and future plans (Stumbo &amp; Peterson, 2009, p. 346). According to the American Therapeutic Recreation Association (ATRA), a discharge plan should be designed with the CTRS, participant, and the participant's circle of support (ATRA, 2013). The transition out of Sing Explore Create, LLC should be continuous and smooth (Bullock &amp; Mahon, 1997). The Agency for Healthcare Research and Quality (AHRQ) present the key elements of IDEAL Discharge Planning. First, it is important to include the participant and their family in the discharge process. Secondly, discussing home environment, medications, warning signs, test results, and future appointments with the participant and the family allows for reduced risk of problems at home. Third, the participant and the family should be educated on diagnosis, discharge procedure, and future steps. Fourth, it is important to assess how well the other practitioners explained crucial components of the participants care. Lastly, being able to listen to the participant and the family's wishes, views, opinions, concerns, etc. The IDEAL Discharge Plan allows for transparent communication, increased standard of excellence, and minimized risk of re-hospitalization through discussion with participant and their family (Agency for Healthcare Research and Quality, 2013). Pellett (2016) examined challenges faced by hospital nurses in regards to discharge protocol. The researcher recommend based on the findings that enhancing communication, coordination of services, collaboration, and information technology would allow for a more effective discharge protocol (Pellett, 2016). Friends: Connecting People with Disabilities and Community Members is a manual on how to connect help those with disabilities integrate socially with communities. It stressed the importance of friendship and social inclusion, suggesting gathering a list of community resources and be in the know of all the offerings when working with individuals in transition services.</p>
<b>Referral Criteria</b>
<p>Individuals enrolled in Sing Explore Create, LLC are eligible to take part in the discharge protocol. Practitioners within the organization will document the acquisition of goals throughout the classes. The goals for each participant are documented during their intake session. Once the practitioner believes that the participant has met their goals, a meeting with the individual and their circle of support will occur re-assess the participant and to discuss transitions.</p>

<p><b>Goals</b></p> <ul style="list-style-type: none"> <li>• Participant will create a transition plan with trained staff to either move to other programs offered by Sing Explore Create, LLC or other community resources</li> <li>• Participant will be aware of several recreation/leisure resources in the community</li> <li>• Participant will gain knowledge of trustworthy community recreation programs.</li> <li>• Participant will understand community transportation resources (if applicable)</li> </ul>
<p><b>Measurable Objectives</b></p> <ul style="list-style-type: none"> <li>• Demonstrate ability to gain information of services offered in the community as judged by RT.</li> <li>• Identify potential recreation activities to participate in, both at Sing Explore Create, LLC as well as other community resources.</li> <li>• After discharge, the participant will have the skills to engage in community programs as demonstrated by 3, 6, 9, and 12 month follow ups with the recreation therapist.</li> </ul>
<p><b>Time Required</b></p> <p>Time required for reevaluation/ transition planning client will be different, dependent on individual needs. The client and recreation therapist will start to plan for discharge as soon as the client is admitted into the facility, starting with the assessment and addressing needs, goals and barriers. Transitions will happen within the various leisure programs within the facility. The transition from facility to future programs or community resources will be ongoing and monitored by staff under supervision of the recreation therapist over client.</p>
<p><b>Materials, Equipment, and Resources Needed</b></p> <ul style="list-style-type: none"> <li>• List of community resources</li> <li>• List of transportation options</li> <li>• Certified professionals</li> <li>• Adapted equipment if required</li> </ul>
<p><b>Activities (Content)</b></p> <p>Community Reintegration discharge planning allows each individual to use skills learned in treatment back in his/her community. Specialists help the individual explore healthy interests by connecting them with community resources, each individual is involved in the community reintegration process.</p> <ul style="list-style-type: none"> <li>• Community Transition plan meeting with participant and circle of support</li> </ul>
<p><b>Methods (Process)</b></p> <ul style="list-style-type: none"> <li>• RT will use active listening skills during meeting</li> <li>• RT will fill out the Community Transition Plan document</li> <li>• Participant/circle of support will fill out the Satisfaction Form</li> <li>• RT will follow up with participant at 3, 6, 9, and 12 months to provide additional support and further evaluations.</li> </ul>

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

Upon referral and initial assessment, the appropriate leadership style will be determined. As the individual progresses through the Sing Explore Create, LLC program, the leadership style will change at a rate that is comfortable for the client.

The program will start with as much assistance from the therapeutic recreation specialist as the participant needs. Participant's needs and characteristics will be considered when deciding what leadership style will be used. The environment and situation will also be considered. The ultimate goal will be balance between interdependence and the ability to be independent.

### Expected Outcomes and Contraindications (benefits and harms)

The benefits of providing a transition/discharge plan will help the therapist demonstrate the impact and importance the program had on the client. Outcomes include:

- ☺ Participants becoming more aware of leisure activities in the community
- ☺ Participants developing friendships with people in relatable situations by participating in community programs
- ☺ Participants will have an overall increased health and well-being
- ☺ Participant will feel comfortable with accessing transportation and will have a greater understanding of what programs in the community can be utilized.
- ☺ The story of the participant's care will be documented through a discharge plan, validating the role the Recreation Therapist has on participant's well-being.
  
- ☹ Participant could return to harmful or unhealthful behaviors again.
- ☹ Discharge could be too early depending on participants and their needs.
- ☹ Participants may not take full advantage of leisure resources
- ☹ Participants may not have access to adapted equipment creating a barrier.
- ☹ Recreation Therapist may feel burnout if caseload is too much or time is not managed well.

### Documentation (forms, frequency, etc.)

Documents that will be used in this transition/discharge plan are as follows:

- Sing Explore Create, LLC Recreation Therapy Discharge Summary Sheet: This form of documentation will allow the recreation therapist to record the participant's goals, interventions, barriers, recommendations, and reason for discharge. This information is the final document that is put into a participant's folder that basically gives a summary of the individual's experience at Sing, Explore, Create, LLC.
- Participant Satisfaction Form: This form allows the participant and/or their circle of support to give feedback on the effectiveness of the program. The recreation therapist can then take this information and make changes as needed.
- Participant Evaluation Tracking Form: This form allows the recreation therapist to update and keep track of improvements that the participant is making. The purpose of this document is to evaluate whether or not the participant has met their goals.

## Evaluation Plan

Once an individual has completed a Sing Explore Create, LLC program and a Recreational Therapist has motioned for discharge, an evaluation plan is put into place. The Recreational Therapist will provide a survey for the individual to take once the program is complete. The parents of guardian of the individual will also complete a separate survey.

## Staff Qualified to Deliver Service (training or certification requirements)

Preferred qualifications:

- Board-Certified Music Therapist
- Certified Art Therapist
- Certified Therapeutic Recreation Specialist

## Safety/Risk Management/Precautions

*Environment/Infrastructure:* Providing a safe environment for the participant will be done by reducing any harmful hazards, periodic checks on building safety will be done and any repairs need for proper upkeep of the building to eliminate potential harms and to eliminate negligence.

*Program:* Staff will be part of culture of security and safety. Qualified staff members who attended trainings throughout the year to safety current on best practice for safety.

Program plan will include safety education on equipment/transportation/community events.

Staff will follow programs policies and tasks that are in place and practiced daily.

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

- Sing Explore Create, LLC Assessment Survey: This form will provide opportunities for feedback of the program. There are three different sections that include three diverse questions each.
- Discharge Summary Document
- List of Community Resources: This list of community resources gives the participant and their circle of support information on other opportunities for engagement. That way, if the participant wants to continue a specific activity they have a list of places to attend.
- Transportation Handout (for those who need)
- Participant Evaluation Tracking Form

## Reference List

Agency for Healthcare Research and Quality. (2013). Strategy 4: Care Transitions from Hospital to Home: IDEAL Discharge Planning.  
[https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy4/Strat4\\_Tool\\_1\\_IDEAL\\_chklst\\_508.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy4/Strat4_Tool_1_IDEAL_chklst_508.pdf)

Amado, A.N. (2013). Friends: Connecting people with disabilities and community members. Minneapolis, MN: University of Minnesota, Institute on Community Integration, Research and Training Center on Community Living.

ATRA (2013). *Standards for the Practice of Recreational Therapy & Self-Assessment Guide*. Accessed April, 24, 2017

<https://www.atra-online.com/assets/pdf/standards/pdfstandardsSOP-RT.pdf>

Bullock, C. & Mahon, M. (1997). *Introduction to recreation services for people with disabilities: A person-centered approach*. Champaign, IL: Sagamore Publishing.

Owen, J & Rogers, P. (1999) *Program Evaluation: Forms and Approaches*. Allen & Unwin, St Leonards.

Gaylord Vlieberman, L Abery B&G (Eds)*Impact feature issue on social inclusion through recreation for persons with disabilities*, 16 (2) Minneapolis University of Minnesota, Institute on Community Integration

Pellett, C. (2016). Discharge planning: best practice in transitions of care. *British Journal Of Community Nursing*, 21(11), 542.

Stumbo, N., & Peterson, C. (2009). *Therapeutic recreation program design: Principles and procedures, 5th Edition*. New York: Pearson Education Publisher

### Protocol Authors

Allison Stein  
Abigail Bjork  
Holly Nisson

### **SING CREATE EXPLORE, LLC ASSESSMENT**

After participating in a wonderful program at Sing Explore Create, LLC you have been exposed to new experiences and gained new skills while learning new activities. Please complete the following statements below by circling the number that best correlates to how you feel about the statement.

1= Strongly Disagree

2= Disagree

3= I have no opinion

4= Agree

5= Strongly Agree

<b>I have confidence in making decisions</b>	1	2	3	4	5
<b>Music and Art have opened your mind to new possibilities</b>	1	2	3	4	5
<b>I have joined a new activity outside of Sing Explore Create, LLC</b>	1	2	3	4	5
<b>I feel happy when I participate in activities</b>	1	2	3	4	5
<b>The programs offered allowed me to achieve my goals</b>	1	2	3	4	5
<b>I will continue to work on my goals after my goals are met</b>	1	2	3	4	5
<b>I have gained new skills that can be applied to all areas of my life</b>	1	2	3	4	5
<b>Sing Explore Create, LLC has been a wonderful program for me</b>	1	2	3	4	5

**Additional Comments/Feedback:**

**Sing Explore Create, LLC Community Transition Form**

<b>Participant:</b>	<b>Staff:</b>
<b>Start Date:</b>	<b>End Date:</b>
<b>Needs/Barriers:</b>	
<b>Strengths:</b>	
<b>R.T. Goal:</b>	<b>R.T. Objectives</b>
<b>Interventions Utilized:</b> -Relaxation -Arts & Crafts Group -Adaptive Yoga -Cognitive Activities -Outdoor Activities -Social Activities -Other:  -Music Therapy -Arts & Crafts Individual -Leisure Exploration -Physical Conditioning -Leisure Counseling	<b>Adaptive Equipment Utilized:</b> -Scissors (Loop) -Pencil Grip -Magnifying Glass -Card Holders -Talking Books -Bowling Buddy (ramps, etc.) -Cuffs or Braces -Other:
<b>Leisure Barriers at Discharge:</b> -Cognitive Skills -ROM Limitations -Hearing Deficits -Attitude -Financial -Grasp/Release -Pain -Communication -Endurance -Motivation -Other:  -Paralysis -Perceptual Problems -Spasticity -Social Skills/Approp. -Mobility -Visual Acuity -Self Confidence -General Weakness -Fears/Phobias	<b>Progress Achieved:</b>  <b>Discharge Recommendations:</b> -Utilization of community resources -Continue program at home -Encouragement of social/leisure participation -Adaptive equipment requested -Other:
<b>Reason for Discharge:</b> -Completed RT Program -Medical Leave -Refusal to Participate -Lack of Participation/Interest -Self-Termination -Other:	<b>Notes/Additional Comments:</b>

## ***Sing Explore Create, LLC Community Resources Handout***

- Art Classes:
  - Artsy Sewing Studio & Makery
    - Ages 7+
    - 4 Week sessions
    - Website: <http://artsyscituuate.com/>
    - Phone number: 781-378-0255
    - Email: [info@artsyscituuate.com](mailto:info@artsyscituuate.com)
    - Address: 371 Gannet Rd, Scituate, MA 02066
  - Liz Boston Art Studio
    - Ages: Children (6-12 years old), Teen (13-18 years old), and Adult (18+ years old)
    - Ongoing classes
    - Website: <http://www.lizbostonartstudio.com/>
    - Phone number: (781) 789-8063
    - Email: [info@lizboston.com](mailto:info@lizboston.com)
    - Address: 66 Sea Street North Weymouth, MA 02191
- Yoga Classes
  - South Shore Conservatory
    - All ages
    - Website: [http://sscmusic.org/creative\\_arts\\_therapies-yoga.html](http://sscmusic.org/creative_arts_therapies-yoga.html)
    - Phone number: (781) 934-2731
    - Email: [g.brown@sscmusic.org](mailto:g.brown@sscmusic.org)
    - Address: 64 St. George Street, Duxbury, MA
  - Stretch What Matters
    - Ages: Children-Adult
    - Website: <http://www.stretchwhatmatters.com/>
    - Phone Number: (617) 538-2873
    - Email: [info@stretchwhatmatters.com](mailto:info@stretchwhatmatters.com)
    - Address: 317 North Main Street, Natick, MA 01760
- Memory Café (similar social opportunities)
  - Council on Aging
    - Socialization opportunities
    - Website: <http://www.rockland-ma.gov/council-aging-coa>
    - Phone Number: (781) 871-1266
    - Address: 317 Plain Street Rockland, MA 02370

### **Transportation Resources**

MassRides can help you arrange your commute to work: 1-888-4COMMUTE

MassOptions connects seniors and people with disabilities to services; call 1-844-422-6277

•Mass211 has information about transportation and other services statewide: call 2-1-1

•Regional Elder Services: call 1-800-AGE-INFO for information on regional senior services

INDEX: Call 1-800-642-0249 for information on services for people with disabilities in Massachusetts

Regional Planning Agencies serve each region

### **Mobility Resources**

MassMobility is an initiative to increase mobility for seniors, people with disabilities, veterans, low-income commuters, and others who lack transportation access in Massachusetts. <http://www.mass.gov/eohhs/provider/guidelines-resources/services-planning/hst/mobility-manage/creating-a-mobility-management-information-network.html>

MassMobility Transportation Newsletter - The MassMobility newsletter is compiled by the Human Service Transportation (HST) Office of the Massachusetts Executive Office of Health and Human Services (EOHHS), as part of a federally funded two-year grant to develop a Mobility Management Information Network across Massachusetts. <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/hst/massmobility-newsletter.html>

Mobility Management - Mobility management is a customer-focused approach to connecting riders with transportation services so that seniors, people with disabilities, low-income workers, and youth can access the trips they need to get to jobs, services, and community life. <http://www.mass.gov/eohhs/provider/guidelines-resources/services-planning/hst/mobility-manage/mobility-management-overview.html#Need>

### **Transportation Tools**

To begin your application or recertification, call the TREC at 617-337-2727 to set up an appointment. You will not have to submit a paper application in advance. You may bring information provided by a healthcare provider if you wish, but this is optional. THE RIDE will provide free transportation to your appointment for yourself and one person, or free parking is available onsite if you get a ride from friends or family. The process will start with a 30-minute interview with a staff Mobility Coordinator, after which some applicants will be asked to participate in a functional assessment to test key skills such as walking, balance, and locating bus stops.

Applicants will be able to explain their circumstances in detail to the Mobility Coordinator, and family, friends, or caregivers can participate in the interview. Mobility Coordinators will also reach out to healthcare personnel to verify disabilities that cannot be tested in a functional assessment, such as visual impairment or psychiatric disabilities. Based on the results, you may be found eligible, temporarily eligible, conditionally eligible, or not eligible for THE RIDE. If you disagree with the results of your assessment, you have a right to appeal. To learn more, you can find additional information on THE RIDE's webpage, or you can contact the TREC at 617-337-2727.

[http://www.mbta.com/riding\\_the\\_t/accessible\\_services/](http://www.mbta.com/riding_the_t/accessible_services/)

# Participant Evaluation Tracking Form:

*Sing Explore Create, LLC*

Identifying Information

Patient name: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Guardian's phone: \_\_\_\_\_

Start of program: \_\_\_\_\_

Date of reevaluation: \_\_\_\_\_

Signature of Recreation Therapist: \_\_\_\_\_

Contact [jquill@singexplorecreate.com](mailto:jquill@singexplorecreate.com)

28 Webster St. - Rockland MA 02370

Number: **781-803-2117 ext.5**

## **Program**

Memory Café

Group Therapeutic Arts

Adapted Yoga

Individualized Therapeutic Arts

Re-Evaluation (List changes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal progress (Improvement, Achievement, more Support needed, New goals, Maintenance)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations (list recommendation, continued care, higher level care, lower level care, transition into community program): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Comprehensive Evaluation Plan

Written by Alyssa Rioux, Kate Durant, and Cassandra Sandiford

## Brief Description

According to Anderson & Heyne (2012), evaluation is the systematic collection and analysis of data to address some criteria to make judgements about the worth or improvement of something. It is important for Therapeutic Recreation Specialists to use the logic model to guide us through the process of where we need to make improvements in our services as they are implemented. This model will help us interpret how individual participation data can be compiled with other data to evaluate overall services. In order to evaluate the outcomes of the program, the logic model will be evaluated by progress notes, goals, discharge notes and evaluations by the participant.

## Goals

- Determine overall satisfaction of programs from TRS, participants, staff, circle of support members
- Determine level of overall achievement from participants' objectives and goals

## Objectives

- Each participant will give feedback on the effectiveness of each program session
- The TRS will collect feedback through assessments and survey questions at the end of each program
- The TRS will meet with participants and their circle of support at the end of each month to assess goals and progress

## Quality Assurance

### Methods and activities:

The tools that will be used to measure success at Sing, Explore, Create, LLC consist of:

- Exploring Questions
- Participation Log
- Assessments (Pre and Post)
  - Leisure Diagnostic Battery
  - FACT-R
  - Cooperation and Trust Scale
  - Social Attributes Checklist
- Exit Interview and Survey Questions

### Types of questions:

Questions will be asked at the beginning of participant's introduction to Sing, Explore, Create, LLC as well as at the end of their programs. The attached questions which were used in the Entry Interview and Exit Interview will be used to evaluate the participant's personal growth experience as well as the participant's response in the exit and survey questions which will allow us to measure the participant's satisfaction with the

Programs at Sing, Explore, Create, LLC. Open ended and closed ended questions will be asked and allow the participants to disclose a level of information they are comfortable with.

Participation logs will allow us to evaluate participants learning, skills reviewed and skills learned as well as level of engagement during each session. Pre and post assessments will measure participants growth and success within the program.

#### Questions will address:

##### Formative:

- Current skills, talents, interests
- Social support circle
- Self confidence, awareness
- Safety and personal needs

##### Summative:

- Skills learned
- Engagement levels
- Likes/Dislikes
- Return/Recommend participation

In addition to the questions asked the assessments (Leisure Diagnostic Battery, FactR-R, Cooperation and Trust Scale and Social Attributes Checklist) will measure perceived leisure competence and freedom, functional skills and behavior, social inclusion and skills. Participants will take the assessments at the beginning, midpoint and end of their programs which will allow staff, at Sing, Explore, Create, LLC to evaluate success rates of the programs and how they improve participants' well being.

#### Data Plan:

Participants in the Sing, Explore, Create, LLC programs will be interviewed formally at the beginning and end of their programs. They will be informally observed during program sessions, program observations are tracked using the participation log and will include skills learned, participants level of engagement and any other applicable notes.

#### Throughout Program:

- Throughout all sessions of the participant's program, the participant will be observed on the participation log. Skills reviewed as well as the participant's engagement level and any applicable notes will be logged and dated by session by staff members at Sing, Explore, Create, LLC.
- Any informal feedback will also be logged and dated by staff members.
- At the beginning, and midpoint of the participant's program, assessments will be taken.
- Caretakers and Circle of Support participation, feedback and applicable notes will also be logged on the participation log, as well asked/included on an 'as needs basis'.

#### At Conclusion:

- Participants will fill out the assessments again, and discussions on the results will include participants and any caretakers, or circle of supports that have been present throughout the program.
- Participants will complete an exit interview and satisfaction questions.

- Participation logs will be kept in participant’s files and discussed with caretakers or circle of support as needed.
- New goals will be discussed and programs recommended.

## Reporting

After information is collected and synthesized into a brief report, that will reflect results at the participant and agency level, it will be presented to service providers as well as the participants and their families (upon request). The reports will be worded such that they may be understood and analyzed by those outside of the Therapeutic Recreation community and are generated and released on a quarterly basis. Program management at Sing, Explore, Create, LLC may also choose to share results in the brief report with the community they service and possibly to organizations or individuals offering state funded/ private donations, grants and or loans.

### Report format

All relevant data as outlined in the quality assurance section above will be summarized and compiled into a typed brief report. Copies of the completed entry and exit interview forms and surveys will be attached to the final report. This can be formatted using the outlined logic model below:

i. Resources/ Inputs

ii. Process & Outputs

Activities:(a) Adaptive Yoga

(b) Expressive Arts with You

(c) Express Yourself! with Art and Music

(d) Memory Cafe

Participation:

iii. Outcomes

Short-term outcomes: (what did participants learn)

Medium-term outcomes:(what did participants do)

Long-term outcomes:(what was the ultimate benefit or impact)

iv. Summary

Attachments:

Entry Interview Form

Exit Interview Survey

## References

- Anderson, L., & Heyne, L. A. (2012). *Therapeutic recreation practice: a strengths approach*. State College, PA: Venture Pub.
- burlingame, J., & Blaschko, T. M. (2010). *Assessment tools for recreational therapy and related fields*. Enumclaw, WA: Idyll Arbor.
- Carter, M., Smith, C., & O'Morrow, G. (2013). *Effective management in therapeutic recreation services (3rd ed.)*. State College, PA: Venture Publishing.
- Harms, V., & Leise, C. (n.d.). Ecological leadership. pp. 33-41. Retrieved April 27, 2017, from <http://www.processeducation.org/ijpe/2011/ecological.pdf>
- Miller, & Rollnick. (1991). Chapter 3-Motivational Interviewing as a Counseling Style. *Treatment Improvement Protocol*
- Olsson, R. H. (n.d.). ASSESSMENT PROTOCOL IN THERAPEUTIC RECREATION. Retrieved from <http://lin.ca/sites/default/files/attachments/sp0084%5B3%5D.pdf>
- Peterson, C. A. & Gunn, S. L. (1984). *Therapeutic recreation program design: Principles and procedures (2nd ed.)*. Englewood Cliffs, NJ: Prentice-Hall
- Sing Explore Create, LLC. (n.d.). Retrieved April 21, 2017, from <https://www.singexplorecreate.com/locations/sing-explore-create-llc/>
- Wittman, J.P. (1989). Outcomes of adventure program participation by adolescents involved in psychiatric treatment. *Dissertation Abstracts International*, 50/01-B, 121. (University Microfilms No. AAD89-07355)
- Witt, P. A., & Ellis, G. D. (n.d.). The Leisure Diagnostic Battery, Measuring Perceived Freedom in Leisure. Retrieved April 25, 2017, from [https://www.researchgate.net/profile/Peter\\_Witt5/publication/261657889\\_The\\_leisure\\_diagnostic\\_battery\\_M easuri ng\\_perceived\\_freedom\\_in\\_leisure/links/55662d9808aeab77721cb931.pdf](https://www.researchgate.net/profile/Peter_Witt5/publication/261657889_The_leisure_diagnostic_battery_M easuri ng_perceived_freedom_in_leisure/links/55662d9808aeab77721cb931.pdf)

# Entry Interview Form

Name:

Date:

Classes Enrolled In:

Evaluations Completed and Scores:

Exploring Questions:

1. What are your favorite activities or hobbies?
2. What recreation resources or programs do you use now or have you used in the past?
3. What new recreation programs or activities are you interested in doing?
4. Do you remember a time when you felt really proud of yourself? What were you doing at the time?
5. What hidden talent do you have that no one seems to know about?
6. Who do you usually play or recreate with?
7. Do you know of any neighbors/family members/friends that have interesting hobbies? What makes it interesting?

Safety Questions

8. What type of communication are you most comfortable using?
9. Are there any supports, accommodations or adaptive equipment that you use?
10. Any other information you'd like to add?

Goals you hope to attain through our program:

Caretaker Input:

Notes:

# Exit Interview and Survey Questions

Analysis of Assessments:

Leisure Diagnostic Battery: FACTR-R: Cooperation and Trust Scale: Social Attributes Checklist:

1. How do you feel after taking this class?
2. What skills do you feel like you have learned?
3. Were your goals accomplished? Do you have new goals after completion of this program?

Survey Questions:

1. What did you like the best about our programs?
2. What did you like the least about our programs?
3. Would you enroll again?
4. Would you recommend us to a friend or family member?



# Human Resources/Personnel

Written by Alaina Sherman and Lori Marabella

## Staffing Requirements

- Certified Therapeutic Recreation Specialist (CTRS)
- Certified “Art is 4every1” Instructor
- Registered Yoga Teacher
- Interns

## Job Requirements/Qualifications

### **Certified Therapeutic Recreation Specialist:**

- Minimum Bachelor’s degree required in Therapeutic Recreation or equivalent
- Certification granted by the National Council for Therapeutic Recreation Certification (NCTRC)
- Experience working with individuals with various disabilities preferred (minimum one year)
- Experience with assessments, treatment plans, progress notes and program design
- Computer skills/knowledge i.e., Windows, Microsoft Office
- First Aid/CPR/AED training and/or certification, or obtained within 30 days of hire.
- Must have a valid MA state driver’s license
- Background check, fingerprinting, drug-testing required
- Completed application and health assessment provided (including PPD test)
- Seasonal flu vaccination in accordance with State Department of Health regulations
- Must have proficient use of the English language

### **Certified “Art is 4every1” Instructor:**

- Completion and proof of certification from online training program (available at: [www.artis4every1.com](http://www.artis4every1.com))
- Familiarity with Memories Café art program
- Willing to work with individuals with various disabilities
- Background check, fingerprinting, drug-testing required
- Completed application and health assessment provided (including PPD test)
- Seasonal flu vaccination in accordance with state Department of Health regulations
- Must have proficient use of the English language

### **Registered Yoga Teacher (RYT):**

- RYT 200 certification or higher, granted by Yoga Alliance (preferred credentialing organization)
- Adaptive Yoga certification and/or one year experience working with individuals with differences in functional abilities and developmental levels preferred

- RCYT certification helpful but not required
- Cardiopulmonary Resuscitation (CPR), First Aid and Automated External Defibrillator (AED) certification preferred
- Background check, fingerprinting, drug-testing required
- Completed application and health assessment provided (including PPD test)
- Seasonal flu vaccination in accordance with state Department of Health regulations
- Must have proficient use of the English language

**Interns:**

- Must be a Therapeutic Recreation Student or recent graduate (BA or BS) of an accredited college
- Must be willing to work 20-45 hours per week, 14 consecutive weeks, for a minimum of 560 hours, under the direct supervision of a CTRS to complete internship requirements
- Must be a team player and able to interact with individuals of various abilities
- Must be willing to accept direction and guidance from staff at all levels, to maintain proper programs and services delivery
- Sanitize equipment after use
- Must be flexible, patient and possess a sense of humor
- Background check, fingerprinting, drug-testing required
- Completed application and health assessment provided (including PPD test)
- Seasonal flu vaccination (if interning at on-site facilities that require) in accordance with state Department of Health regulations
- Must have a valid MA state driver's license
- Must have proficient use of the English language

Physical Demands:

- Must be in good physical health
- Must be able to stand for up to 60 minutes per program session, as well as move around the room efficiently, depending on participants' needs
- Ability to work with a variety of art, music, and sensory supplies and equipment

Work Environments/Hazards:

- Use of non-toxic art and sensory supplies and materials
- Possible exposure to blood and bodily fluids, illness
- Interaction with individuals with sensory and behavioral issues

## **Job Descriptions**

**Certified Therapeutic Recreation Specialist (CTRS)**

- Assess participant's needs, goals, and aspirations through observations, initial assessments, and discussions with participants, their healthcare providers, and/or their family member(s)
- Create treatment plans and programs that meet participant's needs and interests
- Plan and implement interventions to help participants meet their goals
- Engage participants in therapeutic activities such as art, music, and adaptive yoga
- Help participants learn social skills needed to become or remain as independent as possible
- Teach participants effective ways to deal with stress, anxiety, or depression

- Record individual progress on a regular basis
- Review and evaluate interventions of programs/services for effectiveness in achieving optimal desired outcomes
- Comply with OSHA material safety requirements
- Document and reporting of accidents/incidents to proper authority
- Important qualities to possess include, but are not limited to: compassion, leadership skills, listening skills, patience, resourcefulness, and effective speaking skills

### **Certified “Art is 4every1” Instructor**

- Plan, organize, and implement group painting classes designed to meet therapeutic goals and measurable objectives, as outlined in the specific program protocol
- Plan, organize, and implement individual art classes on a 1:1 basis designed to meet therapeutic goals and measurable objectives, as outlined in the specific program protocol
- Plan, organize, and implement the Memory Café program designed to meet therapeutic goals and measurable objectives, as outlined in the specific program protocol
- Provide all necessary materials, equipment, and resources for successful execution and completion of the program on an ongoing basis
- Follow the methods in sequential order, as outlined in the specific program protocol
- Provide any necessary leadership variations, based on individual needs and preferences, for optimal desired outcomes
- Complete appropriate documentation and evaluation plans for both formative and summative information about participants progress and program effectiveness

### **Registered Yoga Teacher**

- Plan, organize, and implement Sensory-Friendly Yoga class sessions designed to meet therapeutic goals and measurable objectives, as outlined in the specific program protocol
- Adapt each yoga class to best meet the needs of the participants on any given day
- Plan poses in proper yogic sequences to maximize the benefits while preventing injury
- Demonstrate flexibility, considering the individual’s abilities, possible health concerns, and various levels of functioning in the class
- Monitor each participant for safe positioning during poses, offer adjustments as needed, to help maximize each person’s potential
- Record participant progress on weekly basis

### **Interns**

- Orientation with immediate supervisor
- Participate in 1 hour weekly supervision meetings with CTRS for duration of internship.
- Assist Program leaders setting up room and equipment for all programs as well as clean-up
- Assist clients during programs as needed/appropriate
- Assist in writing treatment plans, progress notes, assessments, evaluations under direction and supervision of CTRS
- Participate in Incident Abuse and Reporting, Corporate Compliance, and Inclusion/Diversity training
- Participate in HIPAA and Confidentiality education

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

## References

- Alzheimer's Café. *Welcome to the alzheimer's café and memory café*. (n.d.). Retrieved from [http://www.alzheimerscafe.com/public.html.alzheimerscafe.com/National\\_Registry.html](http://www.alzheimerscafe.com/public.html.alzheimerscafe.com/National_Registry.html) May 2, 2017
- Alzheimer's Speaks. *Memory and alzheimer's café*. (n.d.). Retrieved from <https://alzheimersspeaks.com/memory-cafes?id=52#plh-item-2> May 2, 2017.
- Art is 4every1 (n.d.). Retrieved from <http://www.artis4every1.com/become-an-instructor/> April 27, 2017.
- Booe, M. (2011). *The job description of a yoga instructor*. Retrieved from <http://www.livestrong.com/article/402751-the-job-description-of-a-yoga-instructor/> April 27, 2017.
- Bureau of Labor Statistics, US Department of Labor, *Occupational Outlook Handbook, 2016-17 Ed*, Recreational therapists. Retrieved from <http://www.bls.gov/ooh/healthcare/recreational-therapists.htm> April 27, 2017.
- Bureau of Labor Statistics, US Department of Labor, *Occupational Outlook Handbook, 2016-17 Ed*, 39-9032 Recreation worker. Retrieved from <https://www.bls.gov/soc/2010/soc399032.htm> May 2, 2017.
- National Council for Therapeutic Recreation Certification. *Student internship guide*. (n.d.). Retrieved from <http://nctrc.org/wp-content/up/oads/2015/02/NCTRCInternshipGuide205.pdf> May 2, 2017.
- SARahr (2010). *Yoga alliance home study certification*. Retrieved from <https://www.livestrong.com/article306254-yoga-alliance-home-study-certification/> May 2, 2017.
- United States Department of Labor, Occupational Safety and Health Administration. (n.d.). Retrieved from <https://www.osha.gov/Publications/OSHA3514.html> April 27, 2017.
- Yoga Alliance. (n.d.). Retrieved from [https://www.yogaalliance.org/Credentialing/Credentials\\_for\\_Teachers](https://www.yogaalliance.org/Credentialing/Credentials_for_Teachers) April 28, 2017.



# Budget and Resources

Written by Bethany Austin, Molly Bernhardsen, and Tamika Jones

## Budget Justification

### Direct Costs:

*Staffing:* For programming to run successfully our staff must be certified professionals. The staffing will consist of many certified staff members. Full-time staffing includes two music teachers for music classes, two certified “Art is 4everyone1” teachers, four certified board music therapists (CMT), and one certified therapeutic recreation specialist (CTRS).

*Transportation:* Staff are required to use their own transportation since there currently is not a Sing, Explore, Create, LLC vehicle. Staff are paid reimbursement for using their own vehicles.

*Supplies:* The program will need office supplies for staff’s office work. The supplies budget will also include the programming supplies. Programming supplies include art and music supplies that are used for numerous classes offered. Multi-media supplies are also included in the supply budget. Adaptive equipment is provided to ensure that all participants can have access to programming. The supply budget also includes the necessary supplies for specialized events and parties.

*Equipment Repairs:* Equipment repairs for instruments to be well maintained are necessary, this is including piano tuning. To keep laptops up to date and functioning software updates and repairs are necessary.

**Indirect Costs:** an indirect cost is “a cost or expense that is not directly traceable to a department, product, activity, customer, etc.” Indirect costs are essential to running a business. In essence, indirect costs are the things that happen behind the scenes. The following are indirect costs for Sing, Explore, Create, LLC are rent, utilities, and vehicle maintenance.

## Direct Costs

### Staffing:

1 Certified Therapeutic Recreation Specialist	\$46,410 per year (\$22.31 per hour)
4 Certified Music Therapists	\$45,890 per year (\$22.06 per hour)
2 Certified “Art is 4everyone1” teachers	\$41,815 per year (\$20.10 per hour)
2 Music Teachers	\$65,340 per year (\$31.41 per hour)
Volunteers/Interns	\$0

### Transportation:

Staff Mileage Reimbursement (\$0.535 per mile)	\$750
--	-------

### Supplies:

Office Supplies (8 laptop computers)	\$6000
Art Program Supplies	\$1000
Music Program Supplies	\$2000
Multi Media Program Supplies	\$500
Parties and Special Events Supplies	\$1000
Adaptive Equipment (if necessary)	\$400-\$600

**Equipment Repairs:**

Piano Tuning and Repairs	\$350
Laptop Repairs and Software	\$500
Drum repairs	\$300

**Indirect Costs****Rent:**

Sing, Explore, Create, LLC has a studio and offices. Sing, Explore, Create, LLC rents their current space. The rent is 1648.00 monthly. Utilities are paid as well, 25% of the utilities are paid by someone who rents space from Sing, Explore, Create, LLC.

**Utilities:**

Utilities include water, sewer, trash and recycling pick-up, electric, and heat. For the town of Rockland Massachusetts, the monthly rates are as follows:

- Water: \$32 basic charge
- Sewer: \$4.49 by 100 cu feet/\$30 minimum
- Trash & Recycling: \$74
- Electricity: \$1.34 per square foot (the building is about 10,400 sq feet)
- Heat: \$.18 per square foot (the building is about 10,400 sq feet)

**Vehicle Maintenance:**

This is not currently a part of the budget as we require staff members to use their personal vehicles and then are reimbursed for mileage. When there is a surplus, money can be set aside to build a fund for a Sing, Explore, Create vehicle.

**Detailed Listing of Items Needed****Website:**

- Planning, design, and maintenance of company's website

**Office/space:**

- Music studio (space for Music Therapy classes)
- Large group room
- Large reception area
- Offices for staff
- Community spaces (schools and camp programs)

**Supplies:**

- Office supplies
- Adaptive equipment
- Art program supplies (acrylic paint, canvases, paint brushes, easels, water buckets, smocks/aprons, plastic table sheets)
- Chairs and tables
- Access to local community events
- Access to high schools/middle schools for camps
- Registration forms
- Tarps for ground activities
- Space that allows quiet sessions
- Space that allows social sessions

- Schedule of classes and programs
- Brochures and pamphlets for advertisement
- Table and paper goods for Paint Nights (tablecloth, napkins, appetizer size plates, forks, knives, spoons)
- Movement props
- Birthday party supplies (goodie bags)
- Music program supplies (instruments, sheet music)

**Technology:**

- Computers (8 laptops)
- Sound system for music classes
- Printers

**Program Equipment:**

Craft Class Teen/Adults:

- Jewelry making supplies
- Sculpting supplies
- Painting supplies

Drawing Workshop Middle/High School:

- Charcoal
- Chalk pastels
- Oil pastels
- Pencils
- Paper

Drum, Jam, and Sing for Teens/Adults:

- Percussion instruments (hand drums, djembes, shakers, bells, guiros)

Exploring Art and Music:

- Art supplies (painting, drawings, clay)
- Instruments

Family Music Therapy:

- Instruments (led by MT)

FUNDamentals of Art:

- Art supplies (painting, drawing, clay, pastels, charcoal, fibers)

Making Friends with Art and Music Elementary Age:

- Music class supplies
- Art supplies
- Social development supplies (paper, pencils, activity sheets)

Making Friends with Art and Music High School Age:

- Music class supplies
- Art supplies
- Social development supplies (paper, pencils, activity sheets)

Multimedia Art:

- Art supplies
- Charcoal
- Chalk pastels
- Oil pastels
- Pencils
- Paper

Multimedia Art Camp:

- Charcoal
- Chalk pastels
- Oil pastels
- Pencils
- Paper

Paint Class Teens/Adults:

- Sketchbook
- Canvases
- Painting supplies

Painting Workshop Middle/High School:

- Watercolor paints
- Acrylic paints
- Oil paints
- Canvases

Sing, Explore, Create, LLC Music 4th-7th Grade:

- Music supplies
- Percussion instruments
- Keyboard
- Supplies for various games

Sing, Explore, Make Friends!

- Supplies for musical games
- Instruments

Paint Nights:

- Art supplies
- Table cloth and plastic goods (tablecloth, napkins, appetizer size plates, forks, knives, spoons)

Birthday Parties:

- Instruments
- Movement props
- Art supplies
- Paper goods (tablecloth, napkins, appetizer size plates, forks, knives, spoons)
- Goodie bag for each child

## Reference List for Budget and Justification

- "28 Webster Street, Rockland, MA 02370 | Propertyshark". Propertyshark.com. N.p., 2017. Web. 6 May 2017. Retrieved from <https://www.propertyshark.com/mason/Property/111532074/28-Webster-St-Rockland-MA-02370/>
- Bureau of Labor Statistics. *U.S. Department of Labor, Occupational Outlook Handbook, 2016-17 Edition, Recreational Therapists*. Retrieved from <https://www.bls.gov/ooh/healthcare/recreational-therapists.htm>
- "Indirect Cost Definition | Dictionary | Accountingcoach". AccountingCoach.com. N.p., 2017. Web. 6 May 2017. Retrieved from <https://www.accountingcoach.com/terms/i/indirect-cost>
- "New Resident Information | Town Of Rockland MA". Rockland-ma.gov. N.p., 2017. Web. 6 May 2017. Retrieved from <http://www.rockland-ma.gov/about-rockland/pages/new-resident-information>
- N.p., 2017. Web. National Grid. Managing Energy Costs in Office Buildings. 6 May 2017. Retrieved from [https://www9.nationalgridus.com/non\\_html/shared\\_energyeff\\_office.pdf](https://www9.nationalgridus.com/non_html/shared_energyeff_office.pdf)
- Payscale.com (2017). Art Teacher Salary. Retrieved from [http://www.payscale.com/research/US/Job=Art\\_Teacher/Salary](http://www.payscale.com/research/US/Job=Art_Teacher/Salary)
- Sokanu.com (2017). Music Teacher Salary. Retrieved from <https://www.sokanu.com/careers/music-teacher/salary/>
- Sokanu.com (2017). Music Therapist Salary. Retrieved from <https://www.sokanu.com/careers/music-therapist/salary/>
- Zillow, Inc. "Mortgage Calculator | Zillow". Zillow. N.p., 2017. Web. 6 May 2017. Retrieved from <https://www.zillow.com/mortgage-calculator/>

BUDGET CATEGORY	TOTAL COST
DIRECT COSTS	
<b>Staff</b> 1 Certified Therapeutic Recreation Specialist 4 Certified Music Therapists 2 Certified "Art 4everyone1" Teachers 2 Music Teachers Volunteers/Interns	\$46,410 per year (\$22.31 per hour) \$45,890 per year (\$22.06 per hour) \$41,815 per year (\$20.10 per hour) 65,340 per year (\$31.41 per hour) \$0
<b>Transportation</b> Staff Mileage Reimbursement	\$750 (\$.535 per mile)
<b>Supplies</b> Office Supplies (8 laptop computers) Art Program Supplies Music Program Supplies Multi Media Program Supplies Parties and Special Events Supplies Adaptive Equipment (if necessary)	\$6000 \$1000 \$2000 \$500 \$1000 \$400-\$600
<b>Equipment Repairs</b> Piano Tuning and Repairs Laptop Repairs and Software Drum repair	\$350 \$500 \$300
INDIRECT COSTS	
<b>Rent</b> Studio & Office Space	Building Cost. Monthly rent \$1,500.00
<b>Utilities</b> Water Sewer Trash & Recycling Electricity Heat	\$32 basic charge per month \$4.49 by 100 cu feet (\$3,735.68 per month) \$74 per month \$1.34 per square ft.(10,400 sq. ft.)(13,936 month) \$.18 per square ft. (10,400 sq. ft.)(1,872 month)
<b>Vehicle Maintenance</b> No vehicle currently owned	Use donations



## Finance/Revenue

Written by Sara McFadden, Leigh Meyers, and Alyse Dawson

### Price Setting

Program	Time	Frequency	Rate
Assessment	60 minutes		\$250
Individualized Therapeutic Arts	30 minutes	Weekly	\$30.00 + cost of materials
	60 minutes	BiWeekly	\$60.00 + cost of materials
Group Therapeutic Arts	Art 60 minutes	Weekly/BiWeekly	\$75.00/\$85.00 (Facility Rate)
	Music 60 minutes	Weekly/Biweekly	\$80.00/\$90.00 (Facility Rate)
Memory Café <ul style="list-style-type: none"> <li>• Artful Aging</li> <li>• Sensory Reminisce &amp; Paint</li> <li>• Scrap A Pic To Not Forget</li> </ul>	60 minutes	One time	\$150.00 (Facility Rate)
	60 minutes	Weekly	\$75.00 (Facility Rate)
	60 minutes	Biweekly	\$85.00 (Facility Rate)
Adaptive Yoga	Child 45 minutes	Weekly (six weeks)	\$75.00
	Adult 60 minutes	Weekly (six weeks)	\$75.00

## Grants

Name of Grant	Brief Description	Website
Reeve Foundation Quality of Life Grants Program	Funds initiatives that foster community engagement, inclusion and involvement, while promoting health and wellness for individuals living with paralysis and their families. Applications open July 1, 2017 Applications from organizations, fill out budget and application	<a href="https://www.christopherreeve.org/get-support/grants-for-non-profits">https://www.christopherreeve.org/get-support/grants-for-non-profits</a>
Cystic Fibrosis Recreation Grant	Applications <b>MUST</b> be completed by the person with CF. If a child is unable to write the parent or guardian may transcribe for them, but the words must come from the applicant. Recreation Grant requests may not exceed \$500 (or \$1,000 for a Peer Support grant) Deadline September 30, 2017	<a href="http://www.cflf.org/recreation-grants">http://www.cflf.org/recreation-grants</a>
Robbie Page Memorial Grant	Funding for therapeutic programs designed to help children during hospitalization or recovery from illness, injury or trauma. The institution/agency to receive funds must have a certified child life specialist or a registered play therapist or a certified recreational play therapist on staff and must be in the area of a sigma sigma sigma chapter \$100 to \$2500 deadline April 30	<a href="https://www.trisigma.org/foundation/sigma-serves-children/apply-for-grant/">https://www.trisigma.org/foundation/sigma-serves-children/apply-for-grant/</a>
Autism Speaks	This organization has some grants, but currently are closed. Check their website for upcoming applications.	<a href="https://www.autismspeaks.org/family-services/grants">https://www.autismspeaks.org/family-services/grants</a>

## Third Party Reimbursement

If Sing Explore Create, LLC decides to pursue third party reimbursement, the following actions must be taken:

1. Establish a National Provider Identifier (NPI). Centers for Medicare & Medicaid Services require service providers to use a 10-digit NPI number when seeking reimbursement (Carter, Smith, & O'Morrow, 2013). To apply for a NPI, visit this link to apply online <https://nppes.cms.hhs.gov/NPPES/Welcome.do> or fill out the attached PDF document to apply by mail. For Part D of the NPI application, healthcare provider taxonomy codes must be entered. Healthcare provider taxonomy codes define a health care service provider type, classification, and area of specialization. The codes applicable to Sing, Explore, Create, LLC staff members are below.

- Art Therapist - 221700000X
- Music Therapist - 225A00000X
- Recreation Therapist - 225800000X

Visit <http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/> for more information about healthcare provider taxonomy codes.

2. Become credentialed with private insurance agencies. Most major insurance companies, including Aetna, Cigna, Humana, and United Health Care, do not cover art therapy, music therapy, or recreation therapy. However, Sing Explore Create, LLC might possibly qualify for Blue Cross/Blue Shield Institutional Credentialing as a Community Mental Health Center if the company becomes accredited through the Council on Accreditation (COA).

For more information visit:

- <https://provider.bluecrossma.com/ProviderHome/portal/home/office-resources/enrollment/become-a-blue-cross-provider/>
- <http://coanet.org/home/>

3. Enroll in MassHealth as a provider in order to provide supports through home- and community-based service waivers. Agencies must meet the requirements outlined by the Massachusetts Rehabilitation Commission (MRC) which can be found in the Community Living Provider Manual at this link:

<http://www.mass.gov/eohhs/docs/mrc/mrc-cl-practices-policies-procedures-2016.pdf>. In addition to the MassHealth provider application form (PDF included), there are several other forms that must be submitted, which can be found at <http://www.mass.gov/eohhs/provider/insurance/masshealth/mfp-demonstration-and-abi-mfp-waivers/home-and-community-based-services-waivers.html>.

## Home and Community Based Services

Sing Explore Create, LLC may be eligible for third party reimbursement through the Home and Community Based Services (HCBS) Waiver programs outlined below. Sing Explore Create, LLC falls under the category of individual support and community habilitation services because the art, music, and recreation therapy services they offer contribute to the physical and emotional growth, socialization, and communication of their clients. The Home- and Community-Based Services Manual in the MassHealth Provider Manual Series states, “In order to participate as a provider of individual support and community habilitation under an HCBS waiver, a provider must be a health or human service organization or an individual with experience providing services that are designed to develop, maintain, or maximize independent functioning in self-care, physical and emotional growth, socialization, communication, and vocational skills for persons with disabilities in accordance with all standards, requirements, policies, and procedures established by the MRC for the provision of such services.”

Title	Description	Supports
Children’s Autism Waiver	Provides intensive services for three years to children ages 0-8 with an autism spectrum disorder. At the conclusion of the three years, transitional support services are covered until age 9.	Community integration, expanded habilitation/education, homemaker, respite, assistive technology, behavioral supports and consultation, family training, home modifications and adaptations, individual goods and services, and vehicle modification.
Adult Supports Waiver	Provides supports for individuals with intellectual disabilities who are at least 22 years old and whose needs can be met by living independently or with family in the community.	Center-based day supports, group supported employment, individualized home supports, respite, day habilitation supplement, adult companion, assistive technology, behavioral supports and consultation, chore, community-based day supports, family training, home modifications and adaptations, individual goods and services, individual supported employment, individualized day supports, occupational therapy, peer support, physical therapy, specialized medical equipment and supplies, speech therapy, stabilization, transportation, and vehicle modifications.
Community Living Waiver	Services are provided for individuals at least 22 years of age with intellectual disabilities who live in their own home, their family home, or the home of someone else and do not need 24/7 supervision due to a combination of services. Individuals who meet the criteria for the Community Living Waiver require more support than those eligible for the Adult Supports Waiver, but less than those who qualify for the Intensive Support Waiver.	Center-based day supports, group supported employment, individualized home supports, live-in caregiver, respite, day habilitation supplement, adult companion, assistive technology, behavioral supports and consultation, chore, community based day supports, family training, home modifications and adaptations, individual goods and services, individual supported employment, individualized day supports, occupational therapy, peer support, physical therapy, specialized medical equipment and supplies, speech therapy, stabilization, transportation, and vehicle modifications.
Intensive Supports Waiver	Provides services to individuals with intellectual disabilities at least 22 years of age who require 24/7 supervision due to the need	Center-based day supports, group supported employment, individualized home supports, live-in caregiver, residential habilitation, respite, day habilitation supplement, 24-hour self directed home sharing support, adult companion, assistive technology, behavioral supports and consultation, chore,

	to have behavioral, medical, and/or physical support.	community-based day supports, family training, home modifications and adaptations, individual goods and services, individual supported employment, individualized day supports, occupational therapy, peer support, physical therapy, specialized medical equipment and supplies, speech therapy, stabilization, transitional assistance services, transportation, and vehicle modifications.
Acquired Brain Injury Non-Residential Habilitation Waiver	Provides support services for individuals with brain injury age 22 and older who do not live in a group residential setting.	Homemaker, personal care, respite, supported employment, adult companion, chore, day services, home accessibility adaptations, individual support and community habilitation, occupational therapy, physical therapy, specialized medical equipment, speech therapy, transitional assistance, and transportation.
Acquired Brain Injury with Residential Habilitation Waiver	Provides for individual with brain injury age 22 and older who live in a group residential setting.	Residential habilitation, supported employment, assisted living services, day services, occupational therapy, physical therapy, shared living 24 hour supports, specialized medical equipment, speech therapy, transitional assistance, and transportation.
Frail Elder Waiver	Provides assistance for individuals over the age of 60 who require nursing home level care, but are able to receive healthcare and ongoing support in their home or community living residence.	Alzheimer's/dementia coaching, home health aide, homemaker, personal care, respite, chore, companion, environmental accessibility adaptation, grocery shopping and delivery, home-based wandering response system, home delivered meals, home delivery of prepackaged medication, laundry, medication dispensing system, occupational therapy, senior care options, skilled nursing, supportive day program, supportive home care aide, transitional assistance, and transportation.

Attachments:

- NPI Application
- HCBS Provider Application

## References

Carter, M., Smith, C., & O'Morrow, G. (2013). *Effective management in therapeutic recreation services, 3<sup>rd</sup> Edition*. State College, PA: Venture Publishing.

Commonwealth of Massachusetts. (2013). MassHealth Provider Manual Series: Home- and Community-Based Services Manual.

Commonwealth of Massachusetts. (2017). Home- and Community-Based Services Waivers. Retrieved from <http://www.mass.gov/eohhs/provider/insurance/masshealth/mfp-demonstration-and-abi-mfp-waivers/home-and-community-based-services-waivers.html>

Massachusetts Medicaid Waiver. Retrieved from <http://medicaidwaiver.org/state/massachusetts.html>

Massachusetts Rehabilitation Commission. (2016). Community living division provider manual. Retrieved from <http://www.mass.gov/eohhs/docs/mrc/mrc-cl-practices-policies-procedures-2016.pdf>

## NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please **PRINT** or **TYPE** all information so it is legible. Use only blue or black ink. Do not use pencil. Failure to provide pages 1, 2 and 3 with complete and accurate information may cause your application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form. Information submitted on this application (except for Social Security Number, IRS Individual Taxpayer Identification Number, and Date of Birth) may be made available on the internet.

### SECTION 1: BASIC INFORMATION

**A. Reason for Submittal of this Form (Required) (Only provide one Reason for Submittal and/or NPI per form. Use additional forms if necessary.)**

- |  |  |
|--|--|
| <p>1. <input type="checkbox"/> Initial Application*<br/>(*Denotes required field for initial application only.)</p> <p>2. <input type="checkbox"/> Change of Information (See Instructions)<br/>NPI: (Required) _____</p> <p>Only complete the appropriate sections with the information that is changing. If removing information, please indicate within the appropriate field(s) by writing 'Remove'.</p> | <p>3. <input type="checkbox"/> Deactivation (See Instructions)<br/>NPI: (Required) _____</p> <p>Reason: (Check only one box) (Required)<br/> <input type="checkbox"/> Death    <input type="checkbox"/> Business Dissolved<br/> <input type="checkbox"/> Other, Specify: (See Instructions) _____</p> <p>4. <input type="checkbox"/> Reactivation (See Instructions)<br/>NPI: (Required) _____</p> <p>Reason: (Required) _____</p> |
|--|--|

**B. Entity Type (Check only one box) (Required for initial applications only) (See Instructions)**

1.  An individual who renders health care. (Complete Sections 2A, 3, 4A and 5 only)
- Is the individual a sole proprietor? (See Instructions)     Yes     No
2.  An organization that renders health care. (Complete Sections 2B, 3, 4B and 5 only)
- Is the organization a subpart? (See Instructions)     Yes     No
  - If yes, enter the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the "parent" organization health care provider:  
Parent Organization LBN: \_\_\_\_\_  
Parent Organization TIN: \_\_\_\_\_

### SECTION 2: IDENTIFYING INFORMATION

**A. Individuals (includes Sole Proprietorships and Incorporated Individuals)**

1. Prefix (e.g., Mr., Mrs.)	2. First*	3. Middle	4. Last*
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	

Other Name Information (If applicable. Use additional sheets of paper if necessary)

1. Prefix (e.g., Mr., Mrs.)	2. First	3. Middle	4. Last
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	

13. Type of Other Name  
 Former Name     Professional Name     Other

14. Date of Birth* (mm/dd/yyyy)	15. State of Birth* (U.S. only)	16. Country of Birth* (If other than U.S.)	17. Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
18. Social Security Number (SSN) (See Instructions)		19. IRS Individual Taxpayer Identification Number (ITIN) (See Instructions)	

**B. Organizations (includes Groups, Corporations and Partnerships) (Do not report an SSN in the EIN field.)**

1. Name* (Legal Business Name)	2. Employer Identification Number* (EIN)
3. Other Name (if applicable see instructions)	
4. Type of Other Name <input type="checkbox"/> Former Legal Business Name <input type="checkbox"/> D/B/A Name <input type="checkbox"/> Other <input type="checkbox"/> Subpart (See Instructions)	

**SECTION 3: BUSINESS ADDRESSES AND OTHER INFORMATION**

**A. Business Mailing Address Information**

(Do not report your residential address unless it is also your Business Mailing Address.)

1. Business Mailing Address Line 1\* (Street Number and Name or P.O. Box)

2. Business Mailing Address Line 2 (Address Information; e.g., Suite Number)

3. Business City*	4. Business State*	5. ZIP or Foreign Postal Code*	6. +4
-------------------	--------------------	--------------------------------	-------

7. Business Country Name (if outside U.S.)

8. Business Telephone Number (Include Area Code)	9. Extension	10. Business Fax Number (Include Area Code)
--	--------------	---

**B. Business Practice Location Information**

(Do not report your residential address unless it is also your Business Practice Location.)

1. Business Primary Practice Location Address Line 1\* (Street Number and Name – P.O. Boxes Not Acceptable)

2. Business Primary Practice Location Address Line 2 (Address Information; e.g., Suite Number)

3. Business City*	4. Business State*	5. ZIP or Foreign Postal Code*	6. +4
-------------------	--------------------	--------------------------------	-------

7. Business Country Name (if outside U.S.)

8. Business Telephone Number* (Include Area Code)	9. Extension	10. Business Fax Number (Include Area Code)
---	--------------	---

**C. Other Provider Identification Numbers** (Use additional sheets of paper if necessary)

Do not include SSN, ITIN, EIN, or NPI in this section. All Medicare numbers must be specified under one of the following Medicare Types: UPIN, OSCAR/Certification, PIN or NSC. If you are removing identification numbers, please check the appropriate "Delete" box and provide the 'Identification Number' and 'State where issued' information being deleted.

	Delete	Identification Number	State where issued (If applicable)
Medicare UPIN	<input type="checkbox"/>		
Medicare OSCAR/Certification	<input type="checkbox"/>		
Medicare PIN	<input type="checkbox"/>		
Medicare NSC	<input type="checkbox"/>		
Medicaid (State information required)	<input type="checkbox"/>		
Other, Specify: _____	<input type="checkbox"/>		

**D. Provider Taxonomy Code (Provider Type/Specialty) and License Number Information**

Do not include SSN, ITIN, EIN or NPI in this section.

\*\*Information on provider taxonomy codes is available at [www.wpc-edi.com/codes/taxonomy](http://www.wpc-edi.com/codes/taxonomy).\*\*

See instructions for assistance with completing this section. If you are removing taxonomy codes, please check the appropriate 'Delete' box and provide the taxonomy code/State information being deleted.

Taxonomy Code (list primary first)**	Delete	License Number (If applicable)	State where issued (If applicable)
	<input type="checkbox"/>		

**Penalties for Falsifying Information on the National Provider Identifier (NPI) Application/Update Form**

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

**SECTION 4: CERTIFICATION STATEMENT (See Instructions)**

I, the undersigned, certify to the following:

- This form is being completed by, or on behalf of, a health care provider as defined at 45 CFR 160.103.
- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to notify the NPI Enumerator of any changes in this form within 30 days of the effective date of the change.
- I have read and understand the Penalties for Falsifying Information on the NPI Application/Update Form as printed in this application. I am aware that falsifying information will result in fines and/or imprisonment.
- I have read and understand the Privacy Act Statement.

**\*\*All signatures must be original and signed in ink. Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.\*\***

**A. Individual Practitioner's Signature (Required for Type 1 Providers ONLY.)**

1. Practitioner's Signature* ( <i>First, Middle, Last, Jr., Sr., M.D., D.O., etc.</i> )	2. Date* ( <i>mm/dd/yyyy</i> )
---	--------------------------------

**B. Authorized Official's Information and Signature for the Organization (Required for Type 2 Organizations ONLY.)**

1. Prefix ( <i>e.g., Mr., Mrs.</i> )	2. First*	3. Middle	4. Last*
5. Suffix ( <i>e.g., Jr., Sr.</i> )		6. Credential ( <i>e.g., M.D., D.O.</i> )	
7. Title/Position*		8. Telephone Number* ( <i>Include Area Code</i> )	
		9. Extension	
10. Authorized Official's Signature* ( <i>First, Middle, Last, Jr., Sr., M.D., D.O., etc.</i> )			11. Date* ( <i>mm/dd/yyyy</i> )

**SECTION 5: CONTACT PERSON**

**A. Contact Person's Information**

Provide the name and telephone number of an individual who can be reached to answer questions regarding the information you furnished in this application. The contact person can be the health care provider. (*See Instructions*)

1. Prefix ( <i>e.g., Mr., Mrs.</i> )	2. First*	3. Middle	4. Last*
5. Suffix ( <i>e.g., Jr., Sr.</i> )		6. Credential ( <i>e.g., M.D., D.O.</i> )	
7. Title/Position		8. E-Mail Address	
		9. Telephone Number* ( <i>Include Area Code</i> )	
		10. Extension	

**For the most efficient and fast receipt of your NPI, please use the web-based NPI process at the following address: <https://nppes.cms.hhs.gov>. NPI web is a quick and easy way for you to get your NPI. Or send the completed signed application to: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0931. The time required to complete this information collection is estimated to average 20 minutes per response for new applications and 10 minutes for changes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the NPI Enumerator at 1-800-465-3203.**

---

## Privacy Act Statement

---

Section 1173 of the Social Security Act authorizes the adoption of a standard unique health identifier for all health care providers who conduct electronically any standard transaction adopted under 45 CFR 162. The purpose of collecting this information is to assign a standard unique health identifier, the National Provider Identifier (NPI), to each health care provider for use on standard transactions. The NPI will simplify the administrative processing of certain health information. Further, it will improve the efficiency and effectiveness of standard transactions in the Medicare and Medicaid programs and other Federal health programs and private health programs. The information collected will be entered into a new system of records called the National Provider System (NPS), HHS/HCFA/OIS No. 09-70-0008. In accordance with the NPPES Data Dissemination Notice (CMS-6060), published May 30, 2007, certain information that you furnish will be publicly disclosed. The NPPES Data Dissemination Notice can be found at <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination.html>.

Failure to provide complete and accurate information may cause the application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you furnished on the form. (See the instructions for completing the NPI application/update form to find the information that is voluntary or mandatory.)

Information may be disclosed under specific circumstances to:

1. The entity that contracts with HHS to perform the enumeration functions, and its agents, and the NPS for the purpose of uniquely identifying and assigning NPIs to providers.
2. Entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act.
3. A congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual.
4. Another Federal agency for use in processing research and statistical data directly related to the administration of its programs.
5. The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when
  - (a) HHS, or any component thereof, or
  - (b) Any HHS employee in his or her official capacity; or
  - (c) Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or
  - (d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components is party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.
7. An individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided.
8. An Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated data processing (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.
9. An agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State.
10. Another Federal or State agency
  - (a) As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds.
  - (b) For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act.

---

## INSTRUCTIONS FOR COMPLETING THE NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

---

Please PRINT or TYPE all information so it is legible. Use only blue or black ink. Do not use pencil. Failure to provide pages 1, 2, and 3 with complete and accurate information may cause your application to be returned and delay processing of your application. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form. **Please note: Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) information should only be listed in block 18 or block 19 of this form. DO NOT report SSN or ITIN information in any other section of this application form.**

This application is to be completed by, or on behalf of, a health care provider or a subpart seeking to obtain an NPI. (See 45 CFR 162.408 and 162.410 (a) (1).

**SECTION 1: BASIC INFORMATION** (This section is to identify the reason for submittal of this form and the type of entity seeking to obtain an NPI.)

**A. Reason for Submittal of this Form**

This section identifies the reason the health care provider is submitting this form. (Required)

**1. Initial Application**

If applying for a NPI for the first time check box #1, and complete appropriate sections as indicated in Section 1B for your entity type.

**2. Change of Information**

If changing information, check box #2, write your NPI in the space provided. See the instructions in Section 4, then sign and date the certification statement in Section 4A or 4B. All changes must be reported to the NPI Enumerator within 30 days of the change. Please ensure that your NPI is legible and correct. Complete Section 5 so that we may contact you in the event of problems processing this form. Please note that some changes, such as a change to a health care provider's date of birth, require a photocopy of the health care provider's U.S. driver's license or birth certificate to be submitted along with the form for verification purposes.

**3. Deactivation**

If you are deactivating the NPI, check box #3. Record the NPI you want to deactivate, indicate the reason for deactivation, and complete Section 2. Sign and date the certification statement in Section 4A or 4B, as appropriate. See instructions for Section 4. Use additional sheets of paper if necessary. Please note that deactivations due to death must be completed and signed in Section 4 by the Power of Attorney or Executor of the Will. In addition, a copy of the death certificate or obituary must accompany the completed signed form.

**4. Reactivation**

If you are reactivating the NPI, check box #4. Record the NPI you want to reactivate, provide the reason for reactivation, and complete Section 2. Sign and date the certification statement in Section 4A or 4B, as appropriate. See instructions for Section 4. Use additional sheets of paper if necessary.

**B. Entity Type** (Check only one box) (Required for initial applications)

**Entity Type 1:** Individuals who render health care or furnish health care to patients; e.g., physicians, dentists, nurses, chiropractors, pharmacists, physical therapists. Incorporated individuals may obtain NPIs for themselves (Entity Type 1 Individual) if they are health care providers and may obtain NPIs for their corporations (Entity Type 2 Organization). A sole proprietorship is an Entity Type 1 (Individual). (A sole proprietorship is a form of business in which one person owns all the assets of the business and is solely liable for all the debts of the business in an individual capacity. Therefore, sole proprietorships are not organization health care providers.) Note that sole proprietorships may obtain only one NPI. Sole proprietorships must report their SSNs (not EINs even if they have EINs). Virtually any health care provider could be a sole proprietorship, including most of the examples listed in Entity Type 2.

**Entity Type 2:** Organizations that render health care or furnish health care supplies to patients; e.g., hospitals, home health agencies, ambulance companies, group practices, health maintenance organizations, durable medical equipment suppliers, pharmacies. Solely owned corporations that are health care providers obtain NPIs as Entity Type 2. If the organization is a subpart, check yes and furnish the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the "parent" organization health care provider. (A subpart is a component of an organization health care provider. A subpart may be a different location or may furnish a different type of health care than the organization health care provider. For ease of reference, we refer to that organization health care provider as the "parent".)

**SECTION 2: IDENTIFYING INFORMATION**

**A. Individual** (includes Sole Proprietorships and Incorporated Individuals)

**NOTE:** An individual may obtain only one NPI, regardless of the number of taxonomies (specialties), licenses, or business practice locations he/she may possess. SSN or ITIN information should only be listed in block 18 or block 19, respectively, of this form. DO NOT report SSN and ITIN information in any other section of this form. A sole proprietorship is an individual.

**Name Information**

1-6. Provide your full legal name. (Required first and last name) Do not use initials or abbreviations. If you furnish your SSN in block 18, this name must match the name on file with the Social Security Administration (SSA). The date of birth must also match that on the file with SSA.

**Other name information**

7-12. If you have used another name, including a maiden name, supply that "Other Name" in this area. (Optional) You may include multiple credentials.

13. Mark the check box to indicate the type of "Other Name" you used. (Required if 7-12 are completed)

14-16. Provide the date (Required), State (Required), and country (Required, if other than U.S.) of your birth. Do not use abbreviations other than United States (U.S.).

17. Indicate your gender. (Required)

18. Furnish your Social Security Number (SSN) for purposes of unique identification. (Optional) If you furnish your SSN, this name must match the name and date of birth on file with the Social Security Administration (SSA). If you do not furnish your SSN, processing of your application may be delayed because of the difficulty of verifying your identity via other means; you may also have difficulty establishing your proper identity with insurers from which you receive payments. If you are not eligible for an SSN, see item #19. If you do not furnish your SSN, you must furnish 2 proofs of identity with this application form. Acceptable forms include: valid passport, birth certificate, a photocopy of your U.S. driver's license, State issued identification, or information requested in item 19. Visas and Employer Identification Cards are NOT acceptable.

19. If you do not qualify for an SSN, furnish your IRS Individual Taxpayer Identification Number (ITIN) along with a photocopy of your U.S. driver's license, State issued ID, birth certificate or passport. You may not report an ITIN if you have an SSN. Do not enter an Employer Identification Number (EIN) in the ITIN field. **NOTE:** Your valid passport, birth certificate, photocopy of the U.S. driver's license or State issued identification must accompany your ITIN. If you do not furnish the information requested in blocks 18 or 19, you must furnish 2 proofs of identity with this application form: valid passport, birth certificate, a valid photocopy of your U.S. driver's license or State issued identification. Visas and Employer Identification Cards are NOT acceptable.

Examples of individuals who need ITINs include:

- Non-resident alien filing a U.S. tax return and not eligible for an SSN;
- U.S. resident alien (*based on days present in the United States*) filing a U.S. tax return and not eligible for an SSN;
- Dependent or spouse of a U.S. citizen/resident alien; and
- Dependent or spouse of a non-resident alien visa holder.

#### B. Organizations (*includes Groups, Corporations and Partnerships*)

- 1–2. Provide your organization's or group's name (legal business name used to file tax returns with the IRS) and EIN (assigned by the IRS) (Required)  
Please Note: If you are applying for an NPI for a subpart and the subpart does not have its own EIN, please submit the LBN and EIN for the parent organization in Sections 2B1 and 2B2 and submit the subpart name in Section 2B3. If the subpart has its own LBN and EIN (separate from the parent's LBN and EIN), then the subpart should submit the subpart's LBN and EIN in Section 2B1 and 2B2. In both cases, the subpart should check 'Yes' to the subpart question in Section 1B2.
3. If your organization or group uses or previously used another name, supply that "Other Name" in this area. (*Optional*)
4. Mark the check box to indicate the type of "Other Name" used by your organization. (*D/B/A Name=Doing Business As Name.*) (*Required if 3 is completed.*)

**NOTE: A sole proprietorship does not complete this section; he/she completes Section A.**

### SECTION 3: ADDRESSES AND OTHER INFORMATION

#### A. Business Mailing Address Information (*Required*)

This information will assist us in contacting you with any questions we may have regarding your application for an NPI or with other information regarding NPI. You must provide an address and telephone number where we can contact you directly to resolve any issues that may arise during our review of your application. Do not report your residential address in this section unless it is also your business mailing address.

#### B. Business Practice Location Information (*Required*)

Provide information on the address and telephone number of your primary practice location. If you have more than one practice location, select one as the "primary" location. Do not furnish information about additional locations on additional sheets of paper. Do not report your residential address in this section unless it is also your business practice location.

#### C. Other Provider Identification Numbers (*Optional*)

To assist health plans in matching your NPI to your existing health plan assigned identification number(s), you may wish to list the provider identification number(s) you currently use that were assigned to you by health plans. If you do not have such numbers, you are not required to obtain them in order to be assigned an NPI. Organizations should only furnish other provider identification numbers that belong to the organization; do not list identification numbers that belong to health care providers who are individuals who work for the Organizations. DO NOT report SSN, ITIN, or EIN information in this section of the form.

#### D. Provider Taxonomy Code (*Provider Type/Specialty*) (*Required*)

Provide your 10-digit taxonomy code. You must select a primary taxonomy code in order to facilitate aggregate reporting of providers by classification/specialization. If you need additional taxonomy codes to describe your type/classification/specialization, you may select additional codes. Information on taxonomy codes is available at [www.wpc-edi.com/codes/taxonomy](http://www.wpc-edi.com/codes/taxonomy).

Furnish the provider's health care license, registration, or certificate number(s) (if applicable). If issued by a State, show the State that issued the license/certificate. The following individual practitioners are required to submit a license number. (If you are a resident or intern and do not have a license or certificate, you may select the Student in an Organization Health Care Education/Training Program taxonomy code.) (*If you are one of the following and do not have a license or certificate, you must enclose a letter to the Enumerator explaining why not:*)

Certified Registered Nurse Anesthetist	Clinical Psychologist	Nurse Practitioner	Physician/Osteopath
Chiropractor	Dentist	Optometrist	Podiatrist
Clinical Nurse Specialist	Licensed Nurse	Pharmacist	Registered Nurse

You may use the same license, registration, or certification number for multiple taxonomies; e.g., if you are a physician with several different specialties. Do not include SSN, ITIN, EIN or NPI in this section. Do not list credentials as a taxonomy description, be specific.

**NOTE:** A health care provider that is an organization, such as a hospital, may obtain an NPI for itself and for any subparts that it determines need to be assigned NPIs. In some cases, the subparts have Provider Taxonomy Codes that may be different from that of the hospital and of each other, and each subpart may require separate licensing by the State (e.g., General Acute Care Hospital and Psychiatric Unit). If the organization provider chooses to include these multiple Provider Taxonomy Codes in a request for a single NPI, and later determines that the subparts should have been assigned their own NPIs with their associated Provider Taxonomy Codes, the organization provider must delete from its NPES record any Provider Taxonomy Codes that belong to the subparts who will be obtaining their own NPIs. The organization provider must do this by initiating the Change of Information option on this form.

### SECTION 4: CERTIFICATION STATEMENT (*Required*)

This section is intended for the applicant to attest that he/she is aware of the requirements that must be met and maintained in order to obtain and retain an NPI. This section also requires the signature and date of signature of the "Individual" who is the type 1 provider, or the "Authorized Official" of the type 2 organization who can legally bind the provider to the laws and regulations relating to the NPI. See below to determine who within the provider qualifies as an Authorized Official. Review these requirements carefully.

#### Authorized Official's Information and Signature for the Organization

By his/her signature, the authorized official binds the organization provider/supplier to all of the requirements listed in the Certification Statement and acknowledges that the organization provider may be denied a National Provider Identifier if any requirements are not met. This section is intended for organization providers; not health care providers who are individuals. All signatures must be original. Stamps, faxed or photocopied signatures are unacceptable. You may include multiple credentials.

An authorized official is an appointed official with the legal authority to make changes and/or updates to the organization provider's status (e.g., change of address, etc.) and to commit the organization provider to fully abide by the laws and regulations relating to the National Provider Identifier. The authorized official must be a general partner, chairman of the board, chief financial officer, chief executive officer, direct owner of 5 percent or more of the organization provider being enumerated, or must hold a position of similar status and authority within the organization.

Only the authorized official(s) has the authority to sign the application on behalf of the organization provider.

By signing this application for the National Provider Identifier, the authorized official agrees to immediately notify the NPI Enumerator if any information in the application is not true, correct, or complete. In addition, the authorized official, by his/her signature, agrees to notify the NPI Enumerator of any changes to the information contained in this form within 30 days of the effective date of the change.

### SECTION 5: CONTACT PERSON (*Required*)

Please note that if a contact person is not provided, all questions about this application will be directed to the health care provider named in Section 2 or the authorized official named in Section 4, as appropriate. The contact person will receive the NPI notification once the health care provider has been assigned an NPI. You may include multiple credentials.

If you have questions, contact: UMass Provider Network Administration Unit • 1-855-300-7058 • ProviderNetwork@umassmed.edu

1. Provider name (please print)																										
2. Provider doing business address (for self employed provider please enter self employed address)																										
3. City	4. State	5. Zip code (enter 9-digit zip code, if known)																								
6. Legal entity name																										
7. Legal entity street address																										
8. City	9. State	10. Zip code (enter 9-digit zip code, if known)																								
11. Telephone number (daytime)	12. Cellular telephone number (optional)																									
13. Fax number (if available)	14. E-mail address (please print)																									
15. Tax ID number or SSN	16. Contact person (please print)	17. Telephone number of contact person																								
18. Do you currently have any Medicaid provider numbers (in addition to the one you are applying for with this application)? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span> Other (specify) and #: _____ Other (specify) and #: _____																										
19. Has there been any disciplinary action against you by any licensing boards or certification bodies? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span> If "yes," please explain on a separate signed, dated piece of paper attached to this application.																										
20. Have you ever been excluded from participation in the Medicaid or Medicare program? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span> If "yes," please explain on a separate signed, dated piece of paper attached to this application.																										
21. Type of ownership (Check one.) <input type="checkbox"/> 01—individual applicant (sole owner) <input type="checkbox"/> 02—partnership <input type="checkbox"/> 03—nonprofit organization <input type="checkbox"/> 04—government entity <input type="checkbox"/> 05—corporation <input type="checkbox"/> 06—trust <input type="checkbox"/> 07—other (specify): _____																										
22. Indicate the services that you are applying to provide. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> adult companion</td> <td><input type="checkbox"/> individual support/ community habilitation</td> <td><input type="checkbox"/> supportive home care aide</td> </tr> <tr> <td><input type="checkbox"/> assisted living services</td> <td><input type="checkbox"/> occupational therapy</td> <td><input type="checkbox"/> respite</td> </tr> <tr> <td><input type="checkbox"/> chore services</td> <td><input type="checkbox"/> peer support</td> <td><input type="checkbox"/> specialized medical equipment</td> </tr> <tr> <td><input type="checkbox"/> community/residential family training</td> <td><input type="checkbox"/> personal care</td> <td><input type="checkbox"/> speech therapy</td> </tr> <tr> <td><input type="checkbox"/> day services</td> <td><input type="checkbox"/> physical therapy</td> <td><input type="checkbox"/> transportation</td> </tr> <tr> <td><input type="checkbox"/> home health aide</td> <td><input type="checkbox"/> prevocational services</td> <td></td> </tr> <tr> <td><input type="checkbox"/> homemaker</td> <td><input type="checkbox"/> skilled nursing</td> <td></td> </tr> <tr> <td><input type="checkbox"/> independent living supports</td> <td><input type="checkbox"/> supported employment</td> <td></td> </tr> </table>			<input type="checkbox"/> adult companion	<input type="checkbox"/> individual support/ community habilitation	<input type="checkbox"/> supportive home care aide	<input type="checkbox"/> assisted living services	<input type="checkbox"/> occupational therapy	<input type="checkbox"/> respite	<input type="checkbox"/> chore services	<input type="checkbox"/> peer support	<input type="checkbox"/> specialized medical equipment	<input type="checkbox"/> community/residential family training	<input type="checkbox"/> personal care	<input type="checkbox"/> speech therapy	<input type="checkbox"/> day services	<input type="checkbox"/> physical therapy	<input type="checkbox"/> transportation	<input type="checkbox"/> home health aide	<input type="checkbox"/> prevocational services		<input type="checkbox"/> homemaker	<input type="checkbox"/> skilled nursing		<input type="checkbox"/> independent living supports	<input type="checkbox"/> supported employment	
<input type="checkbox"/> adult companion	<input type="checkbox"/> individual support/ community habilitation	<input type="checkbox"/> supportive home care aide																								
<input type="checkbox"/> assisted living services	<input type="checkbox"/> occupational therapy	<input type="checkbox"/> respite																								
<input type="checkbox"/> chore services	<input type="checkbox"/> peer support	<input type="checkbox"/> specialized medical equipment																								
<input type="checkbox"/> community/residential family training	<input type="checkbox"/> personal care	<input type="checkbox"/> speech therapy																								
<input type="checkbox"/> day services	<input type="checkbox"/> physical therapy	<input type="checkbox"/> transportation																								
<input type="checkbox"/> home health aide	<input type="checkbox"/> prevocational services																									
<input type="checkbox"/> homemaker	<input type="checkbox"/> skilled nursing																									
<input type="checkbox"/> independent living supports	<input type="checkbox"/> supported employment																									

**HCBS waiver provider application certification**

**Please Read Carefully and Sign**

This is an application to be a provider in the MassHealth program. This application will become part of, and is incorporated by reference into, the provider agreement between this applicant and MassHealth. The applicant should make and keep a copy of this provider application as a record before submitting a signed original to MassHealth. MassHealth will retain this provider application for its records. Moreover, the applicant should understand that it has a continuing obligation to inform MassHealth of any change in the information submitted on or with the provider application within 14 days of the date on which the applicant becomes aware of such change.

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

\_\_\_\_\_  
**Provider's signature** (signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable)

\_\_\_\_\_  
**Printed legal name of provider**

\_\_\_\_\_  
**Printed legal name of individual signing** (if the provider is a legal entity)

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**► Send your completed application to:**

University of Massachusetts Medical School  
Disability and Community Services  
HCBS Provider Network Administration Unit  
333 South Street  
Shrewsbury, MA 01545

**Clear**

**Print**



# Risk Management

Written by Anthony Rose, Angela Sanfilippo, and Nicole LiVigni

## Literature Review

According to Carter, Smith and O'Morrow (2014), "Specific goals of risk management are: (1) to provide client, staff, caregiver, and guest safety and prevent injury or harm to them; (2) to avoid liability exposure by evaluating services, practices, and procedures; (3) to maintain incident-reporting services, practices, and procedures; (3) to maintain incident-reporting systems to track patterns of practices that could become adverse occurrences so measures are implemented to prevent these events; and (4) to maintain a quality improvement program that identifies risk and reduces its impact on clients (Tomey, 2009)." It is imperative to have a culture of safety throughout the organization. The steps taken to maintain safety include risk identification, risk evaluation, risk management strategies, and risk management implementation and reporting (Carter, Smith & O'Morrow, 2014).

Teague and Mobily(1986), stated the following areas are potential problem areas that lead to litigation for community-based programs: failure to supervise properly; failure to place or discharge clients properly; failure to adopt or follow prudent policies/regulations; failure to inspect and repair dangerous physical conditions, transportation accidents; and failure to care for an injury properly. "Yet the center staff cannot lose sight of its principal goals: habilitation and development of individual self-determination." It is important to have planning and evaluation, safety regulations, safety inspections, emergency procedures, and accident reporting and analysis systems. (Teague & Mobily, 1986) (Teague & Mobily, 1986)

Chugh (2015) defines risk management as "forecasting and evaluation of risks together with the identification of procedures to avoid or minimize their impact which includes identification, analysis, assessment, control, and avoidance, minimization, or elimination of unacceptable risks through strategies like risk assumption, risk avoidance, risk retention, risk transfer, or any other strategy (or combination of strategies) in proper management of future events." According to Pegura (2016), risk management is a four-step process that includes hazard identification, risk assessment, risk control, monitoring and review.

Taniguchi, Widmer, and Taniguchi (2008) review tort liability issues for therapeutic recreation professionals basing their assumptions on legal liabilities identified in activities and athletics within schools. They stated that a TR professional can be held liable if:

1. The professional had a duty to be careful to not injure the student/client and protect the student/client from being injured.
  2. The professional failed to use reasonable care.
  3. The professional's carelessness caused the injury.
  4. The client sustained provable damages.
- (Fischer et al.)" (Taniguchi, Widmer, & Taniguchi, 2008)

## Specific Considerations

### Pathways to Singing, Exploring and Creating

Make sure participant is aware of all risks the activity may entail.

Make sure that participant feels comfortable with the assessment process. When participating in assessment and

programming, craft materials, including but not limited to scissors, ink, paint and paint supplies may be used. Make sure participants are carefully instructed, and supervised when using any equipment. When participating in assessment and programming participant may experience loud noises. Make sure participant is aware of environment and comfortable with the noise level. Please disclose any allergies, or sensitivities that the participant may have.

### **Expressive Arts with You!**

Count scissors before and after use. Utilizing only non-toxic paints, sculpting materials, and adhesives. Sanitizing hand held parts of community materials between uses. Classes and Lessons subject to reschedule or cancelation in events of inclement weather. Staff training on universal precautions such as exposure to blood and bodily fluids, sanitizing materials and equipment, and proper hand washing. Surveillance camera for the protection of the facilitator and participant, especially significant in pertinence to 1:1 classes and lessons. CPR and First Aid training to staff. Staff ID badges. Quarterly Quality Assurance meetings with all staff. Monthly evaluation of programs to identify areas of strength, weakness, and improvement plans.

### **Express Yourself! With Art and Music**

Important medical information to include are any allergies, DNR's, health care proxies, medical concerns, infection controls and dietary needs. Ensure appropriate staff to participant ratios (1 staff member per 10 participants). Any incidents must be reported and documented to participant's respective facility staff. Studio staff should monitor participants for the safe use of both art and music supplies and equipment.

### **Memory Café**

*Artful Aging:* Label container for rinsing brushes or have a distinct container that doesn't look like drinking glasses. Provide seating or accessible tables for wheel chairs. Consider using non-toxic paints.

*Sensory Reminisce and Paint:* Make sure that the vessels of water for rinsing brushes are clearly labeled and do not look like drinking glasses. Use non-toxic paint and have the SDS sheet on file and available. Be aware of food preferences and allergies if using food or beverages as a taste sensory trigger.

*Scrap A Pic To Not Forget:* Label the adhesives. Provide separate containers for the embellishments being used with lids and label each one. Provide seating or accessible tables for wheelchairs. Simplify the instructions and provide step-by-step tasks as needed.

### **Sensory-Friendly Yoga**

The Getting to Know You Assessment, or similar tool, should help identify communication and mobility differences as well as any allergies or medication needs. In addition, specific sensory needs or concerns should have been addressed and will be considered each class. The class instructor will be aware of the signs of overexertion or overstimulation. Safe physical movements during practice will be encouraged with modifications to poses always demonstrated when needed.

## **Community Transition**

*Environment/Infrastructure:* Providing a safe environment for the participant will be done by reducing any harmful hazards, periodic checks on building safety will be done and any repairs need for proper upkeep of the building to eliminate potential harms and to eliminate negligence.

*Program:* Staff will be part of culture of security and safety. Qualified staff members who attended trainings throughout the year to safety current on best practice for safety. Program plan will include safety education on equipment/transportation/community events. Staff will follow programs policies and tasks that are in place and practiced daily.

## **Policy**

Sing Explore Create's, LLC mission is to provide quality services within a clean, safe, and healthy environment for clientele with each and every service provided and population catered to. Whether a program be offered to an individual with specified needs or the general public, Sing Explore Create, LLC will consider and safely accommodate all needs with careful and thoughtful intent. If a participant requires additional provisions for any physical, sensory, medical, affective, or cognitive reason, Sing Explore Create, LLC requests immediate transparency between the client and staff facilitators in effort to achieve the best possible outcomes for the participating clientele receiving the services.

### **Purpose**

Sing Explore Create employs high standards of safety and cleanliness to protect and effectively serve clientele. The intent of services provided stems from a base of expectant beneficial outcome for the participant while all other participants and facilitators involved encounter stable, safe, and healthy conditions.

### **Practice**

Staff is trained and knowledgeable about the methods and services Sing Explore Create, LLC provides to a diverse base of recipients. Staff will collect information about new participants via an intake sheet with the intent of maximizing involved parties will experience a safe, high quality service experience. Sing Explore Create, LLC employs and maintains a standard of ethics modeled after ATRA's Code of Ethics (2009).

### **Liability Insurance**

Sing Explore Create, LLC has appointed a liability insurance company to protect both the business and the employees of Sing Explore Create, LLC. In the event a lawsuit or claim is filed against the business or an individual employee for an incident that occurred while working at Sing Explore Create, LLC they will be protected. Upon being hired, an employee of Sing Explore Create, LLC will have their name and personal information added onto the existing policy company liability insurance policy. As described by Hiscox Inc. (2017) the insurance policy will protect the aforementioned from legal fees in the event of bodily injury, property damage or data loss, and personal injury.

### **Waivers**

All participants of Sing Explore Create, LLC programs will be presented with a waiver. The purpose of this waiver is to show that each participant is assuming any risks involved with their particular lesson. If the individual is under the age of 18, he or she will have their guardian, parent, or caregiver sign on their behalf. **Please see attached waiver.**

## **Responsibility**

It is the staff's (therapist, volunteer, etc.) duty to ensure all participants will receive the highest level of services provided. All workers at Sing Explore Create, LLC are expected to meet the needs of anyone participating in group or individualized sessions. Meeting the needs also means providing safe areas to conduct services, clean equipment, and accommodating in whatever way. In the event that a potential risk is identified, that risk must be reported and taken care of in the most efficient and effective manner.

## **Procedure**

When waivers are being signed by participants, there are certain conditions that need to be met in order for the waiver to be signed properly:

- Staff must present the individual or their caregiver with the waiver
- Staff can explain the purpose of the waiver but advise them to read it thoroughly before signing
- Any participant under the age of 18 will need the waiver to be signed by a parent, guardian, or caregiver
- Any person signing the waiver must have the mental capacity to do so
- Both parties of the contract must NOT be under the influence of any drugs, alcohol, or other substance when signing a waiver

In the event, that staff is required to report any accident, incident, and/or potentially unsafe area; they will need to follow procedure when doing so. They must do the following:

- Identify what needs to be reported
- If there is an unsafe area, any individual or group lesson can be moved to a different area or cancelled at the discretion of the group leader
- Anything deemed worthy of reporting must be reported within 24 hours
- Once properly documented, reports must be given to a manager or supervisor
- Any participant affected by the reported event must be notified immediately

## **Reporting**

All accidents and potentially dangerous situations must be reported within 24 hours of the incident. Any document filled out must be handed to a supervisor to confirm documentation. Incidents may include but are not limited to: unsafe work areas, behavior reports, incident/injury reports, or anything not listed that a worker identifies as necessary to report.

## References

- Activity Area Safety Policy (sample). (n.d.). Retrieved May 5, 2017, from <http://www.recreationtherapy.com/f-safe1.htm>
- ATRA Board of Directors. (2009, July). Code of Ethics. Retrieved May 07, 2017, from <https://www.atra-online.com/welcome/about-atra/ethics>
- Carter, M. J., Smith, C. G., & O'Morrow, G. S. (2014). *Effective management in therapeutic recreation service* (3<sup>rd</sup> ed). State College, Pennsylvania: Venture Publishing, Inc.
- Chen, L. (2011). Best practices for a safe and healthy studio. *Ceramics Monthly*, 59(5), 72-75.
- Chugh, N. (2015). Risk Identification, Assessment and Management in Healthcare Sector. *ASCI Journal Of Management*, 44(2), 36-44.
- Hiscox Inc. (2017). Liability Insurance for small businesses | Hiscox. Retrieved May 09, 2017, from <http://www.hiscox.com/small-business-insurance/general-liability-insurance/>
- Pagura, I. (2016). Work Health and Safety: Risk Management. *Journal Of The Australian Traditional-Medicine Society*, 22(3), 164-166.
- Shannahan, M. (2013, November 12). Risk management in the workplace: what you should know. Retrieved May 3, 2017 from <https://ohsonline.com/blogs/the-ohs-wire/2013/11/risk-management-in-the-workplace.aspx>
- Taniguchi, S. T., Widmer, M. A., & Taniguchi, A. M. (2008). Tort liability considerations for therapeutic recreation professionals. *Therapeutic Recreation Journal*, 42(3), 163-171.
- Teague, M., & Mobily, K. (1986). Litigation: a growing threat to community centers. *Therapeutic Recreation Journal*, 20(1), 18-28.
- Yoga: In Depth. (2016, September 26). Retrieved May 6, 2017, from <https://nccih.nih.gov/health/yoga/introduction.htm>

**Waiver and Liability Agreement**



I, \_\_\_\_\_, acknowledge that by signing this document I am agreeing to participate in the \_\_\_\_\_ (Intended Activity). By agreeing to participate in this activity, I assume all potential risks described below and I understand that Sing, Explore, Create LLC is not accountable if any said event were to occur. I understand that by signing this document I agree to participating in this activity and assuming all possible risks as follows:

- Pulled muscles, risk of fall or overexertion, and possibility of overstimulation
- Frustration/anxiousness from learning a new form of art
- Any swallowing of tools and equipment
- If an unidentified allergic reaction occurs during one of the lessons
- Client returns to harmful or unhealthful behaviors
- Early discharge based of the participant and their needs
- Participants not having access to adapted equipment creating a barrier
- Any type of injury that may occur as a result during normal activity of any given session

By signing this document, I acknowledge that I have carefully and thoroughly read this waiver, and I agree to all the terms and conditions.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any participant under the age of 18 years must have this document signed by a parent/guardians or caregiver. Please fill out all requested information below.

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Marketing and Public Relations

Written by Allison Stein, Holly Nisson, and Abigail Bjork

## Introduction

After exploring Sing Explore Create's current marketing situation and researching potential marketing strategies, it was decided to establish a list of "SMART" (Specific, Measurable, Attainable, Realistic, Timely) marketing goals to help the program achieve new ways to promote the program through marketing techniques and market penetration. The three promotional methods are targeted towards social media, promotional goods, and informational goods.

The Facebook platform is regularly updated with articles and news about the program, along with a newly created Instagram account. In a recent article, a researcher stated "with more than 100 million photos posted on Instagram and Twitter every day, with video platforms like Periscope and Facebook Live, and with hardware innovations like the new Snapchat Spectacles, it will be crucial for companies to integrate photos and video content in their social marketing strategies to engage with their audiences" (Martin, 2017). A digital behavior scientist, Jillian Ney, remarks that in 2017 social media will become the most accountable. Companies will use Instagram, Facebook, and LinkedIn as a way to track buyers and audience viewers. Platforms for social media such as Instagram and Facebook are user friendly and available on most technology devices (Martin, 2017). Social media is a major role in brand marketing in the society today.

Promotional items will be added including t-shirts and magnets. There is little academic research conducted on how 'give aways' promote an organization. However, there are plenty of online articles that discuss their success. Patrick Foster wrote an article that explained how to publicize a company with t-shirts (2016). "95% of all Americans wear t-shirts" and "76% of Americans derive 'a stronger emotional connection with a shirt they or someone they knew custom-designed'" (Foster, 2016). Using custom t-shirts, according to Foster, is an inexpensive way to market an organization. People will wear the t-shirts around and community members will be exposed. Foster cited an article that claimed that they made \$500,000 from giving away t-shirts. More importantly, people love free things. If the t-shirt is given away for free, it impresses the participant and community members. A creative looking shirt draws people in and leads to a strong memory. (Foster, 2016).

It's planned to continue promoting face to face community events with an addition of an easy to read pamphlet which has easy access to details, from research in the business, more important than esthetics is the ease in finding critical details, simple formatting, few pictures and easy access to contact information. A simple pamphlet was made to be handed out at face to face community events. Research shows that showing up at community and health events demonstrates shared community support which has a positive impact on company image. (Upton, 2014) A Recreation Therapist or someone who works for the company who is knowledgeable can represent the company.

Monthly evaluations of marketing efforts will help to determine whether or not objectives and organizational goals, are being met. Expensify App has shown to be a great tool in organizing and analyzing expenses related to marketing and will be used in the evaluation phase (S.N 2012). Keeping track of this data will help us determine if the marketing strategies are being effective and cost efficient so we can make any adjustments as needed to improve efficiency and meet the engage in our target market. Additionally, a marketing survey will be created and implemented in order to discern where new participants heard about the organization. This simple survey will help the organization know which marketing avenue is most successful in recruiting participants.

In the context of finances, Huntley (2014) discussed less expensive ways to promote a program- their summer school. A guerrilla marketing approach was used in order to promote the summer school. Guerrilla marketing is a technique that

has a small financial onus but yields a lot of success through creative outlets. Examples of a low-cost guerrilla marketing strategy are a flash mob, social media, and creating posters which were used by the school. The results showed that less money was spent on marketing and suggested that the guerrilla marketing strategy was effective in increased summer school enrollments. (Huntley, 2014). Guerrilla marketing is a great frame of reference when planning this marketing/public relations plan. Finding inexpensive ways to promote Sing Explore Create, LLC is very important. That way, more money can be spent on programs for the participants.

Our purpose is to establish long-term and mutually beneficial relationships with participants and the community in hopes of increase community awareness of services offered and get more individuals to come to Sing Explore Create, LLC.

## Marketing Goals and Objectives

Our target audience includes: caregivers, family, schools, and universities. In order to reach our intended population, a goal and a few objectives are presented.

- **Goal**
  - Promote Sing Explore Create, LLC through marketing penetration
- **Objectives**
  - Increase number of participants attending Sing Explore Create, LLC classes through marketing techniques by 15%.
  - Create promotional products to utilize in 3 different settings (fairs, schools, doctor offices, etc.).
  - Post on social media (Facebook and Instagram) at least three times a month to recruit and engage online community.

## Product/Promotional Method

Through analyzing what Sing Explore Create, LLC does already in terms of marketing, three areas emerged that will hopefully boost attendance. The three marketing domains are social media, promotional goods, and informational goods. Each of these marketing avenues have research and/or publicly documented articles that support the usage.

- *Social Media*
  - Instagram
  - Facebook

Instagram and Facebook are a great way to expose the company with social media. There is a Sing Explore Create, LLC Instagram account that has been created to provide the opportunity to share videos and pictures. Individuals can choose to 'follow' the company on Instagram to keep up with events and activities going on throughout the year. There is also a Facebook account created that can be found on the website. Facebook is similar to Instagram, and can share videos and pictures. People are able to comment on both platforms of social media to ask questions, keep updated with the latest events and say a good note.
- *Promotional goods*
  - T-shirt
  - Magnet

Promotional goods (t-shirt and magnet) will be used to promote Sing Explore Create, LLC in the community. Every participant who signs up for Sing Explore Create, LLC will receive a shirt and magnet. The shirt will be

worn in public and therefore will catch the eye of passerby's. Some may be interested enough in the shirt to ask what Sing Explore Create, LLC does, is, etc. The magnet can be placed on participant's cars or refrigerators to advertise for Sing Explore Create, LLC. The t-shirt and magnet incentive to sign up for classes at Sing Explore Create, LLC has a wider effect on registration because it continues to promote the program through active participant's usage. Magnets can also be used as a give away at tabling events. Both t-shirt and magnet design and financial breakdown is attached below.

- *Informational good*

- Pamphlet (See Attachment)
- Newsletter subscription
- Unpaid promotion
  - Personal contact with community at fairs etc. *Face-to-Face Events:*

Sing Explore Create, LLC TR CTRS will set up a table at the community and wellness events in order to connect, face to face, contact with the local community. On the table, the CTRS will include pamphlets, a spin wheel, to win stickers and T-shirts and candy. TR or knowledgeable representative will describe the services offered by Sing Explore Create ,LLC as well as give out information about upcoming events and past event success stories.

## Evaluation Method

- Social media

- Followers will be determined through the application on a phone or computer by tracking the amount of people who request to follow or view the posts and pictures displayed by the owner of the application
- Posts/likes will create a tracker for individuals viewing pictures and videos along with adding comments of admiration

- Inventory count (attached below)

- The inventory count document will allow Sing Explore Create, LLC to see how many promotional items were given away in relation to how many they purchased. This helps keep track of quantity and aids in the repurchasing process. The organization can see which sizes, items, colors, etc. are most popular.

- Track of participants attending programs each month (attached below)

- The participant attendance sheet will keep track of how many participants are attending per month. The most popular classes will visually be represented in this table.

- Marketing survey (Attached below)

- A survey was created to discover where new participants heard about Sing Explore Create, LLC. This survey will have most weight when annual reports/reviews are generated. (How did you hear about us?)

- Market expenditures and financial outcomes (attached below)

- Sold vs ordered

## References

- American Therapeutic Recreation Association (2016). Marketing. In *Resources*. Retrieved from <https://www.atra-online.com/resources/marketing>
- Fannon, L. (2013). Makeover: give your organization's reputation a face-lift without breaking the bank. *Long-Term Living*, (6). 14.
- Foster, P. (2016). Promote Your Small Business with a Company T-shirt. Retrieved May 05, 2017, from <https://talkroute.com/promote-your-small-business-with-a-company-t-shirt/>
- Huntley, C. (2014). Unleash the beast: Promoting summer sessions using guerrilla marketing. *Summer Academe*, 82.
- Make It Happen: Five Mobile Apps to Make Your Life Easier. (2016). *Graduate Management News*, 8,2.
- Martin, E. J. (2017). The State of Social Media. *Econtent*, 40(1), 22.
- Montoya, P. (2011). Three rules of community networking: it's time to face facts--the marketing 'magic bullet' doesn't exist. *Investment Advisor*, (8). 71.
- Payne, A. (2015). The Top 7 Ways to Super-Charge Your Marketing. *Massage Magazine*, (235), 32-33.
- S., N. (2012). An Easy Way to Track Business Expenses. *Black Enterprise*, 43(2), 32.
- Upton, N. (2014). Marketing to the community face-to-face. *Fuel Oil News*, (5). 50.
- Williams, N., & Gerbers, K. (2014). Solidifying the Core of Your Outdoor Program Marketing. *Association Of Outdoor Recreation & Education Conference Proceedings*, 79-80

## Budget for Tabling Events

The cost for a folding table, folding chair, candy, T-shirts, stickers will need to be included in the budget.

Item	Cost (approximate and can vary depending on size)
Folding Table	\$35
Folding Chair	\$20
Pamphlets	\$65 (500)
Candy	\$40

## Cost for Custom Magnets from Custom Ink

Quantity	Price per Item	Total Price
100 (min)	\$6.14 each	\$614
150	\$5.83 each	\$874.50
200	\$5.66 each	\$1,132.00
250	\$5.54 each	\$1,385.00



\*\*The magnet must be in black and white. The colored logo had more colors than the company would allow.

## Cost for Custom T-Shirts from Custom Ink

YXS	YS	YM	YL	YXL	S	M	L	XL	2XL	3XL	4XL	#Shirt	Price
0	10	10	10	10	10	10	10	10	5	5	0	90	\$1,159.20
0	20	20	20	10	20	20	20	10	10	10	0	160	\$1,736.00
0	30	30	30	20	30	30	30	20	15	15	0	250	\$2,390.00



# Pamphlet



Music and the arts have a way of bringing people of various backgrounds together and we work hard to create an environment where this can take place.

Bring us to your school/facility! We provide music therapy services, early childhood art/music classes, and art classes at daycares, schools, day hubs, libraries, nursing facilities, hospitals and more across the South Shore!

### Testimonials

*My daughter loves the multimedia art class! I love that the focus is on process over product. We can't wait to take more classes here! Hidden gem! Laurie Corbett (a MOM)*

*Our community is full of artists! Thank you to Julie of Sing Explore Create for helping bring out our creative sides during her canvas painting class. Melissa Owen (activities director, Bridges by EPOCH)*

### **Sing Explore Create, LLC**

Making music and the arts accessible to all!

### About Us

We are a team of music therapists, musicians, artists, and teachers dedicated to making music and the arts accessible to all. Our goal is to establish a creative arts center that is welcoming and inclusive of all members of the community. Our classes, lessons, and services are open to all ages, including (but not limited to) children and adults with learning disabilities and special needs.

### Contact Us

28 Webster St.  
Box 11  
Rockland, MA  
02370

Nicole Craven, MT-BC  
Director  
(781)803-2117  
nrcraven@singexplorecreate.com

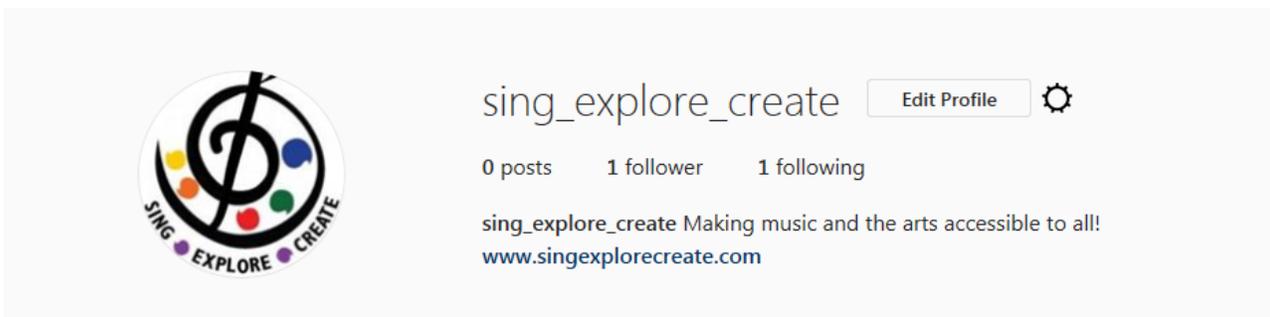
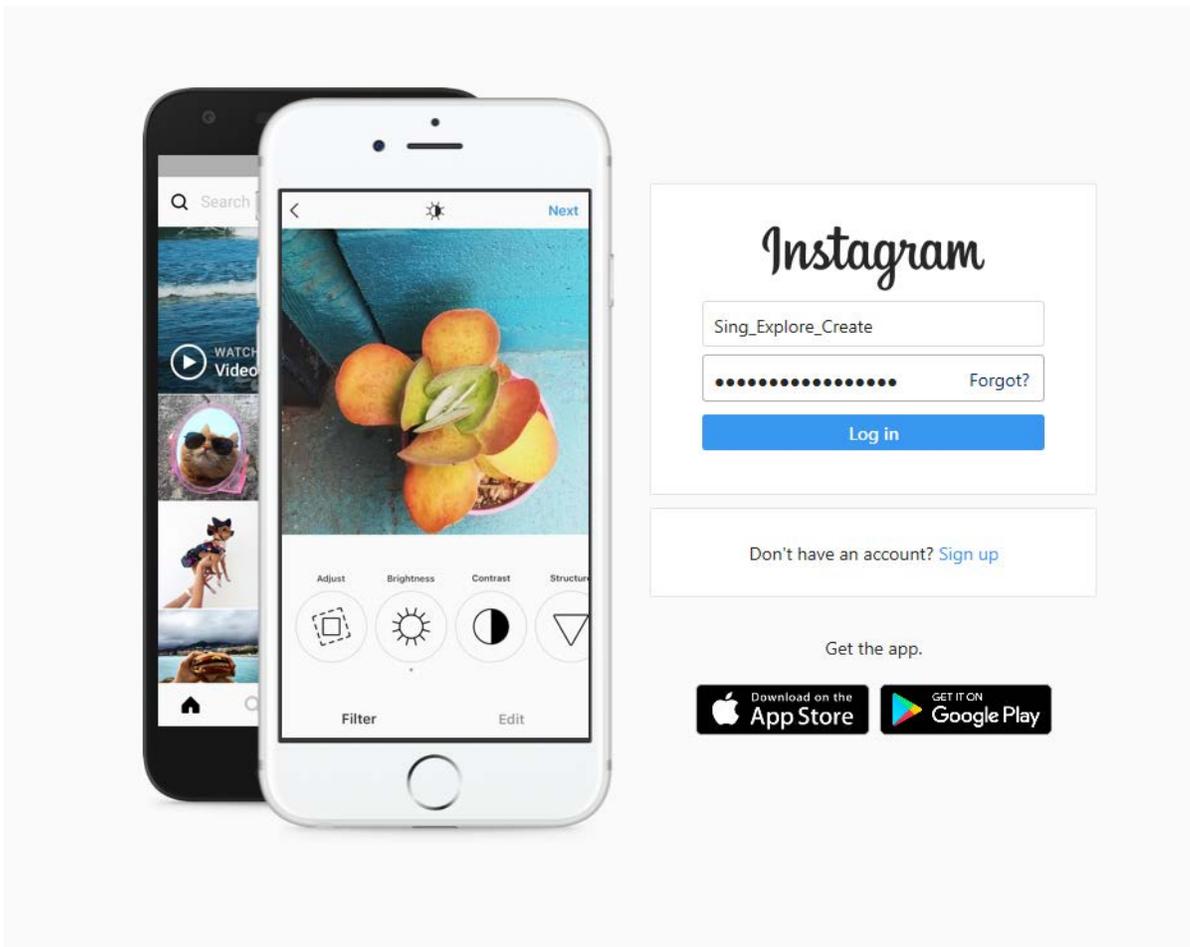
Julie Quill  
Art Director  
(781)803-2117  
jqquill@singexplorecreate.com



### Current Offerings

- *Individual and Group Music Therapy* Piano, Guitar, Voice, Ukulele, Saxophone, Clarinet, Beginning Woodwind, and Music Theory Lessons
- *Painting, Drawing, Multimedia Classes*
- *Private Art Lessons (Drawing, Weaving, Painting, Multimedia)*
- *Family Music Classes*
- *Drop-Off Music/Art Toddler Programs (Ages 3-5)*
- *Music/Art Themed BIRTHDAY PARTIES and SPECIAL EVENTS*
- *Paint Nights*

# Social Media: Instagram



## Instagram Login

**Username:** Sing\_Explore\_Create

**Password:** singexplorecreate

## Marketing Survey

How did you hear about Sing Explore Create, LLC? Check all that apply.

<input type="checkbox"/> Internet	<input type="checkbox"/> Friend	<input type="checkbox"/> Magazine/Newspaper
<input type="checkbox"/> School	<input type="checkbox"/> T-shirt	<input type="checkbox"/> Magnet
<input type="checkbox"/> Pamphlet	<input type="checkbox"/> Social Media (Facebook, Instagram, etc.)	<input type="checkbox"/> Tabling Event
<input type="checkbox"/> Doctor Referral	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Other:

## Inventory Count Evaluation Sheet

Item	Number Purchased	Number Left in Stock	Need to Repurchase?
SEC Shirt			
• YXS			
• YS			
• YM			
• YL			
• YXL			
• S			
• M			
• L			
• XL			
• 2XL			
• 3XL			
• 4XL			
Magnet			

# Participant Attendance Sheet

Month:

Class:

List Participant initials in first box.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

## Marketing Expenditures vs. Financial Outcomes

Marketing Item	Marketing Item Cost	Expected Financial Outcome	Generate Revenue?



## **Appendix A**

### **Fact Sheets**

Laws and regulations that apply to

*Sing Explore Create, LLC*



# FACT SHEET

## Americans with Disabilities Act (ADA)

<b>What is the ADA?</b>	<p>The Americans with Disabilities Act is a law enacted in 1990 that prohibits discrimination for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities and transportation. It ensures equal opportunity in the above services and also mandates the establishment of telephone relay services and movie captioning. The ADA is divided into five titles that relate to areas of public life:</p> <ul style="list-style-type: none"><li>• <b>Employment (Title 1)</b>-help people with disabilities access the same employment opportunities &amp; benefits available for people without disabilities</li><li>• <b>State and Local Government (Title 2)</b>-prohibits discrimination against qualified individuals with disabilities in all programs, activities &amp; services of public entities</li><li>• <b>Public Accommodations (Title 3)</b>-prohibits private places of public accommodation for discriminating against individuals with disabilities</li><li>• <b>Telecommunications (Title 4)</b>- requires telephone and internet companies to provide a nationwide system of interstate &amp; intrastate telecommunications relay services that allow individuals with hearing &amp; speech disabilities to communicate over the phone</li><li>• <b>Miscellaneous Provisions (Title 5)</b>-contains provisions relating to the ADA (stat immunity, prohibition against retaliation &amp; coercion, illegal use of drugs)</li></ul>
<b>Who is served by the ADA?</b>	<p>People who have a physical or mental impairment that substantially limits one or more major life activities. Major life activities are defined as walking, seeing, sitting, hearing, speaking, breathing, learning, lifting, manual tasks, and taking care of oneself.</p>
<b>What entities are covered by the ADA?</b>	<p>Employers with a staff of 15 or more persons, including state and local government, employment agencies and labor organizations are covered by the Americans with Disabilities Act.</p>
<b>What are the key points of the ADA?</b>	<ul style="list-style-type: none"><li>• Individuals with disabilities are afforded equal rights and access to services and employment without discrimination.</li><li>• The ADA does <u>NOT</u> protect any individual that engages in the use of illegal drugs.</li><li>• An employer may not ask whether a job applicant is disabled or about the nature or severity of an apparent disability.</li><li>• Employers may not discriminate against persons with disabilities and must make reasonable accommodations to allow these employees to complete their job tasks as long as it does not impose “undue hardship” on the business operations.</li></ul>
<b>How does the ADA apply to therapeutic recreation/ recreation therapy?</b>	<p>The Americans with Disabilities Act has created a baseline for promotion of inclusive recreation. Inclusive recreation requires that people with disabilities are given the choice to participate in the same recreation programs that are offered to the general population.</p>

<p><b>Where can I learn more?</b></p>	<p><a href="https://www.ada.gov/">https://www.ada.gov/</a></p> <p><a href="http://adata.org/">http://adata.org/</a></p> <p><a href="http://www.disabilitysecrets.com/">http://www.disabilitysecrets.com/</a></p> <p><a href="https://www.eeoc.gov/">https://www.eeoc.gov/</a></p> <p><a href="http://access-board.gov/policies">http://access-board.gov/policies</a></p>
<p><b>Resources for ADA</b></p>	<p>Guerin, L., J.D. (2016, December 19). Does the Americans with Disabilities Act (ADA) Cover Short-Term Illnesses? Retrieved April 11, 2017, from <a href="http://www.disabilitysecrets.com/resources/disability/short-term-disability-laws/does-americans-disabilities-act-ada-cover-short#">http://www.disabilitysecrets.com/resources/disability/short-term-disability-laws/does-americans-disabilities-act-ada-cover-short#</a></p> <p>The Americans with Disabilities Act of 1990 and Revised ADA Regulations Implementing Title II and Title III. (n.d.). Retrieved April 11, 2017, from <a href="https://www.ada.gov/2010_regs.htm">https://www.ada.gov/2010_regs.htm</a></p> <p>What is the Americans with Disabilities Act (ADA)? (n.d.). Retrieved April 11, 2017, from <a href="https://adata.org/learn-about-ada">https://adata.org/learn-about-ada</a></p>
<p><b>Authors</b></p>	<p>Kate Durant, Alyssa Rioux, Cassandra Sandiford</p>



# FACT SHEET

## Commission for Accreditation of Parks and Recreation Agencies (CAPRA)

### What is the Commission for Accreditation of Parks and Recreation Agencies (CAPRA)?

The Commission for Accreditation of Parks and Recreation Agencies (CAPRA) was formed by the American Academy for Parks and Recreation Administration (AAPRA) and National Recreation and Park Association (NRPA) in 1993.

The mission of the CAPRA accreditation program supports the achievement of the National Recreation and Park Association (NRPA) mission and is to:

1. Provide standards and procedures for the evaluation of public park and recreation agencies through a program of self-evaluation and outside peer review for the purpose of national accreditation;
2. Confer judgment about whether agencies have met the national accreditation standards;
3. Enhance the performance of park and recreation agencies and improve the quality of their programs, services, and facilities; and
4. Promote agencies that demonstrate overall excellence in operations and management.

The purposes for which the agency accreditation program exists and to which NRPA and CAPRA are committed are:

1. **Development of quality park and recreation agencies:** The agency accreditation program focuses on the education and evaluation of park and recreation agencies utilizing standards considered to be the essential elements for effective and efficient operations that apply to all park and recreation systems. Standards promote improved performance for all park and recreation agencies and signify minimum standards in the field of parks and recreation.
2. **Education:** The agency accreditation standards are the benchmark for the accepted level of practice in the industry. Through the comprehensive and systematic self-assessment process and onsite visitation and peer review, park and recreation professional(s) gain knowledge and information about agency operations. Additionally, through training of visitors (peer evaluators) and agencies, the agency accreditation program contributes to the ongoing professional development of park and recreation personnel.
3. **Determination of the accreditation status of park and recreation agencies:** Standards provide the tool used to identify compliance with accepted professional practices. While accreditation standards effectively distinguish between agencies that should and should not be accredited, they are not a guarantee of quality, safety, or ethical practice. No accreditation program by any organization provides such a guarantee. Accreditation is an assurance that the park and recreation agency has voluntarily subjected itself to outside evaluation by other professionals.

<p><b>Who is served by CAPRA?</b></p>	<p>Both the public and the agency is served and benefits from CAPRA.</p> <p>The public benefits by:</p> <ul style="list-style-type: none"> <li>• Assurance and validation of well-administered services in accord with approved professional practices</li> <li>• Potential for external financial support and savings to the public</li> <li>• External recognition of a quality governmental service</li> <li>• Holds an agency accountable to the public and ensures responsiveness to meet their needs</li> <li>• Improves customer and quality services</li> </ul> <p>The agency benefits by:</p> <ul style="list-style-type: none"> <li>• Public and political recognition</li> <li>• Increased efficiency and evidence of accountability</li> <li>• Answers the question, "How are we doing?" through extensive self-evaluation</li> <li>• Identifies areas for improvement by comparing an agency against national standards of best practice</li> <li>• Enhances staff teamwork and pride by engaging all staff in the process</li> <li>• Creates an environment for regular review of operations, policies and procedures, and promotes continual improvement</li> <li>• Forces written documentation of policies and procedures</li> </ul>
<p><b>What entities are covered by CAPRA?</b></p>	<p>Agency accreditation is available to all entities administering park and recreation systems, including municipalities, townships, counties, special districts and regional authorities, councils of government, schools, and military installations.</p> <p>Board members serving on CAPRA are from:</p> <ul style="list-style-type: none"> <li>• National Recreation and Park Association (NRPA)</li> <li>• American Academy for Park and Recreation Administration (AAPRA)</li> <li>• International City/County Management Association (ICMA)</li> <li>• Council of State Executive Directors (CSED)</li> <li>• National Association of County Park and Recreation Officials (NACPRO)</li> <li>• American Association of Physical Activity and Recreation (AAPAR)</li> <li>• Armed Forces Recreation Society (AFRS)</li> </ul>
<p><b>What are the key points of CAPRA?</b></p>	<ul style="list-style-type: none"> <li>• CAPRA accredits park and recreation agencies for excellence in operation and service.</li> <li>• It is the only national accreditation of park and recreation agencies and is a valuable measure of an agency's overall quality of operation, management and service to the community.</li> <li>• Accreditation is based on an agency's compliance in 10 categories that cover 151 standards. To achieve accreditation, an agency must comply with all 37 fundamental standards and 103 (90 percent) of the 114 non-fundamental standards upon initial accreditation and 108 (95 percent) of the 114 non-fundamental standards upon reaccreditation.</li> </ul>

<p><b>How does CAPRA apply to therapeutic recreation/recreation therapy?</b></p>	<p>According to National Accreditation Standard 4.6.2 - Professional Certification and Organization Membership, “Professional staff shall be active members of their professional organization(s) and pursue professional certification within their respective disciplines....” A note was made under the “Suggested Evidence of Compliance” section giving a Certified Therapeutic Recreation Specialist (CTRS) as an example of a professional staff member that could be under this standard.</p> <p>It is also applicable in a general sense. CAPRA will help organizations:</p> <ul style="list-style-type: none"> <li>• Develop lifelong leisure skills</li> <li>• Improve of quality of life</li> <li>• Teach new skills and knowledge</li> <li>• Build strong bodies and healthy minds</li> <li>• Promote community based therapeutic recreation activities needed for the population of TR services</li> </ul>
<p><b>Where can I learn more?</b></p>	<p><a href="http://www.nrpa.org/certification/accreditation/capra/">http://www.nrpa.org/certification/accreditation/capra/</a></p>
<p><b>Resources for CAPRA</b></p>	<ul style="list-style-type: none"> <li>• CAPRA Agency Accreditation. (n.d.). Retrieved April 13, 2017, from <a href="http://www.nrpa.org/certification/accreditation/capra/">http://www.nrpa.org/certification/accreditation/capra/</a></li> <li>• N. (2016). <i>Commission for Accreditation of Park and Recreation Agencies-Accreditation Handbook</i>. National Recreation and Park Association. Seventeenth Edition</li> <li>• N. (2014). <i>Commission for Accreditation of Park and Recreation Agencies-National Accreditation Standards</i>. National Recreation and Park Association. Fifth Edition, Amended July 2015</li> <li>• Wetherald, L.T. (2017). NRPA CAPRA Agency Training updated march 28 2017 [PowerPoint slides]. Retrieved from <a href="http://www.nrpaconnect.org/viewdocument/capra-training-slides?CommunityKey=f6a1418b-44b5-4c4b-b911b327ed62682a&amp;tab=librarydocuments?tab=librarydocuments&amp;CommunityKey=f6a1418b-44b5-4c4b-b911-b327ed62682a">http://www.nrpaconnect.org/viewdocument/capra-training-slides?CommunityKey=f6a1418b-44b5-4c4b-b911b327ed62682a&amp;tab=librarydocuments?tab=librarydocuments&amp;CommunityKey=f6a1418b-44b5-4c4b-b911-b327ed62682a</a></li> </ul> <p><i>(Note: this was retrieved using a NRPA member username and password to get into the community of interest)</i></p>
<p><b>Authors</b></p>	<p>Jenai Goodwin, Deanna VanOyen, Brandon West</p>



# FACT SHEET

## Centers for Medicare and Medicaid Services (CMS)- Medicare Regulations

<p><b>What is CMS?</b></p>	<p><b>Mission</b>          “As an effective steward of public funds, CMS is committed to strengthening and modernizing the nation’s health care system to provide access to high quality care and improved health at lower cost” (cms.gov, 2017).</p> <p><b>Core Values</b></p> <ul style="list-style-type: none"> <li>• Achieving a high-quality health care system.</li> <li>• Aiming for better care at lower costs and improved health.</li> <li>• “People First- CMS puts first the best interest of the people it serves...”</li> <li>• “Public Service - CMS takes pride in its unique and privileged role in the health care of the nation.”</li> <li>• “Integrity - CMS holds itself to the highest standards of honesty and ethical behavior.”</li> <li>• “Accountability - CMS earns trust by being responsible for the outcomes of its actions.”</li> <li>• “Continuous Improvement - CMS strives to continually refine its processes, systems, and services in the pursuit of excellence.” (cms.gov, 2017).</li> </ul> <p>CMS is part of the Department of Health and Human Services (HHS). CMS administers Medicare, Medicaid, The Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace. CMS, as directed by the Affordable Care Act of 2010, is focused on measurably improving care and population health by transforming the U.S. health care system into an integrated and accountable delivery system that continuously improves care, reduces unnecessary costs, prevents illness and disease progression, and promotes health. Their goal is to find better ways to ensure that right care is accessible and delivered to the right person at the right time, every time (cms.gov, 2017).</p>
<p><b>Who is served by CMS?</b></p>	<ul style="list-style-type: none"> <li>• Medicare serves adults age 65 and older, certain younger people with disabilities, and people with End-Stage Renal Disease.</li> <li>• Medicaid serves low-income adults, children, pregnant women, seniors and individuals with disabilities across the country.</li> </ul>
<p><b>What entities are covered by CMS?</b></p>	<p>Hospitals, skilled nursing facilities, assisted living facilities, physicians, day treatment programs, outpatient facilities, clinics, laboratories, dentists, home health care, in-patient and outpatient physical, occupational and speech therapy, mental health practitioners and facilities, residential and adult day care settings, hospice services, veteran’s health services, medical equipment, medical testing, and others.</p>
<p><b>What are the key points of CMS?</b></p>	<ul style="list-style-type: none"> <li>• Medicare Part A covers in-patient hospitalization, short-term rehabilitation services in skilled nursing facilities, hospice, and home health care.</li> <li>• Medicare Part B helps cover physician services, surgeries, outpatient care and specialty services, testing, lab work, and medically necessary supplies (such as wheelchairs, walkers), premium paid by consumer.</li> <li>• Medicare offers optional Prescription Drug Coverage facilitated through private insurance companies, premium paid by consumer.</li> <li>• Medicaid services, expanded via the ACA, is the largest source of health coverage in the United States, jointly funded by state and federal governments.</li> </ul>

<p><b>How does CMS apply to therapeutic recreation/ recreation therapy?</b></p>	<p>“Private and commercial insurance agents tend to use the Center for Medicaid and Medicare Services (CMS) regulations to guide their coverage decisions” (cms.gov). CMS regulates how In-patient Rehabilitation Facility (IRF) therapies bill for service. Medicare Part A billing is for required therapies such as physical therapy, occupational therapy, speech-language pathology, and prosthetics/orthotics. Therapeutic Recreation/Recreation Therapy (T/R) is considered a secondary therapy falling under the psychological and neuropsychological services. When considering reimbursement, CMS will take in to account that not all people who are in an IRF are in need of these type of services. T/R is billable through Medicare Part B, which is not included in the IRF PPS payment. It is left up to the individual IRF to determine if these services should be used as part of treatment for the best outcome of recovery.</p> <p>Reimbursement of a T/R can also be influenced by local and state legislators. The Local Coverage Determinations (LCD) are policy statements that are subject to the guidelines of CMS. There is a team of doctors that will determine if therapeutic recreation would help the participant and if so, the treatment would be reimbursed. The LCD will lead the Medicare Administration Contractors who are contracted by CMS to determine if the claim will be paid. Healthcare policy is delegated to the state, which means that the state will define the “qualified healthcare provider” (Carter, Smith and O’Morrow, 2014, p 119). This definition usually entails the provider having a license or a certificate in a particular therapy. As long as the Certified Therapeutic Recreation Specialist is recognized as a qualified health care provider then the service will be reimbursed.</p> <p>“CMS recognizes that the design and operational features of a HCBS waiver will vary depending on the specific needs of the target population, the resources available to a state, service delivery system structure, state goals and objectives, and other factors”(Medicaid.gov). If the participant is in the following situations then T/R service may be reimbursed through the waiver:</p> <ul style="list-style-type: none"> <li>• Community Integration and Habilitation (0378.R03.00)</li> <li>• Family Supports (0387.R03.00)</li> <li>• Psychiatric Residential Treatment Facilities (PRTF) Waiver (03.R02.00)</li> </ul>
<p><b>Where can I learn more?</b></p>	<p><a href="https://www.cms.gov/">https://www.cms.gov/</a> , <a href="https://www.hhs.gov">https://www.hhs.gov</a> , <a href="https://Medicaid.gov">@MedicaidGov</a> (Twitter), <a href="#">CMSHHgov</a> (YouTube)</p>
<p><b>Resources for CMS</b></p>	<p>Carter, M., Smith, C., O’Marrow, G., (2014). <i>Effective management in therapeutic recreation service</i> (3<sup>rd</sup> ed.). Pennsylvania: Venture Publishing, Inc.</p> <p><a href="https://www.cms.gov/">https://www.cms.gov/</a> , retrieved April 13, 2017</p> <p><a href="https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/IN-Waiver-Factsheet.html">https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/IN-Waiver-Factsheet.html</a> , retrieved April 14, 2015</p> <p><a href="https://www.mwicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf">https://www.mwicaid.gov/medicaid-chip-program-information/by-topics/waivers/downloads/technical-guidance.pdf</a> , retrieved April 14, 2015</p>
<p><b>Authors</b></p>	<p>Alaina Sherman, Lori Marabella, Julie Quill</p>



# FACT SHEET

## DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT (D.D. ACT)

<b>What is the DD Act?</b>	The Developmental Disabilities Assistance and Bill of Rights Act
<b>Who is served by the DD Act?</b>	The purpose of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 is to make sure that individuals with developmental disabilities and their families are part of the process of operation and have access to needed community services, individualized support, and other systems of assistance that encourage independence, integration, and inclusion in all aspects of community life.
<b>What entities are covered by the DD Act?</b>	<p>Those who are served defines “developmental disability” as a severe, chronic disability of an individual that:</p> <ul style="list-style-type: none"> <li>❖ attributable to a mental or physical impairment or combination of mental and physical impairments;</li> <li>❖ manifested before the age of 22</li> <li>❖ expected to last a lifetime</li> <li>❖ results in substantial functional limitations in 3 or more of the following areas of major life activity:             <ul style="list-style-type: none"> <li>✓ Self-care</li> <li>✓ Receptive and expressive language</li> <li>✓ Learning</li> <li>✓ Mobility</li> <li>✓ Self-direction</li> <li>✓ Capacity for independent living</li> <li>✓ Economic self-sufficiency; and</li> </ul> </li> </ul> <p>*The 2000 law clarified that an individual can qualify without meeting 3 or more of the above criteria if the individual, without services and support, has a high probability of meeting these criteria later in life.</p>
<b>What are the key points of the DD Act?</b>	<ul style="list-style-type: none"> <li>• Created in 2000</li> <li>• Goal: "Supporting and enhancing the lives of people with developmental disabilities and their families" (The Arc, Fact Sheet)</li> <li>• Core values: "self-determination, independence, productivity, integration, and inclusion" (Administration for Community Living, Programs)</li> <li>• Each state has their own Developmental Disabilities Network- goal to meet the needs within their state             <ul style="list-style-type: none"> <li>○ Four grant programs create the developmental disabilities network</li> </ul> </li> <li>• Gives federal financial assistance to states, public, and non-profit agencies that serve individuals with developmental disabilities</li> <li>• Components/Programs             <ul style="list-style-type: none"> <li>○ State Councils on Developmental Disabilities                 <ul style="list-style-type: none"> <li>▪ Volunteer led, 56 Councils work together to recognize needs in order to promote core values (stated above)</li> <li>▪ Activities: "outreach, providing training and technical assistance, removing barriers, developing coalitions, encouraging citizen participation, and keeping policymakers informed about disability issues."(Administration for Community Living, Programs)</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Protection and Advocacy Systems <ul style="list-style-type: none"> <li>▪ Independent of service agencies</li> <li>▪ Work at state level to empower and support people with developmental disabilities and their families</li> <li>▪ Help with legal system to bring about change and solutions</li> </ul> </li> <li>○ University Centers for Excellence in Developmental Disabilities <ul style="list-style-type: none"> <li>▪ 68 UCEDDs- each are independent but work together when necessary</li> <li>▪ Associated with universities- connecting the school with the community</li> <li>▪ Provide: training, research, assistance, and service/support</li> </ul> </li> <li>○ Projects of National Significance <ul style="list-style-type: none"> <li>▪ Examine important issues impacting individuals with developmental disabilities and their families</li> <li>▪ Supports advancement of policies, awards, grants, contracts</li> <li>▪ Funding available for states</li> </ul> </li> <li>○ Family Support Programs <ul style="list-style-type: none"> <li>▪ In-Home supports available – reduces costs and expenses families may experience</li> </ul> </li> <li>○ Direct Support Workforce <ul style="list-style-type: none"> <li>▪ Purpose- to increase job opportunities in the workforce for individuals with developmental disabilities</li> </ul> </li> <li>● President's Committee on People with Intellectual Disabilities <ul style="list-style-type: none"> <li>○ Gives the US President and Secretary of Health and Human Services information about topics that influence individuals with developmental disabilities</li> </ul> </li> <li>● Action Taken by Congress and the Administration <ul style="list-style-type: none"> <li>○ Gathering information to reauthorize</li> </ul> </li> </ul>
--	---

<p><b>How does the DD Act apply to therapeutic recreation/ recreation therapy?</b></p>	<p>The Developmental Disability Assistance and Bill of Rights Act applies to therapeutic recreation/ recreational therapy by providing opportunities for the support of family, community, environmental engagement, work, and full inclusion in the communities. In Title I section 101, the Act provides the following: “disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to live independently, to exert control and choice over their own lives, and to fully participate in and contribute to their communities through full integration and inclusion in the economic, political, social, cultural, and educational mainstream of United States society”.</p> <p>The first line of the Developmental Disability Assistance and Bill of Rights Act fully exemplifies what a TR/RT strives for. Throughout this act, continuing in Section 102, the opportunity for a recreational therapist is large. There are definitions explaining education activities, health activities, rehabilitation technology, family support services, inclusion and mainly recreation related activities.</p> <p>TR/RT’s can be very engaged in every aspect of an individual’s life to assist in providing overall well-being. The definition of the Recreation Related Activities is “means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of recreational, leisure, and social activities, in their communities”.</p> <p>This Bill of Rights promotes the support of therapeutic recreation/ recreational therapy through engaging individual with developmental disabilities in activities the draw in the social, physical, emotional, cognitive domains.</p>
--	--

<b>Where can I learn more?</b>	Provide a hyperlink to main website to learn more or get resource <a href="http://www.thearc.org/document.doc?id=2925">http://www.thearc.org/document.doc?id=2925</a> <a href="https://acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/Index.aspx">https://acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/Index.aspx</a>
<b>Resources for the DD Act</b>	<ul style="list-style-type: none"> <li>• Administration for Community Living (n.d.). Administration on Intellectual and Developmental Disabilities: History of the DD Act. Retrieved April 12, 2017, from <a href="https://acl.gov/Programs/AIDD/DD_History/index.aspx#Programs">https://acl.gov/Programs/AIDD/DD_History/index.aspx#Programs</a></li> <li>• Administration on Intellectual and Developmental Disabilities (AIDD). (n.d.). Retrieved April 13, 2017, from <a href="https://acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/p2_tl_subtitleA.aspx">https://acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/p2_tl_subtitleA.aspx</a></li> <li>• The Arc. (2011, February 2). Fact Sheet Developmental Disabilities Assistance and Bill of Rights Act (D.D. ACT). Retrieved from <a href="http://www.thearc.org/document.doc?id=2925">http://www.thearc.org/document.doc?id=2925</a></li> </ul>
<b>Authors</b>	Holly Nisson Abigail Bjork Allison Stein



# FACT SHEET

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

<p><b>What is HCBS and LTSS?</b></p>	<p>Home and Community-Based Services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home and community rather than institutions or other isolated settings. These programs serve a variety of targeted population groups, such as people with intellectual or developmental disabilities, physical disabilities and/or mental illnesses.</p> <p>Long Term Services and Supports (LTSS) are services and supports within the community to help a wide range of people including children, adults, and seniors who need services as a result of disabling conditions and chronic illnesses.</p>
<p><b>Who is served by HCBS and LTSS?</b></p>	<p>HCBS- people who are Medicaid beneficiaries, programs serve wide variety of target populations, including people with intellectual, developmental, and physical disabilities and mental illness.</p> <p>LTSS – millions of Americans, children, adults, and seniors in need of long-term care services as a result of disabling conditions and chronic illnesses.</p>
<p><b>What entities are covered by HCBS/LTSS?</b></p>	<ul style="list-style-type: none"> <li>● Long Term Services and Supports:             <ul style="list-style-type: none"> <li>○ Nursing facilities</li> <li>○ Intermediate care facilities for individuals with intellectual disabilities</li> </ul> </li> <li>● Home and Community-Base Settings:             <ul style="list-style-type: none"> <li>○ Group homes</li> </ul> </li> </ul>
<p><b>What are the key points of HCBS/LTSS?</b></p>	<ul style="list-style-type: none"> <li>● Home and community-based services (HCBS) are the network of services and supports that allows individuals to live with dignity and independence at home and in the community</li> <li>● HCBS are widely acknowledged as both the preference of individuals who require LTSS and the most cost-effective way to deliver those services and supports</li> <li>● Medicaid, the joint federal-state program that provides healthcare coverage for low-income individuals, is the single largest purchaser of long-term services and supports (LTSS) in the United States</li> <li>● The majority of home and community-based care is provided unpaid caregivers, primarily family and friends of those who need LTSS</li> </ul>
<p><b>How does HCBS/LTSS apply to therapeutic recreation/recreation therapy?</b></p>	<p>The applicability and role of therapeutic recreation/recreation therapy in HCBS/LTSS:</p> <ul style="list-style-type: none"> <li>● therapeutic recreation is one of the services that are covered under HCBS and LTSS</li> <li>● therapeutic recreation can be a community based service that serves all of the groups that HCBS/LTSS services</li> <li>● the values of TR/RT are similar to the focus of HCBS/LTSS</li> </ul>

<b>Where can I learn more?</b>	<a href="http://www.medicaid.gov">www.medicaid.gov</a>
<b>Resources for HCBS/LTSS</b>	<a href="http://www.medicaid.gov/medicaid/hcbs">www.medicaid.gov/medicaid/hcbs</a> <a href="http://www.medicaid.gov/ltss/">www.medicaid.gov/ltss/</a> <a href="http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/">http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/</a> <a href="http://www.justiceinaging.org/wp-content/uploads/2015/04/RE_2014-Home-and-Community-Based-Services-Fact-Sheet.pdf">http://www.justiceinaging.org/wp-content/uploads/2015/04/RE_2014-Home-and-Community-Based-Services-Fact-Sheet.pdf</a>
<b>Authors</b>	Bethany Austin Molly Bernhardsen Tamika Jones



# FACT SHEET

## Individuals with Disabilities Education Act

<b>What is IDEA?</b>	The Individuals with Disabilities Act is a law that ensures children with disabilities have access to a free appropriate public education to meet their unique needs and prepares them for further education, employment, and independent living.
<b>Who is served by IDEA?</b>	Infants and toddlers with disabilities (birth to age 2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.
<b>What entities are covered by IDEA?</b>	IDEA covers, “the child’s movement from school to post-school activities including postsecondary education, vocational education, integrated employment, continuing education and adult education, adult services, independent living and community participation.” (IDEA, 2014).
<b>What are the key points of IDEA?</b>	<ul style="list-style-type: none"><li>• IDEA requires every state to issue regulations that will help guide and implement the federal law within each state.</li><li>• Parents participate in the team to discuss the needs of the child to determine if a comprehensive evaluation is needed.</li><li>• Once the evaluation is completed and found eligible for special education the team, including the parents, develops an Individualized Education Program (IEP).</li><li>• Annual review of measurable goals.</li><li>• Every IEP must include:<ol style="list-style-type: none"><li>1. How the student is performing in school</li><li>2. How the student can achieve educational goals in the next school year</li><li>3. How the student will participate in general curriculum</li></ol></li><li>• Funding is provided to the states through competitive grants.</li></ul>
<b>How does IDEA apply to therapeutic recreation/recreation therapy?</b>	IDEA (2014) states, “Almost 30 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by...providing appropriate special education and related services, and aids and supports in the regular classroom, to such children, whenever appropriate...” Recreation, including therapeutic recreation, is listed in the definition of related services. Certified Therapeutic Recreation Specialists are the qualified providers that meet IDEA’s requirements for “highly qualified teachers.” The knowledge and skills attained by CTRSs allows them to implement purposeful recreation and leisure interventions that help students achieve success in both the school and community settings. As a part of the Individualized Service Plan (IEP) team, recreational therapists develop goals related to leisure and well-being across all domains of human functioning. Recreational therapists assess, plan, implement, and evaluate services to develop functional skills, improve social participation, and promote inclusion. In addition, recreational therapists collaborate with afterschool programs, community parks and recreation providers, youth development programs, and summer camps to coordinate service delivery and provide transition plans between the school setting and community recreation organizations.
<b>Where can I learn more?</b>	<a href="http://idea.ed.gov/">http://idea.ed.gov/</a> (main website) or <a href="https://www2.ed.gov/about/offices/list/osers/osep/osep-idea.html">https://www2.ed.gov/about/offices/list/osers/osep/osep-idea.html</a> (for most up to date information)

<p><b>Resources for IDEA</b></p>	<ul style="list-style-type: none"> <li>• American Therapeutic Recreation Association. (2017). <i>Recreational therapy and school systems</i> [Fact sheet.] Retrieved from <a href="https://www.atra-online.com/assets/pdf/Info_Schools.pdf">https://www.atra-online.com/assets/pdf/Info_Schools.pdf</a></li> <li>• Heyne, L., &amp; Anderson, L. (2011). Therapeutic recreation in schools: Supporting children’s social and emotional well-being. <i>Impact: Feature Issue on Supporting the Social Well-Being of Children and Youth with Disabilities</i>, 24(1). Retrieved from <a href="https://ici.umn.edu/products/impact/241/12.html">https://ici.umn.edu/products/impact/241/12.html</a></li> <li>• IDEA-the Individuals with Disabilities Education Act. (2014, May) Retrieved from <a href="http://www.parentcenterhub.org/repository/idea/">http://www.parentcenterhub.org/repository/idea/</a></li> <li>• Individuals with Disabilities Education Act (IDEA). (2011). Retrieved from <a href="http://www.gh-accessibility.com/resources/legislation/idea">http://www.gh-accessibility.com/resources/legislation/idea</a></li> </ul>
<p><b>Authors</b></p>	<p>Alyse Dawson, Leigh Myers, and Sara McFadden</p>



# FACT SHEET

## Joint Commission

<b>What is Joint Commission?</b>	<p><i>Mission:</i> “To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.”</p> <p><i>Vision Statement:</i> “All people always experience the safest, highest quality, best-value health care across all settings”</p> <p>The Joint Commission is an independent, not-for-profit organization, established in 1951 that accredits and certifies almost 21,000 health care organizations and programs in the United States. Joint Commission accreditation and certification reflect on an organization’s commitment to meeting certain performance standards. The standards focus on patient safety and quality of care.</p>
<b>Who is served by Joint Commission?</b>	Joint Commission provides accreditation and certification to health care providers who seek to provide quality care to patients in ambulatory care centers, behavioral health care, critical access hospitals, home care, hospitals, laboratories and nursing care centers.
<b>What entities are covered by Joint Commission?</b>	<p>Joint Commission accreditation can be earned by:</p> <ul style="list-style-type: none"><li>• Ambulatory Health Care</li><li>• Behavioral Health Care</li><li>• Critical Access Hospitals</li><li>• Home Care</li><li>• Hospitals</li><li>• Laboratory Services</li><li>• Nursing Care Center</li></ul> <p>Joint Commission certification can be earned by programs or services that may be based within a health care organization. These programs include:</p> <ul style="list-style-type: none"><li>• Comprehensive Cardiac Center</li><li>• Disease Specific Care</li><li>• Palliative Care Programs</li><li>• Health Care Staffing Services</li><li>• Integrated Care</li><li>• Medication Compounding</li><li>• Perinatal Care</li><li>• Primary Care Medical Home</li><li>• Patient Blood Management</li></ul>
<b>What are the key points of Joint Commission?</b>	<p>Provides a:</p> <ul style="list-style-type: none"><li>• Evidence-based set of standards</li><li>• Relationship that strongly effects the patient outcomes</li><li>• Supports patient safety within the healthcare organization</li><li>• Credibility and trusted level of treatment with healthcare provider</li><li>• Opportunity for certification of programs within an accredited organization</li><li>• More competitive approach toward marketing the business</li></ul>

	<ul style="list-style-type: none"> <li>• Prerequisite for insurers and third parties</li> <li>• Desirable work environment for job seekers</li> <li>• Set of standards that structure the framework and management of organizations</li> <li>• Potential to lower liability insurance costs</li> </ul>
<b>How does Joint Commission apply to therapeutic recreation/ recreation therapy?</b>	<p>The applicability and role of TR/RT in Joint Commission:</p> <ul style="list-style-type: none"> <li>• ATRA states that they have instilled a committee with The Joint Commission with the purpose of representing both the association and profession.</li> <li>• The Joint Commission educates ATRA members about new developments and revisions in the Therapeutic Recreation field</li> <li>• ATRA states both parties participating in the committee contribute to the their cause by developing standards/revisions for Therapeutic Recreation services.</li> <li>• Joint Commission is a service standard of quality in many different healthcare settings that are implementing therapeutic recreation services.</li> <li>• The mission of The Joint Commission is to identify and proclaim positive outcomes in Therapeutic Recreation</li> <li>• The Joint Commission intends to find a method to include Recreational Therapy as part of their new “Shared Vision, New Pathways” standards revision process.</li> </ul>
<b>Where can I learn more?</b>	<p>Joint Commission:  <a href="https://www.jointcommission.org/the_joint_commission_mission_statement/">https://www.jointcommission.org/the_joint_commission_mission_statement/</a>  <a href="https://www.jointcommission.org/accreditation/accreditation_main.aspx">https://www.jointcommission.org/accreditation/accreditation_main.aspx</a></p> <p>ATRA Joint Commission Committee:  <a href="https://www.atra-online.com/policy/joint-commission">https://www.atra-online.com/policy/joint-commission</a></p>
<b>Resources for Joint Commission</b>	<p>ATRA. (2017). Retrieved April 16, 2017, from <a href="https://www.atra-online.com/">https://www.atra-online.com/</a></p> <p>The Joint Commission. (2017) Retrieved April 16, 2017, from <a href="http://www.jointcommission.org/">http://www.jointcommission.org/</a></p>
<b>Authors</b>	<p>Angela Sanfilippo  Nicole LiVigni  Anthony Rose</p>