RECREATION THERAPY ASSESSMENT

TREASURE MAPS TO SUCCESSFUL TREATMENT PLANNING
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ATASCADERO
LEARNING OBJECTIVES

• INTRODUCTION TO ASSESSMENTS
• DESCRIPTION OF THE LEISURE DIAGNOSTIC BATTERY (LDB)
• APPLICATION OF THE LDB (CASE REVIEW)
• PRACTICAL APPLICATION OF LDB RESULTS
ASSESSMENT

• “ASSESSMENT IS THE COLLECTION AND ANALYSIS OF INFORMATION TO DETERMINE THE STATUS OF THE CLIENT”

FROM DAVID AUSTIN GLOSSARY OF TERMS

• PURPOSE OF ASSESSMENT
• TO DETERMINE:
  • PATIENT STRENGTHS
  • INTERESTS
  • EXPECTATIONS
  • EXTENT OF PROBLEMS OR CONCERNS
  • NEXT LEVEL OF CARE
ASSESSMENT

• COMMON METHODS OF RT ASSESSMENT.
  • OBSERVATION
  • INTERVIEWING
  • SECONDARY SOURCES
    • FAMILY MEMBERS AND FRIENDS
    • CLIENT MEDICAL RECORDS
    • SOCIAL HISTORIES
    • PROGRESS NOTES
    • INTERDISCIPLINARY TEAMS
    • VISITS TO THE CLIENT’S HOME AND COMMUNITY
OBSERVATION

• METHODS OF OBSERVATION INCLUDING

• NATURALISTIC OBSERVATIONS: THIS TECHNIQUE INVOLVES OBSERVING SUBJECTS IN THEIR NATURAL ENVIRONMENT.

• OBSERVATIONS WITH INTERVENTION: ARRANGE CONDITIONS SO THAT IMPORTANT ANTECEDENT CONDITIONS ARE CONTROLLED AND CONSEQUENT BEHAVIORS CAN BE READILY OBSERVED.
OBSERVATION

• TIME-SAMPLING OBSERVATIONS: TIME SAMPLING IS A SAMPLING METHOD THAT INVOLVES THE ACQUISITION OF REPRESENTATIVE SAMPLES BY OBSERVING SUBJECTS AT DIFFERENT TIME INTERVALS. THESE TIME INTERVALS CAN BE CHOSEN RANDOMLY OR SYSTEMATICALLY.
OBSERVATION

- STANDARDIZED OBSERVATIONS

- NORM-REFERENCED TESTS: REPORT WHETHER TEST TAKERS PERFORMED BETTER OR WORSE THAN A HYPOTHETICAL AVERAGE STUDENT, WHICH IS DETERMINED BY COMPARING SCORES AGAINST THE PERFORMANCE RESULTS OF A STATISTICALLY SELECTED GROUP OF TEST TAKERS, TYPICALLY OF THE SAME AGE OR GRADE LEVEL, WHO HAVE ALREADY TAKEN THE EXAM.

- CRITERION-REFERENCED: MEASURE PERFORMANCE AGAINST A FIXED SET OF PREDETERMINED CRITERIA OR LEARNING STANDARDS—I.E., CONCISE, WRITTEN DESCRIPTIONS OF WHAT PARTICIPANTS ARE EXPECTED TO KNOW AND BE ABLE TO DO AT A SPECIFIC STAGE OF THEIR EDUCATION.
INTERVIEWING

• The interview is a time to gather information about the client, clarify items not understood, and observe the client's condition and behavior.

• RTS typically ask clients about past leisure habits, activities in which they participate, with whom they usually participate, and recreation interests they may wish to pursue in the future.
RELIABILITY AND VALIDITY

- **RELIABILITY** IS THE DEGREE TO WHICH AN ASSESSMENT TOOL PRODUCES STABLE AND CONSISTENT RESULTS.

- **VALIDITY** REFERS TO HOW WELL A TEST MEASURES WHAT IT IS PURPORTED TO MEASURE.
LEISURE DIAGNOSTIC BATTERY

• DEVELOPED BY PETER WITT & GARY ELLIS (1982)
• STRONG RELIABILITY
  • INTERNAL CONSISTENCY
  • STABILITY
• STRONG VALIDITY
  • CONTENT
  • CONVERGENT
  • PREDICTIVE
  • DISCRIMINATE
• CONSTRUCT
LEISURE DIAGNOSTIC BATTERY

• STRONG THEORY BASE
• USED AS ASSESSMENT & FOR RESEARCH
• USED IN INSTITUTIONS & COMMUNITY
• LONG FORM A = FIRST VERSION
• LONG & SHORT FORMS
LEISURE DIAGNOSTIC BATTERY

• OTHER FORMS
  • LONG FORM B - LOWER FUNCTIONING ADOLESCENT
  • LONG FORM C - ADULT
  • SHORT FORM A - 25 ITEMS FROM A-E SCALES, FOR YOUTH
  • SHORT FORM B - ADULT
LEISURE DIAGNOSTIC BATTERY

• LONG FORM VERSION C HAS 2 SECTIONS
• APPROX. 30 MINUTES PER SECTION
• HAS EXTENSIVE MANUAL
LEISURE DIAGNOSTIC BATTERY

LONG FORM VERSION C SECTION 1 SCALES

**SCALE A - PERCEIVED LEISURE COMPETENCE SCALE**: Measures the degree of confidence one feels in a mental, social, physical, and other general abilities.

**SCALE B - PERCEIVED LEISURE CONTROL SCALE**: Measures the degree of control one feels over him/herself during leisure participation.

**SCALE C - LEISURE NEEDS SCALE**: Measures the degree of success one feels in meeting or satisfying intrinsic needs (such as: relaxation, self-image, creative expression, energy release and social connection).

**SCALE D - DEPTH OF INVOLVEMENT IN LEISURE SCALE**: Measures the degree of success one feels with centering of attention, feeling in control of self and environment, and self-consciousness.

**SCALE E - PLAYFULNESS SCALE**: Measures the degree to which one feels spontaneous and the expression of happiness and joy.
LEISURE DIAGNOSTIC BATTERY

LONG FORM VERSION C SECTION 2

SCALE F - BARRIERS TO LEISURE INVOLVEMENT

COMMUNICATION, SOCIAL, DECISION MAKING
BARRIERS, OPPORTUNITY BARRIERS, MOTIVATION,
ABILITY, MONEY, TIME
Leisure Diagnostic Battery

Long Form Version C Section 2

SCALE G – ACTIVITY PREFERENCE
- NATURE/ OUTDOOR
- MUSIC/ DRAMA
- ARTS AND CRAFTS
- SPORTS
- MENTAL AND LINGUISTIC

SCALE G – ACTIVITY STYLE
- ACTIVE VS PASSIVE
- GROUP VS INDIVIDUAL
- RISK VS NO RISK
LDB SOURCE AND COST

THE LEISURE DIAGNOSTIC BATTERY

VENTURE PUBLISHING, INC : 1999 CATO AVE STATE COLLEGE, PA 16801
PHONE 814-234-4561 : FAX 814-234-1651

$195.00

IS AVAILABLE VIA COMPUTER SOFTWARE
DSH-ATASCADERO POPULATION

- ALL MALE FORENSIC
- COMMITMENT TYPES
  - 1370- INCOMPETENT TO STAND TRIAL
  - 2962/2972- MENTALLY DISORDERED OFFENDER
  - 2684- MENTALLY ILL INMATE
  - 1026- NOT GUILTY BY REASON OF INSANITY
CHALLENGES WE FACE AT DSH-ATASCADERO

- SEVERE MENTAL ILLNESS/ IMPAIRMENT
- EXTENSIVE HISTORY OF INCARCERATION/ INPATIENT PSYCHIATRIC HOSPITALIZATION
- LOW SELF-ESTEEM/ SELF-EFFICACY
- HISTORY OF HOMELESSNESS
- EXTREME APATHY/ LACK OF MOTIVATION OR WILLINGNESS TO ENGAGE IN TREATMENT
- LACK OF SUPPORT SYSTEMS
  - HEALTHCARE
  - FAMILY
  - LEISURE AND RECREATION OPPORTUNITIES
- LACK OF EDUCATION
- SEGREGATED COMMUNITY/ PRISON POLITICS
- LACK OF EMPLOYMENT EXPERIENCE/ OPPORTUNITY
- COMMUNICATION BARRIERS/ DIFFICULTY ADVOCATING FOR NEEDS
- CHILDHOOD HISTORY
  - TRAUMA- ABUSE, NEGLECT, GANG AFFILIATION, EXPOSURE TO VIOLENCE
  - SUBSTANCE ABUSE
  - LEARNED HELPLESSNESS
Physiological needs:
food, water, warmth, rest

Safety needs:
security, safety

Belongingness and love needs:
intimate relationships, friends

Esteem needs:
prestige and feeling of accomplishment

Self-actualization:
achieving one’s full potential, including creative activities
DISTRIBUTION OF CASE STUDY

- AVERAGE AGE 38
- DIAGNOSIS
  - ANTI-SOCIAL PERSONALITY DISORDER
  - SCHIZOPHRENIA
  - SCHIZOAFFECTIVE DISORDER
  - BIPOLAR I
  - BORDERLINE PERSONALITY DISORDER
  - SUBSTANCE ABUSE
- LEGAL COMMITMENT- 2962, 2972, AND 1026
- MENTALLY DISORDERED OFFENDERS
- NOT GUILTY BY REASON OF INSANITY
- DORM SETTING (4 PATENTS PER DORM) AND 2 SINGLE ROOMS TOTAL OF 46 PATIENTS
TREATMENT ENVIRONMENT

• CORE GROUPS OFFERED ON UNIT PRE USING SCALE G
  • ENVIRONMENT
  • LAYOUT OF UNIT
  • “HEALTHY LIVING SKILLS”
    • WALKING
    • MUSIC
    • PATIENT ENGAGEMENT/PARTICIPATION

• RECOVERY MALL SERVICES- CENTRALIZED
  • GROUPS OFFERED AT DSH-A
    • BROKEN DOWN INTO A/P, G/I, R/NR BASED ON SCALE G
WHY DID WE CHOOSE THE LDB?

- NEW TO UNIT
- BASED ON LACK OF MOTIVATION TO ENGAGE IN TREATMENT HOSPITAL WIDE LDB SCALE G WAS GIVEN
- ONCE LDB SCORED, LESSON PLANS REVISED TO INCLUDE ACTIVITY PREFERENCE AND STYLE RESULTS TO ADDRESS PATIENT SYMPTOMS
NATURE/ OUTDOORS

- MENTOR PROJECT (A, G, NR)
- MEANINGFUL ACTIVITIES (A, G, NR)
- MENTORING (A, G, NR)
- LIFESTYLE BALANCE (A, G, NR)
- PHYSICAL WELLNESS THROUGH EXERCISE (A, G, R/NR)
- SOCCER (A, G, R)
- SOFTBALL (A, G, R)
- KICKBALL (A, G, R)
- SPORTS EXPERIENCE (A, G, R)
- TREE (A, I/G, NR)
- GARDENING (A, I/G, NR)
MUSIC/ DRAMA

- TRAUMA/ MUSIC (A, G, R)
- BRAIN FITNESS (A, G, NR)
- MENTOR PROJECT (A, G, MR)
- MEANINGFUL ACTIVITIES (A, G, NR)
- MENTORING (A, G, NR)
- INTERACTING THROUGH MUSIC (A, G, R/NR)
- ANGER MANAGEMENT THROUGH MUSIC (A, G, R/NR)
- HIP HOP FOR HOPE (A, I/G, R/NR)
- PAIN MANAGEMENT THROUGH MUSIC (A, G, NR)
- BAND (A,G, R/NR)
- GUITAR (A, I/G, NR)
- CHORUS (A, G, R/NR)
- DRUMMING (A, I/G, NR)
ARTS/CRAFTS

- MENTOR PROJECT (A, G, NR)
- MEANINGFUL ACTIVITIES (A, G, NR)
- MENTORING (A, G, NR)
- SELF DISCOVERY THROUGH ART (A, I/G, NR)
- INTERACTING THROUGH ART (A, I/G, NR)
- REACH-ART (A, G, NR)
- GRAPHIC ARTS (A, I/G, R/NR)
- CLAY WORKSHOP (A, I/G, NR)
- DRAWING WORKSHOP (A, I/G, NR)
- PAINTING WORKSHOP (A, I/G, NR)
SPORTS

- WEIGHTLIFTING (A, I/G, R/NR)
- VOLLEYBALL (A, G, R)
- KICKBALL (A, G, R)
- SPORTS EXPERIENCE (A, G, R)
- TREE (A, I/G, NR)
- WII GAMING (A, I/G, NR)

- AGGRESSION REDUCTION – MUSIC (A, I/G, NR)
- LIFESTYLE BALANCE (A, G, NR)
- BASKETBALL (A, G, R)
- CYCLING (A, I/G, R/NR)
- EXERCISE (A, G, R/NR)
- SOCCER (A, G, R)
- SOFTBALL (A, G, R)

- TAI CHI (A, G, NR)
- YOGA (A, G, NR)
- MENTOR PROJECT (A, G, NR)
- MEANINGFUL ACTIVITIES
- MENTORING
MENTAL/ LINGUISTICS

- BUDDHIST MEDITATION (A/P, I, NR)
- TAI CHI (A, G, NR)
- YOGA (A, G, NR)
- QI GONG (A, G, NR)
- BRAIN GAMES (A, G, NR)
- BRAIN FITNESS (A, G, NR)
- MENTOR PROJECT (A, G, NR)
- MEANINGFUL ACTIVITIES (A, G, NR)
- MENTORING (A, G, NR)
- SELF-REFLECTION (A/P, G/I, NR)
- INSPIRING HOPE (A, G/I, NR)
- SPIRITUALITY HOPE STRENGTH (A, I/G, NR)
- LIFESTYLE BALANCE (A, G, NR)
- TREE (A, I/G, NR)
- PAIN MANAGEMENT – MUSIC (A, G, NR)
- REACH (A, G, NR)
- WII GAMING (A, G/I, NR)
- BAND (A, G, R/NR)
- GUITAR (A G/I, NR)
- CHORUS (A, G, R/NR)
- CLAYWORKSHOP (A, G/I, NR)
- DRAWING WORKSHOP (A, G/I, NR)
- DRUMMING (A, G/I, NR)
- PAINTING WORKSHOP (A, G/I, NR)
UNIT SCALE G RESULTS

**Activity Preferences Results Percentage**

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<tr>
<th>Activity</th>
<th>Percentage</th>
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<td>Nature and Drama</td>
<td>68%</td>
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<tr>
<td>Music and Drama</td>
<td>48%</td>
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<tr>
<td>Arts and Crafts</td>
<td>44%</td>
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<tr>
<td>Sports</td>
<td>57%</td>
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<td>Mental and ...</td>
<td>32%</td>
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**Activity Style Results Percentage**

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<td>Active</td>
<td>69%</td>
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<tr>
<td>Passive</td>
<td>31%</td>
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<tr>
<td>Group</td>
<td>74%</td>
</tr>
<tr>
<td>Individual</td>
<td>26%</td>
</tr>
<tr>
<td>Risk</td>
<td>48%</td>
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<tr>
<td>No Risk</td>
<td>52%</td>
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ON UNIT GROUP ADJUSTMENTS

**Music Pre LDB**

- Enrolled: 13.8
- Attended: 9.5
- Drop-in: 1.9

**Music Post LDB**

- Enrolled: 8.6
- Attended: 5.8
- Drop-in: 3.7
ON UNIT GROUP ADJUSTMENTS

Exercise/ Sports Pre LDB

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<th>ENROLLED</th>
<th>ATTENDED</th>
<th>DROP-IN</th>
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<td>9</td>
<td>1.6</td>
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Exercise/ Sports Post LDB

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<tbody>
<tr>
<td>14.1</td>
<td>8.2</td>
<td>1.6</td>
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LDB SCALE G DRIVEN CHANGES

- CORE GROUPS OFFERED ON UNIT POST USING SCALE G
- ENVIRONMENT
- LESSON PLANS
- PATIENT ENGAGEMENT AND PARTICIPATION
- TREATMENT PLANS
WHERE ARE WE GOING FROM HERE?

• HOPES OF IMPLEMENTING OTHER SCALES OF LDB TO DRIVE FUTURE TREATMENT - SCALE F
• CONTINUE TO MODIFY TREATMENT PLANS AND INTERVENTIONS TO FIT UNIT DISTRIBUTION
• DEVELOP DATA COLLECTION TOOLS TO EVALUATE TREATMENT EFFECTIVENESS
INTERACTIVE ASSESSMENT ACTIVITY

- PATIENT DIAGNOSIS
- PATIENT INFO
- SKILLS AND STRENGTHS


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