



Meet your Presenters:

Brianne, R/TRO

Completed my degree in TR at Brock University, graduating in 2014 and have been working in the field since then.

I've worked at Waypoint for 10 years now.

My passion lies in working with and observing my patients reestablish enjoyment and fulfillment in life.

For my own leisure, I love being silly and playful with my three year old son and appreciating the outdoors.

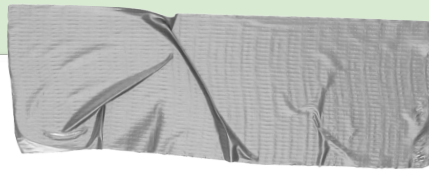


Amanda, R/TRO

BA from Wilfrid Laurier University with a major in Sociology. Postgraduate Certificate in Therapeutic Recreation, Georgian College.

Recreation Therapist at Waypoint Centre for Mental Health Care, on the Sans Souci Program for Transition and Recovery.

My passion lies in program development and facilitating larger special events. For my own leisure, I enjoy raising my new puppy Bane!



Icebreaker: Feeling Smart(ie)?

Pink	One thing that makes you happy.
Purple	One thing that makes you sad.
Brown	One thing that excites you.
Yellow	One good choice you made today.
Green	One thing that makes you angry.
Orange	One thing that makes you anxious.



What to Expect:

Introductions

Icebreaker

Facility/ Program Experience

- Waypoint
- Sans Souci Recreation Therapy
- How We Assess On Program
- Attendance Graphs (tracking tool)
- Patient Experience/ Story

Barrier to Participation

- Bricks & Ladders activity
- Group Discussion

Takeaways

Learning Outcomes

1. By the end of the session, participants will be able to identify a minimum of three assessment strategies to determine leisure needs.
 2. By the end of the session, participants will be able to identify a minimum of two problem solving techniques to assist with overcoming barriers.
 3. By the end of the session, participants will develop increased awareness of program planning for individuals with mental illness.
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Facility Introduction

Waypoint Centre for Mental Health Care is a 315- bed speciality mental health hospital located in Penetanguishene.



- Extensive range of both acute and long term psychiatric inpatient and outpatient services
- Regional (5) and Provincial (8) programs
- High secure forensic mental health
- Recreation Therapy offered hospital wide



Tip

Everyone has mental health and will experience challenges regarding their mental well-being, but not everyone will experience a mental illness.

-Canadian Mental Health Association

Recreational Facilities



Sans Souci Program for Transition and Recovery

The Sans Souci Program for Transition and Recovery focuses on psychosocial rehabilitation, meaning we work to assist our patients to reach their optimal level of independent functioning in society.



- 40 bed co-ed inpatient program
- Severe and persistent mental illness
- Goal of transition and recovery
- In hospital and community based treatment
- Interdisciplinary Team

Admission process

Referral to Recreation Therapy

Recreation Assessment

Admission to program

Disperse between three Recreation Therapists to balance caseload

- Have we worked with the patient previously?
- Do one of us have better rapport with them?
- Frequent flyers: is it better to give them someone new?

Program Orientation

- Meet & greet with patient
 - Review of program daily schedule
 - Creation of personalized schedules
 - On grounds orientation / tour
 - Updating the recovery plan of care (RPOC) with identified goals
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Recreation Assessment

During Admission

- Work with patient on identified goals by using standardized tools; LIM, LMS
- Develop 1:1 Interventions
- Make internal referrals if requested (central recreation, vocational, peer support)
- Encourage group/ special event participation

Community Integration

- Transit training; are they being discharged in the area? If not what does the transit system look like in their location? Provide verbal training
 - Rehab Services and/or Hero Centre referral
 - Transitional discharge
 - 1:1 Recreation Therapy in the community (YMCA, monthly shopping, etc)
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How We Assess On Program

Attendance graphs

Provides visual of group attendance and variation in numbers from week to week

Tracking group attendance and community integration participation

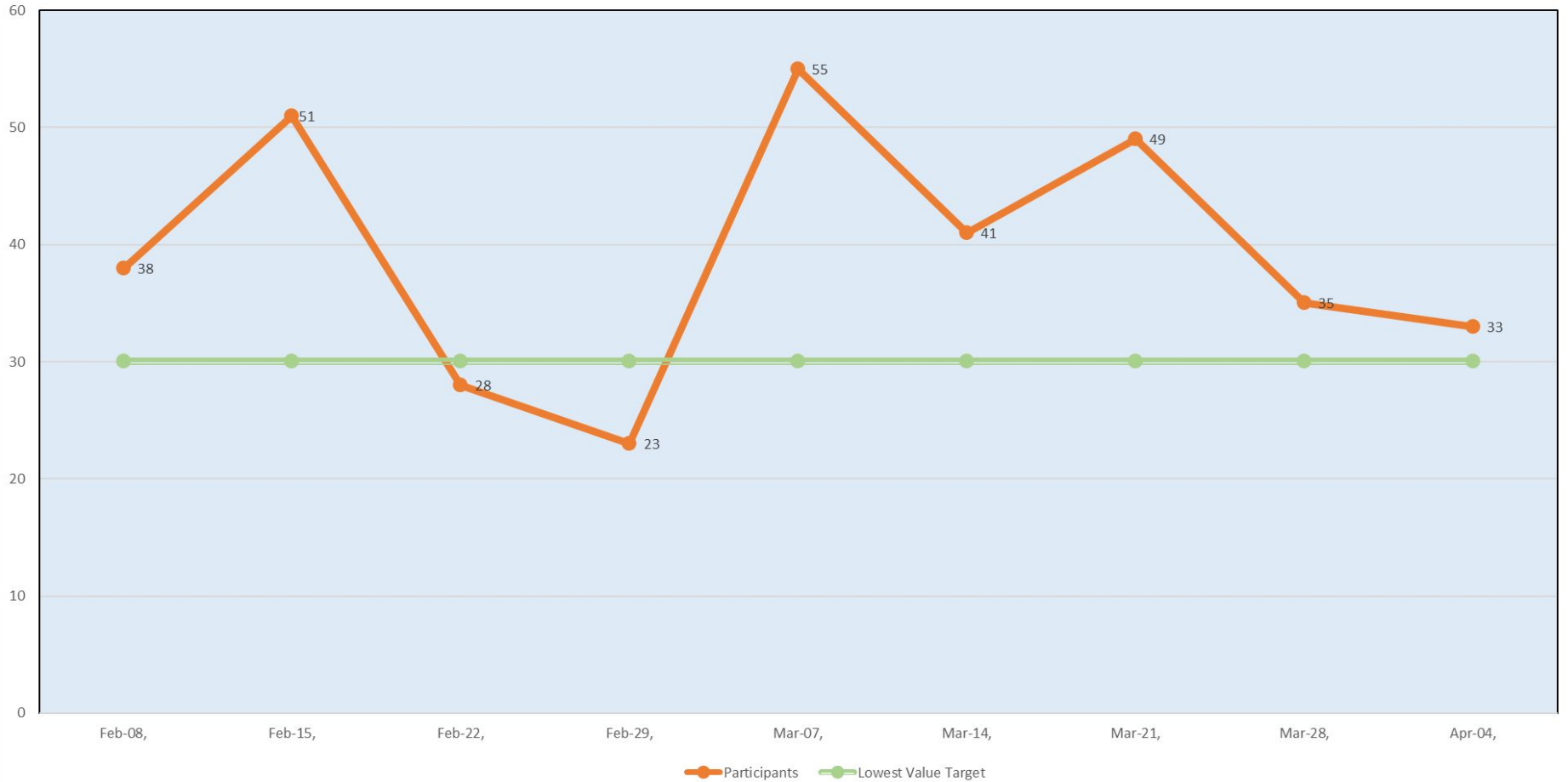
Quality Improvement initiative to increase patient participation by 30-40 participants each week



Tip

Tracking group attendance holds the facilitators accountable and motivates us to keep encouraging participation.

Therapeutic Groups & Programming



Program Planning

Best time of day to plan programming (i.e. do they have more attendance in afternoon vs. evening)

Are we meeting all the domains?

Are we considering time of year/ season?

- Holidays (including national holidays ie. Star Wars day)
- Sporting events (superbowl, hockey playoffs, olympics)

Review of current population needs

Program Planning

Community special events

- Normalizing experiences
- Providing new experiences
- Bridging the gap between inpatient and community involvement
- Support local
- Volunteer services



Tip

Incorporating previous leisure activities of individuals is a good way to normalize. It shows the individual that just because they may have a newfound illness doesn't mean they need to stop engaging.

Patient Story

Patient 1: Steve-O

A 36 year old male with a diagnosis of Schizoaffective Disorder, Bi-polar type, ADD. Patient was admitted 3 years ago d/t to paranoia regarding the safety of his family and a severe suicide attempt. Patient's recovery goal is to "feel safe enough to return to the community and feel confident in my family's safety." Patient describes themselves as a "social butterfly" and of having had a positive experience on our program, reporting "I would've been screwed if this place didn't exist."

Patient Story

Patient 2: Marvin the Martian

A 26 year old male admitted with a diagnosis of Major Depressive Disorder and PTSD. Patient was admitted 6 months ago due to a severe suicide attempt as a result of his father passing and failure to cope. Patient's recovery goal is "I would like to get feeling balanced but not numb. I still want to feel some highs and I want to be able to function in the community." Patient described themselves as an introvert upon admission however, notes that they changed their habits during their stay; interacting more, forcing themselves to attend group which in turn provided them a chance to engage with others and build friendships. At present, patient reports feeling more confident and comfortable attending groups.

Patient Story Takeaways



Tip

“Give groups a chance...even if they aren't applicable to you, just try...it can open your mind to bigger and better things.”

- Marvin the Martian

- Motivation to attend groups is based on getting you out of daily routine while ensuring you don't get stuck in a rut
 - Both patients reported their leisure needs were met in various ways including our walking program and community integration work
 - Having normalizing experiences be a part of regular programming makes the patient(s) feel “ready to get out”
 - Repetition is good to a certain extent; overlapping skills in various groups provides perspective however, can also deter a patient from participating
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BARRIERS

BARRIERS EVERYWHERE

Barriers to Participation

POV: Patient

“Having a bad day”

“Being the only one talking in group”

“When other patients attend group and we don’t get along”

“Repetitiveness”

Barriers to Program Planning

POV: Recreation Therapist

External Factors; Planned LOA's/ Day Passes

Environmental; space and weather

Program Needs; being pulled on count gives little to no program planning time

Fluctuation in Clientele

Resources (materials, contraband items, finances)

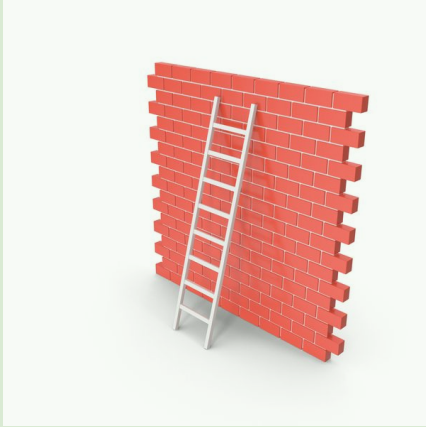
Facilitator Burn Out; hearing that “no” can really get to you



Tip

Most barriers are perceptions instead of actual barriers.

Bricks and Ladders, Barriers

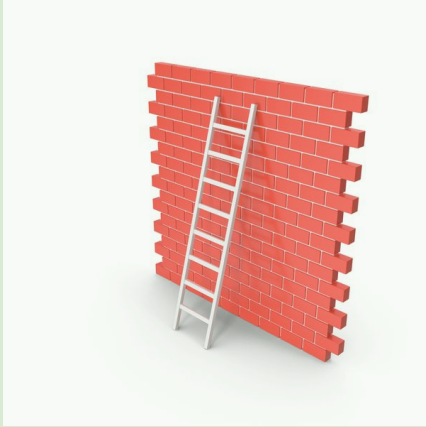


1. Divide the group into smaller groups
2. Discuss and make a list of as many barriers you can think of that a Recreation Therapist may face when program planning for individuals living with a mental illness
3. Narrow down your list to the top 5 barriers agreed upon in your group

This program is courtesy of “Therapeutic Recreation Directory.” We’ve adapted the original program to fit the needs of our population and our overall preference for facilitation.

<https://www.recreationtherapy.com/tx/barriers.htm>

Bricks and Ladders, Solutions



4. Discuss potential solutions to each barrier
5. Bring the group together as a whole. Now let's problem solve together!
6. For each barrier we will brainstorm 5 working solutions each to overcome it

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Bricks and Ladders

Top 5 barriers we may face as a Recreation Therapist working with individuals living with a Mental Illness

1.

2.

3.

4.

5.

Wrap Up

Key Takeaways

1. Allow patient's a voice and time to express their leisure needs
2. When it comes to overcoming barriers, working with and communicating program material to all facilitators is important to avoid repetition.
3. When program planning for individuals living with mental illness, adapting on the go is key as their mental status can change so frequently.

Questions and/or comments?
