



Recreation as an Intervention in Schools for Students with Various Mental Health, Physical, Developmental and/or Learning Disabilities

Sask Association of Recreation Professionals (SARP)
Professional Development Day

September 12, 2019

Introductions

- Presenters:
 - Gary Beaudin, Manager of Community and Resource Development, GSCSD
 - Linda Martin, Instructor, Therapeutic Recreation Program, Saskatchewan Polytechnic
- Case Study Presentations :
 - Jaclyn Paik, graduate of the Therapeutic Recreation Diploma Program (2019)
 - Kendall Ehrmantraut, graduate of the Therapeutic Recreation Diploma Program (2019)
 - Erin Hedley, graduate of the Therapeutic Recreation Diploma Program (2019)

Overview

- Background
 - Challenges
 - Partnership Development
 - Gaps in Service to Meet Student Needs
- Overview of School Based Recreation Therapy
 - School Program Areas
 - Practicum Opportunities in Schools
- Case Studies:
 - St. Mary's Wellness & Education Center and the In-school Social paediatrics Clinic
 - Meitheal Interprofessional School-Based Clinic – high school



Background & Partnership Development

Saskatoon Greater Catholic School Division
Gaps in Service to Meet Student Needs

Gary Beaudin, Manager of Community and Resource Development, GSCSD

The Scope of the Challenge

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Challenges

- 40% of Aboriginal children living in poverty (MacDonald & Wilson, 2013).
- Under-resourced First Nations education systems.
- Significant gap in Early Learning Indicators among Aboriginal children (CCL, 2009).
- High dropout rates; approximately 40% on-reserve, 30% off-reserve (C.D. Howe Institute, 2014).
- An approximately 30% gap in graduation rates between Aboriginal and non-Aboriginal students.
- Alarming health disparities between Indigenous children and non-Indigenous children, based on neighbourhood income (Lemstra, Neudorf, & Opondo, 2006).
- Lower rates of post-secondary education resulting in employment gaps and lower lifetime earnings (Howe, 2011).
- In provincial schools, learning outcomes for low SES Indigenous students are similar to those living on-reserve.

Desired Future

- An educational mandate that builds a foundation for equity.
- The ideal of equity ensconced in law and actualized in social, economic, and legal contexts.
- Public policy that realizes equity in access and outcome.
- Elimination of participation and outcome disparities.
- Shared responsibility with First Nations and Métis communities and organizations.
- Welcoming, safe and caring learning environments reflective of the students and the communities that we serve.
- Improved FNMI student enrolment, attendance, retention, learning outcomes and graduations.

Holistic Supports & Student Success

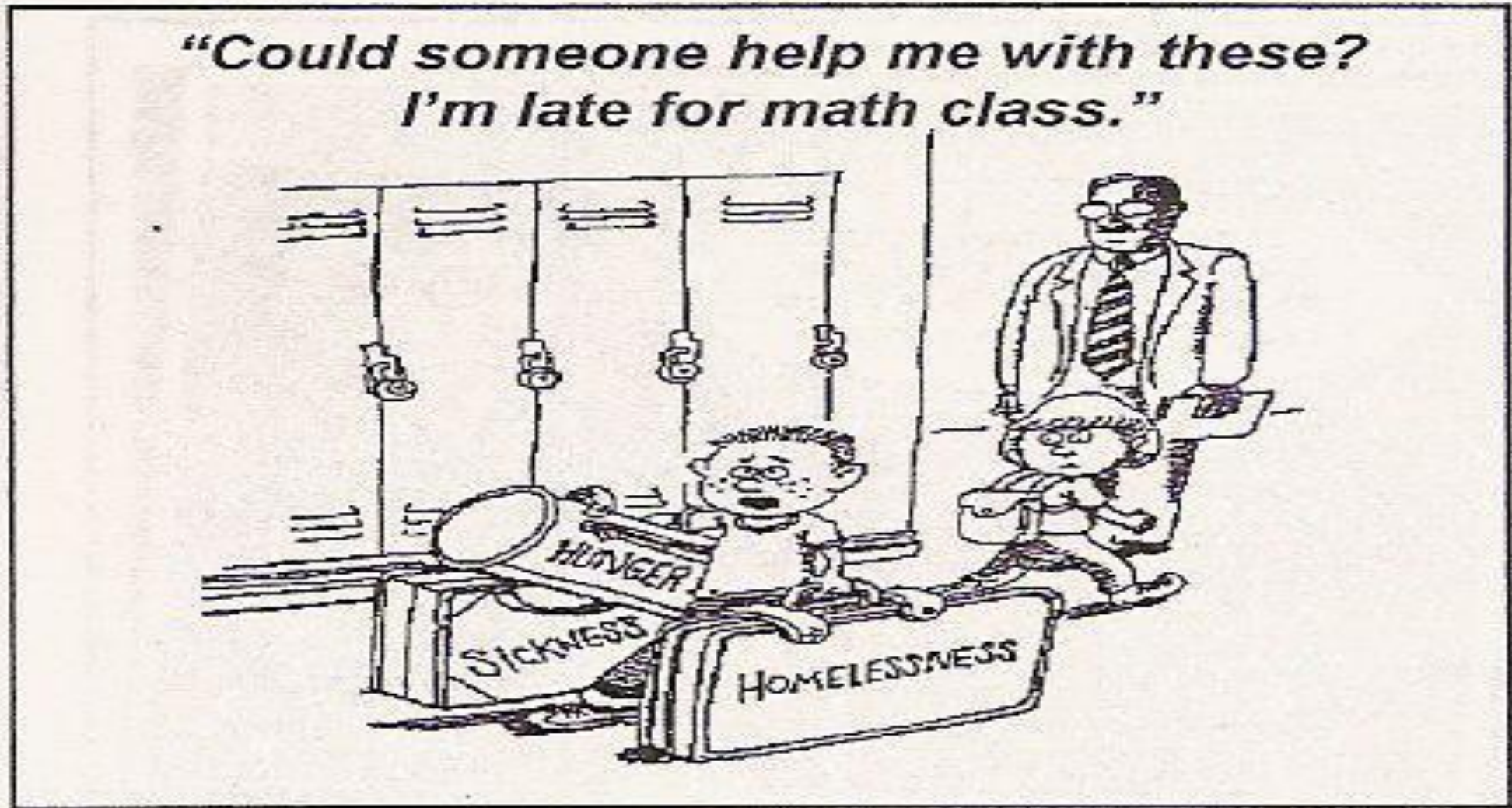
- Research and practice in education identifies the role of holistic supports in supporting student success.
 - Social Paediatrics: Dr. Gilles Julien
 - Resilience: Dr. Michael Ungar
- Western school improvement discourse overlooks the value of a holistic approach to learning improvement.
 - Reductionist approaches
 - Recycles privilege



School-based Health Services: *activism for access*

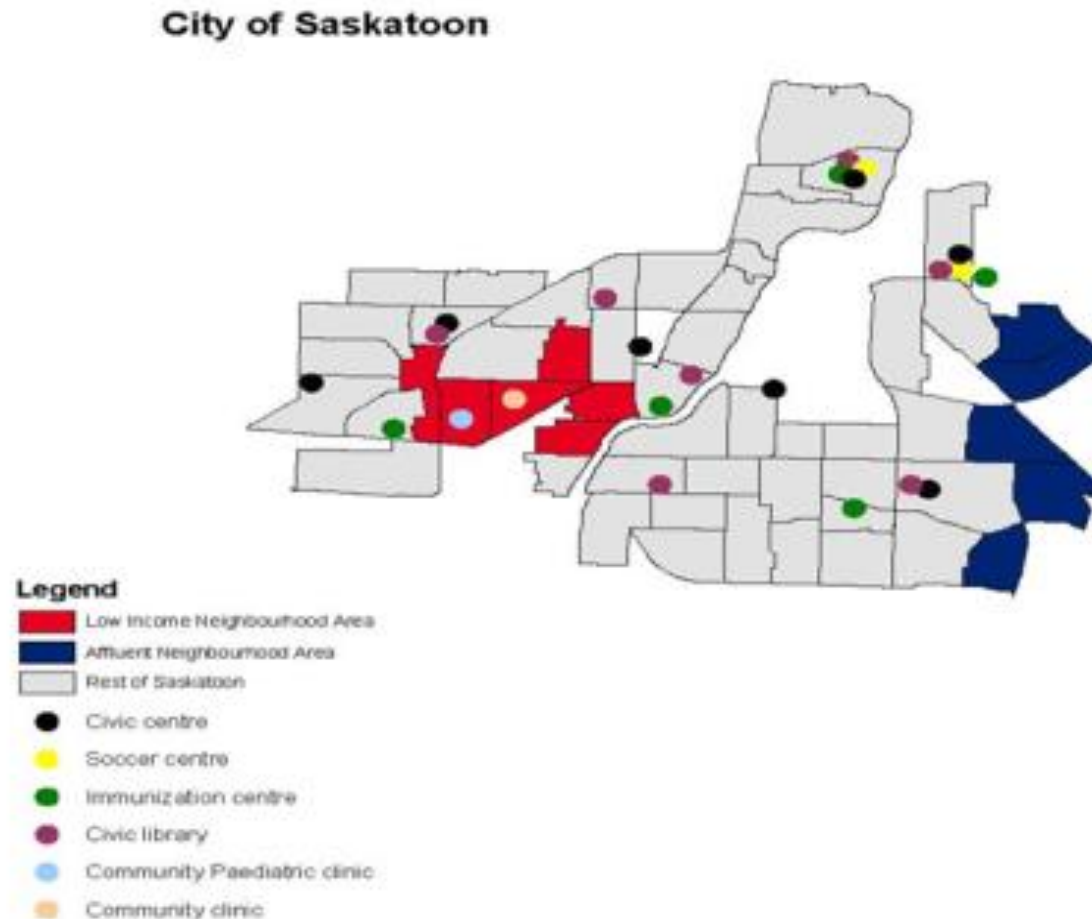


School Health Services: what did you know? When did you know? What did you do about it?



Major Services Mapping: The Privileges of Geography

Figure 1. Mapping the location of Saskatoon's publicly funded health and leisure services.



St. Mary's Wellness & Education Centre: Overview

- Median family income is \$21,520; 28% home ownership; majority of the population is under the age of 20; significantly higher mobility rate.
- 400 students, over 90% Indigenous,
- Health disparities report (Lemstra, M., Neudorf, C., & Opondo, J., 2006) identifies major disease-rate disparities.
- The local community engages through the school and demands action.
- Principal engages with Division and Tribal Council leadership to seek solutions.
- Community and school leadership seeks partnerships and innovations.



St. Mary's Wellness & Education Centre: Wellness Programming

- Whole-community approach to wellness and learning.
- Canada's only in-school full paediatric wellness centre Daycare, health clinic, mental health counselor, nutrition program, prekindergarten, paediatrician, clinical psychologist and optometry, are provided through post-secondary partnerships and FNIHB direct billing.
- Clinicians and teachers collaborate to address student readiness to learn.
- The clinic sees approximately 250 new patients and 1,000 repeat patients per year.
- Private practice psychologist responds to access barriers for child and youth mental health.
- The Lung Association provides spirometry services.
- Saskatchewan Association of Optometrists provide full service vision care including prescriptions and on-site dispensing.
- Dreambroker partnership with Sasksport.
- Sask Health Authority provides mental health therapy and counseling.
- Paediatric nephrology services made available.
- **Partnership with Therapeutic Recreation Program for Student Practicums, Sask Polytech**



St. Mary's School Transformation: School Becomes Child Health Services Hub

- In light of an announcement from the Ministry of Education about a new school, planning began to include a wellness aspect to the new school programs.
- March of 2007: Department of Paediatrics is approached regarding their commitment to address health disparities in core areas (1.5 FTE positions directed at Core Area).
- Department Head was receptive to locating the Doctors in a school.
- School Division paid for the renovations and 'start-up' equipment.
- Partners (STC & GSCS) co-fund additional equipment.



May, 2007: First in-Canada School-Based Paediatrics Clinic



- College of Medicine: 2.3 FTE salaried paediatricians.
- Eliminated barrier of family physician referral.
- Paediatrician serves as clinical preceptor.
- Medical student residents routinely assigned to the clinic.

St. Mary's Wellness & Education Centre

Outcomes:



- Engaged parents, Elders, and community members.
- Strengthened inter-agency responses.
- Mire authentic collaboration with Tribal Authority.
- Enhanced literacy outcomes.
- Vast reduction in patient wait-times.
- Improvement in school climate and academic press.
- Demonstrable improvement in access to wellness services.
- Provision of additional services without impact on educational budget.



A Wellness & Improvement Model

- A model of school improvement that builds on a foundation of strengths, inclusion, resilience and holistic wellness addresses challenges with disruptive innovations targeting usual impediments to change.

Challenges

- Child Poverty
- Health Outcomes
- Early Learning Indicators
- Dropout Rates
- Graduation Rates
- Transitions

Remedies

- Cultural Inclusion
- Social Participation
- Curricular Representation
- Student Engagement

Impediments

- Invest in Courageous Leadership
- Motivating the community to challenge unresponsive systems
- Challenge biased policy environments
- Redistribute resources based on need

Identifying a Need for Recreation Therapy Services

Challenges to improving access to publicly funded services for core area families:

- Convincing systems that the need is as substantial as it is.
- Influencing health care cultures so that they may consider decentralizing services, relocating to be closer to the patient, and working within interdisciplinary models.
- Partnering with professionals who are open to disruptive innovation.

Students are open to alternate care models, innovative practice, and community immersion and learning:

- R.T. students work from evidenced-based perspectives, apply individualized assessment practices, and are philosophically support improving access to services for low-income and underserved populations.
- R.T. students do not attempt to move mountains, but work with individuals on daily challenges that prevent alienation and exclusion.
- The majority of core area children do not have access to costly sport programs, R.T. practice creates life-long and sustainable leisure and life skills, and overcomes financial barriers.

Strong relationships and trust create synergies:

- Innovative community development is oriented in trust and authenticity, often uniting practitioners through philosophies. True collaboration requires a certain level of honesty, but also risk.

Meeting the need of students with Various Mental Health, Physical, Developmental and/or Learning Disabilities

Partnership Development with Recreation Therapy, Saskatchewan Polytechnic

Linda Martin, Instructor

Therapeutic Recreation Program, Saskatchewan Polytechnic



Background

School Based Recreation Therapy Practicums

- The Saskatchewan Polytechnic, Therapeutic Recreation Diploma program has been working with two School Divisions in Saskatoon for the past 8 years, (2011-2019):
 - Saskatoon Public School Division
 - **Greater Saskatoon Catholic Schools**

Collaboration between School Divisions and Therapeutic Recreation Program

- A need was identified for school-based recreation therapy for **students with various physical, developmental and/or learning disabilities as well as mental health concerns**
- Areas of focus include:
 - Mental health
 - Social/behavioural
 - Physical disabilities, i.e. complex multiple
 - Developmental and/or learning disabilities
 - Physical literacy
 - Sedentary Behaviour & Screen Time

Theory Supporting School Based Recreation Therapy

- Recreation Therapists' can provide quality services to maximize current and future quality of life and life satisfaction for students by ensuring equal opportunity for all to become fully functioning and participating members within their communities (Etzel-Wise & Mears, 2004).
- This goal can be achieved by placing an emphasis on offering **individualized goal directed leisure education, opportunities, and interventions to stimulate growth and learning for students** which transfer to all other settings in their lives, with a focus on improving holistic health, wellness, and overall quality of life.

Therapeutic Recreation Diploma Program

- Therapeutic Recreation is a two year diploma program offered on campus and by distance education.
- The program includes three separate practicum experiences that will allow students to apply their developing knowledge, skills and abilities in a variety of practical settings.
 - PRAC 177 - four week (1st year [Spring])
 - PRAC 280 – six week (2nd year [Fall])
 - PRAC 281 – eight week (2nd year [Spring])

Practicum Student Preparation

School Based Recreation Therapy

- TR students are placed in schools with specific program areas that support children and youth with disabilities and/or conditions, in both elementary and high schools.
- A school supervisor(s) is selected for the TR practicum students, i.e. teachers (learning assistant or special education teachers), school principal, school psychologist, in-school clinic paediatrician, etc.
- The TR Instructor monitors the practicum's closely, provides guidance, consultation, and resources for the TR students where appropriate.

School Program Areas for Recreation Therapy Students

1. **In-School Social paediatrics Clinic** – services elementary & high school
2. **Meitheal Interprofessional School-Based Clinic** - (Mental Health clinic in a high school supporting youth with intellectual disabilities)
3. John Dolan School for children with **complex multiple disabilities**
4. **Structured to Success School Program (S2P)**
 - Students who struggle with behaviour and have cognitive ability within the average/low-average range
5. **Functional Life Skills Program (FLS)** — Physical Literacy
 - Supporting the needs of students with a moderate to severe intellectual disability to become as physically literate as possible

Reasons for Referral to Recreation Therapy

- Difficulties with social skills, requires age appropriate assistance
- Behavioral concerns as a result of trauma, abuse or grief, as examples
- New mental health diagnoses or concerns with mental health (i.e. anxiety, depression, suicidal ideations, self-harm, attachment disorders, ADHD, ODD, etc.)
- Poor school performance, concentration or participation
- Inappropriate or aggressive behaviors (i.e. fighting, hitting, or being violent that is not typical for their age)

Reasons for Referral to Recreation Therapy con't

- Requires community integration (connection to resources or services in the community)
- Difficulties with cognitive functioning (memory, attention span, alertness & problem solving)
- Children with intellectual or physical disabilities or both
- Unhealthy use of screen time or sedentary behaviors
- Children who are overweight or obese who need support regarding healthy active lifestyle education

Reasons for Referral to Recreation Therapy con't

- Learning about community resources for recreation/leisure or sport programs/activities
- To access recreation or adaptive equipment where one is facing a barrier
- Leisure education (awareness about the benefits of leisure, healthy eating, community resources, physical literacy, etc.)
- Someone who would benefit from reconnecting with their culture, wants to participate in spiritual practices
- Learning how to use public transportation (bus utilization skills)
- Exclusion due to their disability/condition/behavior
- Other!

Possible Goals & Benefits of Recreation Therapy

- To improve their sense of belonging
- To reduce anxiety, stress, depression and problem behaviors
- To reduce/prevent health risk factors (i.e. decreased mobility, increased body weight)
- To increase fine/gross motor skills
- To increase physical activity levels through recreation participation
- To replace unhealthy habits or outlets with healthy leisure and recreation opportunities
- To increase self-regulation through coping skills
- To encourage positive choices by allowing decision making opportunities
- To increase self-confidence, internal locus of control & motivation
- To create optimal learning environments with a focus on supporting the student's IIP (Individual Intervention Plan)



In-School Social Paediatrics Clinic

St. Mary's Wellness & Education Center School,
Greater Saskatoon Catholic School Division

Jaclyn Paik, Dip TR

Kendall Ehrmantraut, Dip TR

Jaclyn Paik

- Therapeutic Recreation Diploma from Saskatchewan Polytechnic 2019
- Plans to pursue degree in Therapeutic Recreation in near future
- Continuing the work at St. Mary's Wellness and Education Centre with the Greater Saskatoon Catholic School Division
- Member of Saskatchewan Association of Recreation Professionals (SARP)



In-School Social Paediatrics Clinic

Purpose of Therapeutic Recreation Student Practicum:

- To provide Recreation Therapy to school age students with a diverse range of impairments and referred by the LAT's, teachers, paediatrician and/or Psychologist in the Social Paediatrics Program
- Both elementary and high school



2019 Recreation Therapy Team at St. Mary's

In-School Social Paediatrics Clinic

Therapeutic Recreation Student's:

- Work with the Social Paediatrics Team located at the school
- Work with a the team of professionals that support students, i.e. Teachers, Educational Assistants (EA's), Learning Assistance Teachers (LAT's), Social Workers, parents, etc.
 - Referrals also made by Learning Assistant Teachers or other school professionals, i.e. School Principal, Teachers

St. Mary's Wellness & Education Centre

Case load: 7 students (ages 4-14) and a separate 5-10 students in Thursday girls group (ages 12-14)

Waitlist: approx. 5 students

TR Services offered:

- 5-6 individual pullouts per day: ~40-60 minutes/each
- Leisure Education programs








Recreation Therapy Process Overview

- **Met with the learning assistant teachers/teachers and review students cumulative files/PPs**
 - Independence level, personal/social wellbeing, communication, academic achievement, safety, sensory, motor skills, transition, social hx
- **Assessments**
 - Observation
 - Leisure Interview
 - Leisure Interest Checklist
- **Outcome Measurement**
 - *Goal Attainment Scale*: (pre- week 1, mid- week 4, post- week 8)
 - *Goal Survey*

Leisure interest inventory sample

Ex. 10/20 activities

Activity	Like	Don't Like	Want to Try
			
			
			
			
			

Activity	Like	Don't Like	Want to Try
			
			
			
			
			

Overview

Individual Goal Attainment Scale

- Goals developed post Ax and observation completed in the 1st and 2nd week after obtaining caregiver consent
- 1-3 goals per student depending on their needs
- Goal achievement measured at beginning of the practicum, midterm of the practicum (4 weeks) and at the end of the school year (10 weeks)

Source:

McDougall, J., & King, G. (2007). Goal Attainment Scaling: Description, utility, and applications in paediatric therapy services. *Thames Valley Children's Centre*. 1-28. Retrieved from http://elearning.canchild.ca/dcd_pt_workshop/assets/planning-interventions-goals/goal-attainment-scaling.pdf.

Goal Attainment Scaling Goals			
	Goal 1:	Goal 2:	Goal 3:
Time Line			
ICF-CY Component			
Level of Attainment			
Much less -2 than expected			
Somewhat less -1 than expected			
Expected level 0 of outcome			
Somewhat more +1 than expected			
Much more +2 than expected			
Comments:			

Source: Janette McDougall, Thames Valley Children's Centre



Case Studies

St. Mary's Wellness and Education Centre
and the
In-School Social Paediatrics Clinic



Case Study 1

Student A

- Received referral from the Learning Assistant Teacher
- 9 year old male with ADHD and other behavioral concerns
- Reason for Referral:
 - very little interaction with his peers
 - anger & aggression
 - unable to self-regulate
 - requires assistance with boundaries and personal space
- Social History:
 - student lives with his mother and 10+ siblings
 - chaotic household and he doesn't get much attention or supervision
 - mom has addiction issues



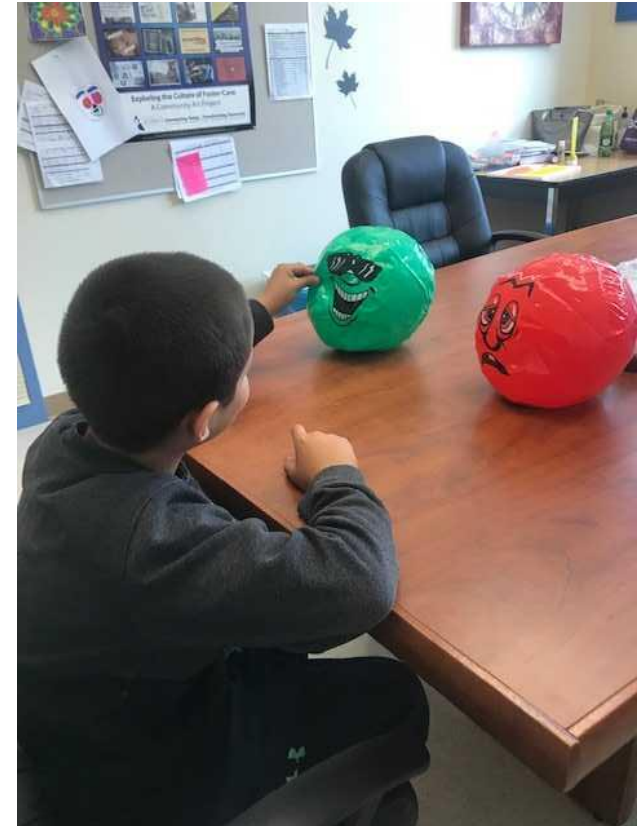
Case Study 1

Goals:

1. To improve coping skills with anger & aggression
2. To provide the opportunity to express emotions
3. To increase self-esteem and self-confidence
4. To increase focus in the classroom

Sessions:

- Individual pullouts 5x/week
- Leisure education 2x/week



Case Study 1

Interventions Used:

- Expressive arts: painting, drawing, coloring, paper machete
- Emotional Strategies: Self-esteem & 'All About Me' work sheets, weighted vest, safe corner with calming box, blowing up balloons, squeezing playdoh, stress balls
- Relaxation/coping strategies: stress ball, weighted vest, sensory bottles, blowing up balloons, bubble wrap, sensory beads
- Creative pursuits: building puzzles, horticulture, board games, silly play
- Safety: books and videos on street safety, role modelling and practicing safety crossing the street

Case Study 1

Individual Goal Attainment Scale (-2, -1, 0, +1, +2)

1. To improve coping skills with anger & aggression
2. To provide the opportunity to express emotions
3. To increase self-esteem & self-confidence
4. To increase focus in the class room

	Goal 1	Goal 2	Goal 3	Goal 4
Pre	-1	0	-2	-1
Midterm (4 weeks)	0	+1	-1	0
Post (10 weeks)	+1	+2	+2	+1

Student Outcomes Observed by Rec T. & Staff:

- Reduced visits to the office
- Reduction in escaping and running away from the classroom
- Reduced anxiety and anger
- Increased participation in class & during recess
- Increase in play
- Increase focus in the classroom
- Reduced fighting/arguing with peers and teachers

Testimonial

“...When he comes back to the classroom he is able to self regulate and use the tools given for him to help him to have a positive day. They have also given me more tools to work with my students. Strategies such as alternate communication skills and ideas to work with my high needs student when he comes back to the classroom. It would not only benefit the student, but myself as well to have the Rec. Therapy students...”

- Grade 1 teacher

St. Mary's Wellness and Education Centre

Kendall Ehrmantraut

- Therapeutic Recreation Diploma from Saskatchewan Polytechnic 2019
- Enrolled with the U of R for Fall 2020 to pursue degree in Therapeutic Recreation
- Employed at St. Mary's Wellness and Education Centre immediately following the 8 week practicum continuing the work till the end of the school year
- Works with the University of Saskatchewan as the P.A.A.L Program and Volunteer Supervisor
- Member of S.A.R.P (Saskatchewan Association of Recreation Professionals)





Case Study 2

Student B

- Received referral from Learning Assistance Teacher
- 6 – 8 year old male
- Diagnosed with ODD, history of childhood trauma and abuse, learning difficulties, multiple comorbidities
 - Poor self esteem, difficulty in coping, low physical activity, impulsive, aggression, anxiety, low attention
- Social History:
 - Has older brother, child welfare involvement due to neglect, struggling with grief and loss
- Inappropriate social behaviors, to assist with social skills, emotional regulation

Case Study 2

Goals:

1. To provide age appropriate role modeling through recreation and leisure
2. To improve appropriate social skills through recreation and leisure
3. To participate in healthy ways to cope with emotions

Sessions:

- Individual pullouts 4x/week, small groups 1x/week
- Leisure education 2x/week

Case Study 2


Interventions Used:

- Cognition games: Uno, Battleship
- Motor tasks: Lego, scoops, basketball, soccer, runs, trains, K'nex, bowling
- Relaxation: drumming, PlayDoh, sensory bottle, bubble wrap, walks, calm down box, stress ball
- Creative Pursuits: art, chalk, music
- Leisure Education: emotions, anxiety, being a good friend, when things don't go my way



Behaviour Record

- Had student reflect on session and list what he did well and what he could work on
- This helped the student to recognize his behaviors and showed him all the things he was doing well
- Overtime the right side increased and the left side decreased

 Handout BEHAVIOR RECORD <i>Praise "Positive Opposites"</i>	
Behaviors I want to see less of: (e.g., yelling)	Positive opposite behavior I want to see more of: (e.g., polite voice)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Case Study 2

Individual Goal Attainment Scale (-2, -1, 0, +1, +2)

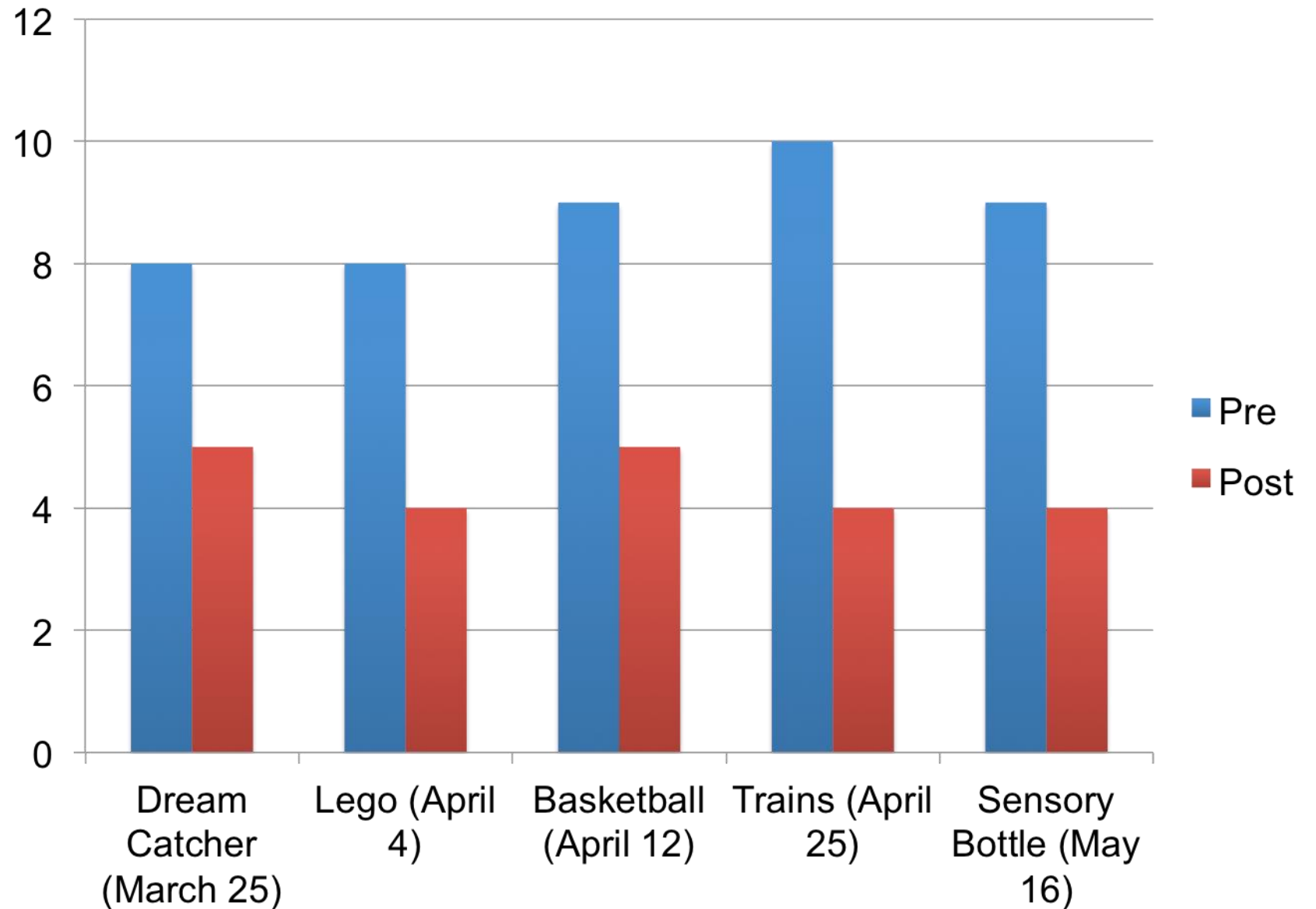
1. To provide age appropriate role modeling through recreation and leisure
2. To improve appropriate social skills through recreation and leisure
3. To participate in healthy ways to cope with emotions

	Goal 1	Goal 2	Goal 3
Pre (1 week)	-1	-2	-1
Midterm (4 weeks)	0	0	0
Post (8 weeks)	+1	+1	+2

Mood Scale – Intervention & Level of Anxiety

Key:

10 is “exploding” and 1 is “couldn’t be better”



Case Study Outcomes

- Student has now participated in various activities that has helped with gross motor and social skills
- Student now has the transference of skills to participate in healthy ways to cope with emotions and show appropriate social behaviours
- Student is now able to check in with self and recognize his mood and emotions
- Student and Rec. T created a calm down box to help give the student tools for what he needs when his mood changes
- Student has not only succeeded one on one, but the classroom teacher has seen changes within the class as well.
- Increased focus in the classroom

Testimonial

“...They met with me on regular basis to discuss challenges and progress of students. This was essential to knowing my part as a resource room teacher, and how I can enhance or facilitate progress with them. I loved the fact that pre and post tests were completed as we were able to see the impact of therapy on each student. The type of collaboration and communication that took place with these particular therapists have really made a profound impact on how effective therapy was at our school...”

- Learning Assistance Teacher
St. Mary's Wellness & Education Centre



Case Studies

Meitheal Program

E.D. Feehan Catholic High School

Greater Saskatoon Catholic School Division

Erin Hedley, Dip TR, ECE cert

Erin Hedley

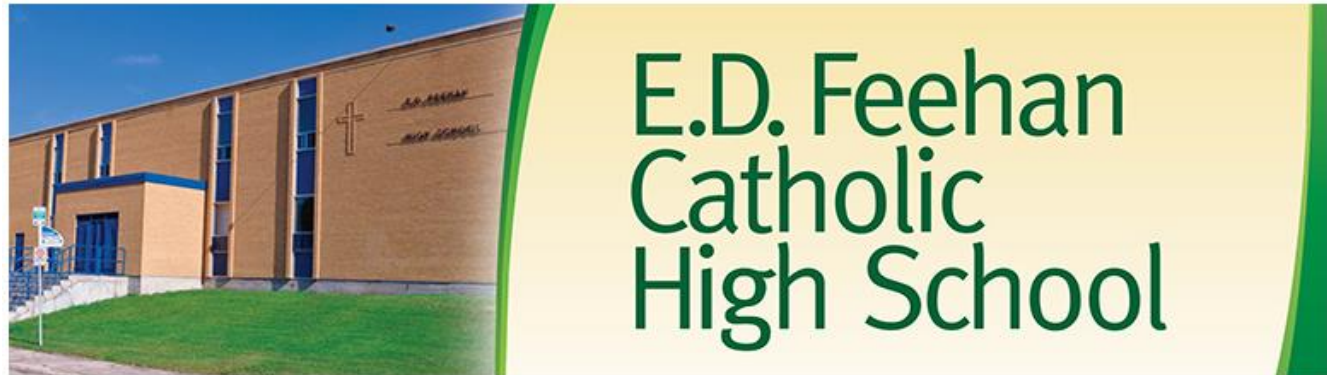
- Therapeutic Recreation Diploma from Saskatchewan Polytechnic 2019
- Early Childhood Education Certificate Level 2
- Plans to pursue degree in Therapeutic Recreation in near future
- Currently employed as a childcare worker
- Member of Saskatchewan Association of Recreation Professionals (SARP)



Background/history - Meitheal Program

E.D Feehan Catholic High School

- A school based inter-professional team
- Meitheal (mey'hel): Is an Irish word meaning a group of people coming together to do a job that no one person could do on their own
- Formed in 2005 to provide services to youth and young adults with cognitive disabilities living with mental illness that were being denied services



Background/history - Meitheal Program E.D Feehan Catholic High School

Meitheal' s Mandate and Purpose

- Takes a holistic and person first approach to support the needs of the students.
- Focused on improving the clients' quality of life, tackling human rights and social justice issues.

Background/history - Meitheal Program E.D Feehan Catholic High School

Clientele Description

- Alternate Education: Students had an IQ of 56 to 74
 - Participated in mainstream classes
- Majority had a dual diagnosis of a cognitive disability and a mental health illness

Background/history - Meitheal Program E.D Feehan Catholic High School

Team Members

- The professionals forming the interdisciplinary team of the Meitheal program train the next generation of:
 - Psychologists
 - Nurses
 - Social Workers
 - Recreation Therapists
- Coordinated by the Special Education Teacher

Background for Recreation Therapy Services

Case load: 5 students with intellectual disabilities and mental illness, ages 16-20

TR Services offered:

- 2 community outings per week
- Recreation therapy goals in support of the students' Inclusion and Intervention Plans (8 holistic areas)
- Supported and referred by Special Education teacher, and 5 Educational Assistants
 - Students all referred for poor social connections outside of school



Meitheal Case Study 3

Client Profile

- 3 Males
- Grades 10-12
- Alternate Education
- Diagnosed with a cognitive disabilities
- Barriers: understanding personal boundaries, appropriate social skills, easily bored, short attention span, poor social connections outside of school, public transit

Meitheal Case Study 3

Assessment (Ax) Process

- Review of client's Personal Program Plan (PPP)
- Discussion with Alternate Education teacher
- Interview (1:1)
- Kept questions simple
- Focus was on building a therapeutic relationship

Meitheal Case Study 3

Standard Ax Tools

Leisure Interest Measure:

- The purpose is to find out the leisure activities individuals want or prefer to do
- The 29 questions are rated on a scale of 1 (never true) all the way to 5 (always true)
- Sample Questions:
 - ✓ I like to read in my free time
 - ✓ I prefer being outdoors
 - ✓ I like to create artistic designs in my leisure time

Meitheal Case Study 3

Standardized Ax Tools

Module 4E City Bus Assessment:

- This assessment looks at the knowledge that the client has pre & post specifically on the areas of bus utilization.
- The assessment contained 20 questions that were asked for both pre and post-tests.
- Sample Questions:
 - ✓ Where will you find information for the city bus schedules and routes?
 - ✓ How much time will you allow yourself to catch the bus?
 - ✓ How much is a one-way trip on the bus and when do you pay?

Meitheal Case Study 3

Standardized Ax Tools

Bus Utilization Skills Assessment **Section 2 Maladaptive Behaviors**

- This assessment looks at the most common types of maladaptive behaviors seen while riding the bus.
- There are 11 questions answered on a scale A=1 point B=2 points C=3 points
- Sample Questions:
 - ✓ Reports feeling worried
 - ✓ Increased emotionality; seems keyed up, alert
 - ✓ Does not trust and says others are talking about him/her with the intent to harm

Meitheal Case Study 3

Standardized Ax Tools

Bus Utilization Skills Assessment **Section 1 Functional Skills (Sub section Riding Conduct)**

- This assessment looks at the most common types of maladaptive behaviors seen while riding the bus.
- There are 9 questions each set of skills or behaviors is worth one point
- Sample Questions:
 - ✓ Boards correct bus
 - ✓ Able to navigate aisles while bus is moving
 - ✓ Holds onto appropriate supports when bus is moving

Meitheal Case Study 3

Assessment Analysis & Interpretation

Pre-test:

- The client demonstrated a lack of knowledge of bus information, a lack of skills required to utilize the bus, and a diminished confidence when using the bus.
- Scored 4/14.

Post-test:

- The client demonstrated an improvement in his knowledge and understanding of bus utilization skills.
- His confidence increased, but continues to require guidance not ready to ride bus independently.
- His goal was to gain knowledge and experience on the bus riding independently will come later
- Scored 6/14.

Meitheal Case Study 3

Assessment Analysis & Interpretation

Bus Utilization Skills Assessment **Section 2 Maladaptive Behaviors**

- A score of 0 is what the client is working towards

First Assessment

- The client was uncomfortable on the bus, did not want to talk to anyone or sit near anyone new
- Score was 9

Second Assessment

- The client was still reporting feeling worried while on the bus, was hyper alert and afraid people were going to hurt him
- Score was 6

Third Assessment

- The client was less anxious on the bus, was comfortable with people sitting beside him
- Score was 4

Meitheal Case Study 3

Assessment Analysis & Interpretation

Bus Utilization Skills Assessment **Section 1 Functional Skills (Sub section Riding Conduct)**

- A score of 27/27 is what the client is working towards

First Assessment

- The client was not able to navigate the aisles or how to get off the bus or to notify the bus driver of the stop
- Score was 9/27

Second Assessment

- The client was able to ask the bus driver for a transfer and got on the right bus
- Score was 10/27

Third Assessment

- The client was able to hold onto appropriate supports when the bus is moving, and uses appropriate communication
- Score was 13/27

Fourth Assessment

- The client was able to stand without falling on moving bus, he knew to wait behind the yellow line, and can exit without a problem
- Score was 18/27

Meitheal Case Study 3

Individual Goal Attainment Scale (-2, -1, 0, +1, +2)

To increase knowledge of community recreation and leisure programs

Goal 1	
Pre-test (week 5)	-1
Post-test (week 8)	-1

- To practice socialization skills.

Goal 2	Week 5	Week 6	Week 7	Week 8
Pre-test	-1	-1	-1	0
Post-test	-1	-----	0	-----

Meitheal Case Study 3

Goals

- 1.To increase client' s knowledge of community recreation and leisure programs
- 2.To practice socialization skills.
- 3.To improve client' s bus utilization skills.

Objectives

- The objectives were based on repetition and having the client' s role during sessions increase in independence and leadership

Meitheal Case Study 3

Treatment/Therapy

- Clients were provided opportunities to practice bus utilization skills and become familiar with the bus, practice social skills and social boundaries, learning where to obtain bus information, and learning how to be independent etc.

Meitheal Case Study 3

Documentation

- Progress notes were done after each time meeting with client
- Leisure assessment summary
- Goal Attainment Scale completed once a week for goals 2 and 3
- Riding Conduct Assessment completed once a week
- Maladaptive Behaviour Assessment completed once a week

Evaluation

- Was ongoing through observation
- Meitheal meetings every Tuesday with interdisciplinary team
- Meetings with supervising Special Education Teacher

Meitheal Case Study 5

Recommendations

- It was recommended that the clients continue doing activities in the community with the other two students as a group after school, to improve his independence and further build a relationship with the group
- Repetition and working through potential problems in a hands on manner is a key component of allowing the client to obtain his goal of improving his bus utilization skills

Testimonial

“ You are doing amazing work. Learning how to ride the bus independently is an important skill that the students would not have had the opportunity to learn if it wasn't for Recreation Therapy.

- Special Education Teacher

Summary: Formulas for Success

- Trust is needed.
- Imagining "yes" first, then working backwards.
- Collaborating with like-minded partners.
- Objectivity, no judgement.
- Schools are places where children spend significant amounts of their time, services for children should be in schools whenever possible.
- Data, assessments, research, relationships and evaluation, removes the guessing, supports efficacy.
- Practitioners are people first, they rely on collegial relationships.
- Institutions do not provide adequate service to low-income populations in SK, post-secondary students experience success in schools, the model has significant potential.

Questions





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