Techniques, Ideas & Positive Supports (T.I.P.S.)

Practical Strategies for Positive Supports for Mental Health in Recreation

Developed by: Senior therapeutic recreation students with support from Dr. Susan Hutchinson, Dalhousie University and the Central Region Planning team
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Recreation for Mental Health
Connecting the Pieces

Recreation for Mental Health: Connecting the Pieces

Welcome!

In May, 2013, practitioners, policy makers, educators and mental health advocates came together in Debert, Nova Scotia for a recreation and mental health symposium. From this there was a strong need identified to "continue the conversation." For a summary of highlights of the symposium presentations and conversations please see the final report *Creating Connections* at www.recreationns.ns.ca/mental-health-and-recreation/

At the end of the symposium keen colleagues volunteered to take action on next steps in our Central Region. To this end several months ago a small group of mental health care recipients, recreation professionals, therapists, and educators from the Central Region sat down to plan this workshop. Members of our planning team have included:

Jacqueline Connors, Benson Coulson, Carol Davis-Jamieson, Susan Hutchinson, Claire Lederman, Nick Pylypczak, Elaine Salisbury, Damion Stapledon, & Megan Turetzek-Windsor. Special thanks to Brittany Naugler, our Recreation for Mental Health Project Coordinator. Also, sincere thanks are extended to the Department of Health and Wellness, Physical Activity, Sport and Recreation Division, for providing financial support for this workshop.

We were excited to come together and share our resources and knowledge, to expand on our partnerships and ultimately provide better service to the community. We felt the need to start a conversation, to create a common language and basic understanding of how to support the needs of people with persistent mental illness. Below you will find some tips to get you thinking about how you engage with people who you work and live with.

We hope that these tips will serve as a guide to individuals who wish to support a member of their community who is experiencing difficultly engaging, accessing, or maintaining recreation opportunities because of barriers associated with mental illness.

Some general tips to remember when working with people with mental health and addictions issues:

- Treat individuals with respect and dignity like you would any person.
- Be patient and accommodating, but also feel comfortable politely pointing out if a topic or tone is making you feel uncomfortable.
- Be aware that crowded, loud, busy, spaces can often be overwhelming making conversation challenging for many people with mental health and addictions issues.

- Use person-first terminology: e.g. “person with Schizophrenia” not “Schizophrenic.”
- Don’t ask questions like “What is your diagnosis?” or “Are you hallucinating?” but offer support “Can I help you with anything?” and be open minded if an individual engages you in a discussion about mental health challenges.
- You do not need to save the person.
- You do not need to fix their problems. Sometimes we try to pick apart problems or concerns in order to eliminate them. This can be a black hole that only perpetuates delusions or negative feelings.
- Focus on the positive– What do you do to stay well? What or who is helpful to you when you feel this way?
- Non-judgmental listening and unconditional positive regard are important. Often people need to express themselves and share how they are feeling. Being heard and understood is valuable to all of us.
- Invite individuals to return to your facility. Let them know that they are welcome and that they can use your facility or program as a tool in recovery.
- Often hesitation to support people with a history of mental illness stems from a lack of education and fear of the unknown. Get to know the people who use your programming. It doesn't take as long as you think, and it is the easiest, cheapest way to educate yourself about people.
- Remember: We all have mental health!

For more Techniques, Ideas, and Positive Supports to promote inclusion for individuals experiencing mental health or addictions issues please view the complete TIPS document at: www.recreationns.ns.ca/mental-health-and-recreation/

Additional resources are available at:

- www.novascotia.ca/health/mhs/reports/together_we_can.pdf
- www.ala.ca/Content/tipsheets/index.asp?langid=1%3CBR%3E

For questions or information related to this project, or to become more involved in future steps please contact Project Coordinator, Brittany Naugler at mentalhealth@recreationns.ns.ca or (902) 446-6613.

Thank you to everyone who has been a part of this event – together we can connect the pieces.

NOVA SCOTIA

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PART 1:

T.I.P.S. for Managing Challenging Behaviours in Recreation

T.I.P.S. for Managing Self-Injuring Behaviours in Recreation

Prepared by: Angela Sharbell

Description: According to the Canadian Mental Health Association, self-injuring behaviours are any behaviour that cause harm to an individual's own "body, mind and spirit" (CMHA, 2013a). Also known as self-harm or self-abuse, self-injury does not necessarily mean suicidal is the intent of the individual (CMHA, 2013a). Often individuals practicing self-injury are trying to find a way to relieve intense emotions (CMHA, 2013b). The physical pain acts as a distraction from the emotional pain (Richardson, 2006). Examples of self-injuring behaviours are: using razor blades or glass to cut the skin, burning or hitting, pulling hair and inserting objects into one's body (CMHA, 2013a).

Techniques:

- Establish relationship with individuals through supportive and nonthreatening interactions (Onacki, 2005)
- Substitute self-harm activities with safer activities (harm reduction model) (Richardson, 2006)
- Show respect towards the individual; look past the behaviour to see the person (Richardson, 2006)

Ideas:

- Exercise, fast paced activities
- Boxing
- Music
- Art, journaling, creative outlets (Richardson, 2006)

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Individuals may avoid certain activities such as swimming in order to keep scars/injuries covered up (Richardson, 2006).
- Provide varied activities based on the interests of the individual- everybody is different

Making Accommodations:

- Flexible clothing choices that will help individuals feel comfortable
- Participation in activities that may exacerbate any injuries should not be forced

Changing Environments to Ensure Success:

- Ensure an open and judgment-free space
- Provide a space where individuals can safely vent any frustrations or release emotional distress in a safe manner

Additional Resources:

- Canadian Mental Health Association: www.cmha.ca
- Kids Help Phone: 1-800-668-6868

References:

CMHA. (2013a). *Self-injury.* Retrieved from http://www.cmha.ca/mental-health/understanding-mental-illness/self-injury

CMHA. (2013b). *Youth and self-injury.* Retrieved from http://www.cmha.ca/mental_health/youth-and-self-injury/#.UlLo9rxicoY

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T.I.P.S. for Managing Bullying in Recreation

Prepared by: Bianca Jakisa

Description: Bullying is an emotion-based response defined as an intentional and repeated aggressive behaviour, which involves an imbalance of power between the victim and bully. Types of bullying include: physical, verbal, relational/indirect, and cyber-bullying. Bullying has been linked to risky physical health behaviours, depression, mental illness, and poorer quality of life. Bullying contributes to unhealthy and toxic environments. Therefore, it is important for leaders or volunteers to be well equipped with ways to adapt tasks, activities, or environments to ensure optimal leisure participation from all individuals.

Techniques:

- *Communication*: Kindly approach the individual that you think may be experiencing bullying, and ask about their situation. The individual may be sensitive to the issue and perhaps too nervous to engage in conversation. Remind them that you are there to help.
- *Compassionate Listening & Speaking*: Invite individual to tell his/her story. Use active listening skills (paraphrasing, empathic responses, summarizing). Allow for natural flow of conversation; ask questions when necessary, allow silence to unfold.
- *Empathy*: Do your best to understand the victim's situation and feelings. Let them know you care, and remind the individual of the great things they have to offer.
- *Inclusion*: If the individual is being isolated from a group, include them in a different social setting in which they can excel.
- *Seek help*: If the situation cannot be dealt with in a one-on-one interaction, seek the help of another trusted individual or respected peer.

Ideas:

- School based anti-bullying programs. Research shows that school based programs reduced the prevalence of bullying by 20-23%. A key element in this type of intervention is providing information for parents and parents meetings.
- Youth development programs for the general community. Programs such as Girl Scouts or Boys & Girls clubs may help strengthen positive identity formation and provide a safe recreation environment.
- Firm disciplinary action (Perron, 2013). If bullying is suspected in any environment, a leader should approach the situation in a strict manner, and discipline the perpetrator however necessary.
- Training faculty and staff (Perron, 2013). Equip staff with the ability to identify signs and symptoms of bullying, and how to intervene.

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Recognize signs of bullying such as patterns of exclusion.
- When facilitating team activities, use a fair way to split up the group. For example, draw names from a hat. This allows for an unbiased division of members and can lead to new friendships.

Making Accommodations:

- If you suspect individuals of not getting along due to bullying, avoid putting them in groups together and avoid games that would put them in a situation of being one-on-one with the bully.

Changing Environments to Ensure Success:

- Build a safe environment: create ground rules, reinforce the rules, have weekly one-on-one meetings with participants.

Additional Resources:

• Kids Help Phone: 1-800-668-6868

- http://www.erasebullying.ca/

References:

Bennett, K., & Sawatzky, J. (2013). Building Emotional Intelligence. A Strategy for Emerging Nurse Leaders to Reduce Workplace Bullying. *Wolters Kluwer Health, 37*(2), 144–151.

Kosciw, J., Bartkiewicz, M., & Greytak, E. (2012). Promising Strategies for Prevention of the Bullying of Lesbian, Gay, Bisexual, and Transgender Youth. *The Prevention Researcher, 19*(3).

LeVasseur, M., Kelvin, E., & Grosskopf, N., (2013). Intersecting Identities and the Association Between Bullying and Suicide Attempt Among New York City Youths: Results From the 2009 New York City Youth Risk Behavior Survey. *American Journal of Public Health*.

Patrick, D., Bell, F., Huang, J., Lazarakis, N., Edwards, C. (2013). Bullying and quality of life in youths perceived as gay, lesbian, or bisexual in Washington State, 2010. *American Journal of Public Health*.

Terron, T. (2013). Peer Victimisation: Strategies to decrease bullying in schools. *British Journal of School Nursing, 8(*1).

Wang, J., & Iannottie, R. (2012). Bullying Among U.S. Adolescents. *The Prevention Researcher, 19*(3).

T.I.P.S. for Managing Aggressive Behaviours in Recreation

Prepared by: Maritta Kedy

Description: Aggression is an expression of anger. Anger can be defined as a subjective emotional state that involves the interrelationship of psychological components and cognitive appraisal. Individuals with severe and untreated symptoms of mental illness may have an increased rate of aggressive behaviours. Individuals who may be suffering with symptoms that make them feel threatened or manipulated by others or by their environment are at a greater risk to demonstrate aggressive behaviours. It is important to recognize that mental illness does not cause an individual to become aggressive.

Techniques:

- Help the individual to accurately interpret social cues and to identify alternative solutions to interpersonal problems: Different ways of handling social situations.
- Help people to develop new conflict resolution strategies, especially focusing on how individuals perceive, code, and experience the world.
- Assertiveness training and social-skills training can help people develop abilities to be self-assertive without violence.

Ideas:

- Develop problem-solving skills and pro-social behaviours through role-play situations in which these skills can be used.
- Expressive therapies to substitute alternative means of expression of feelings underlying violent acting out or aggressive behaviours.
- Relaxation training, developing new anger coping skills, and goal setting are all helpful.
- Provide positive reinforcement for performing desired behaviours. Token economy is an example of where people who perform desired activities

earn tokens that can later be exchanged for real benefits (like canteen items).

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Provide a safe place for participation.
- Adapt activity to individual needs to ensure successful participation.

Making Accommodations:

- There should be a wide range of choices and opportunities to meet different individual needs and to facilitate choice.
- Provide flexibility to allow people to improve at their own pace.

Changing Environments to Ensure Success:

- Remove barriers from the environment.
- Create a positive environment to promote participation.

Additional Resources:

Canadian Mental Health Association (www.cmha.ca)
Mental Health Foundation of NS (www.mentalhealthns.ca)
Mental Health Crisis Line 1-888-429-8167 (toll free)

T.I.P.S. for Managing Inappropriate Sexual Behaviours in Recreation

Prepared by: Alexandra Sarunas

Description: Inappropriate sexual behaviour includes any verbal or physical act of an explicit, or perceived, sexual nature, which is unacceptable within the social context in which it is carried out. The term includes behaviours such as making obscene gestures, touching body parts of another person, nonconsensual hugging, exposing one's own body parts, disrobing, and masturbating publicly.

Techniques:

- Stop the action and define the behaviour by describing specifically and clearly what the individual is doing and why it is not appropriate.
- Redirect the individual by providing positive options for appropriate behaviour which are realistic for the individual.
- Use age-appropriate language and pay attention to tone of voice, volume, body language, and avoid "put downs".
- Consider to what extent the person is able to control the behavior.
- For cognitively impaired individuals, use short, simple redirecting commands.
- Within each situation, make sure your responses are consistent.
- If necessary, ask participants to repeat back boundaries to ensure understanding, and follow up with an alternative activity to keep their hands or mind engaged.
- Empower the individual by avoiding the word "don't"; instead try to explain to the individual what they can do in the situation.

Ideas:

- Use supportive interventions using positive reinforcement and/or cognitive (discussion, explicitly stating problem behaviour and acceptable alternatives).
- Role-play in order to gain practice and confidence for dealing with difficult sexually inappropriate situations.

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Acknowledge any improvement in behaviour, no matter how small.
- Discuss the incident with the person and set boundaries. Give assertive statements that are clear, precise, directive and calm.
- State the rule or expectation about the behavior.

Making Accommodations:

- Find alternatives and rewards that will help the individual change the behaviour. In asking an individual to alter a behaviour, something is being taken away that the individual really wants. Therefore, it is important to find an alternative behaviour that can provide some satisfaction (e.g., additional outings, more time with family, etc.)
- Identify the specific information needs of the individual regarding sexuality education, and provide this information in a way which is of most use to the person. This may take the form of structured educational sessions, and/or regular input in everyday life.

Changing Environments to Ensure Success:

- Be aware of environmental triggers and know when the behaviour occurs e.g. Privacy issues, too hot, etc.
- Make any resources for sexual education explicit and clear.

Additional Resources:

- Sexual Behaviour Response Tool: http://www.disabilitycareaustralia.gov.au/sites/default/files/documents/Sexual_Behaviour_Response_Tool.pdf
- Age Appropriate Sexual Behaviour Guide: http://www.secasa.com.au/pages/age-appropriate-sexual-behaviour-guide/

References:

Anderson, K., Higgins, J., Levin, T., Lynn, T., Moffat, K., Rozeff, L., . . . Stiles, D. (2006). Working with children exhibiting sexual behavior problems Washington edition participant guide.

Balázs Tarnai. (2006). Review of effective interventions for socially inappropriate masturbation in persons with cognitive disabilities. *Sexuality and Disability, 24*(3), 151-168.

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Preventing and managing sexual disinhibition or inappropriate sexual behaviour. (1996).

Walsh, A. (2000). Improve and care: Responding to inappropriate masturbation in people with severe intellectual disabilities. *Sexuality and Disability, 18*(1), 27-39.

T.I.P.S. for Managing Non-Responsive Behaviours (Apathetic, Withdrawn) in Recreation

Prepared by: Andrea MacIver

Description: Apathetic or withdrawn behaviour is described as when emotions, feelings, and passions are suppressed or absent altogether. There is a loss of motivation and interest, even regarding activities the individual may have once enjoyed. Apathetic and withdrawn behaviour is connected to multiple mental health disorders, including schizophrenia, anxiety, dementia, and depression.

Techniques:

- Remain positive and relaxed; praise, encouragement, and humour are more effective than criticism.
- Involve the individual with the decision-making process; clear communication between the individual and support provider is key.
- Use leisure education to inform the individual about the potential benefits they could receive from participating in an activity.

Ideas:

- Exercise naturally boosts serotonin levels, a feel-good hormone.
- Doing a familiar activity while listening to familiar music.
- Animal therapy has long been used in psychological therapy.
- Spending time outdoors, allowing the individual to connect with nature.
- Volunteering lets the individual to focus on others in the community.

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Verbal encouragement can help an individual to feel more optimistic; when the individual believes that they can successfully do an activity, they become more motivated.
- Having a role model present can sometimes encourage an individual to participate.

Making Accommodations:

- Having goals can help to motivate an individual, therefore break down tasks into smaller sections that are more manageable to give the individual a sense of accomplishment
- Individualized attention from the healthcare professional can lead to a greater sense of motivation to participate

Changing Environments to Ensure Success:

- Having social supports present is very important for encouraging participation
- Have the individual take five deep breaths before entering a full room, thus relaxing the body and mind
- The individual can adopt or create a mantra which they can say to themselves in a stressful social situation; an example of this is "Breathe and relax, don't turn back"
- The individual can picture a familiar face when they are talking to someone new, which can help them to feel more relaxed and calm in the situation

Additional Resources:

- RESCUE Fact Sheet- Apathy
  http://www.rorc.research.va.gov/rescue/emotional-needs/apathy.cfm
- Teaching Resources- Dealing with Apathetic Students
  http://tep.uoregon.edu/resources/faqs/motivatingstudents/apathetic.html
- The Hincks-Dellcrest Centre- The Sad Child- Withdrawn & Passive
  http://www.hincksdellcrest.org/ABC/Parent-Resource/The-Sad-Child/Withdrawn---Passive.aspx

References:

Calm Clinic. (n.d.) Causes of and solutions to social withdrawal as an anxiety symptom. Retrieved from: http://www.calmclinic.com/anxiety/symptoms/social-withdrawal

Encyclopedia of Mental Disorders. (n.d.). Apathy. Retrieved from: http://www.minddisorders.com/A-Br/Apathy.html

Moore, J. (2010). Familiar physical activity to familiar music: the effects on apathy, agitation, eating ability, and dietary intake in institutionalized older adults with dementia. (Doctoral dissertation).

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Sabin, K. (2005). Older adults and motivation for therapy and exercise: issues, influences, and interventions. *Topics In Geriatric Rehabilitation*, *21*(3), 215-220.

Sampson, L. (n.d.). Apathy and how to deal with it. *The Frontotemporal Dementia Support Group.* Retrieved from: http://www.ftdsg.org/clinical_information/apathy/

T.I.P.S. for Managing Hallucinations in Recreation

Prepared by: Jessica Ross

Description: Hallucinations are described as experiencing unusual perceptions of an object or event in any of the 5 senses, seeing, feeling, touching, tasting something that does not exist. Hallucinations feel very real to the person experiencing them.

Techniques:

- Establish a calm environment.
- Give people space and do not touch them without permission.
- Help the person focus on reality.
- Do not act as if you are experiencing the hallucination as well.
- Do not try to convince the person the hallucination is not real.
- Ask simple questions that will not confuse them: “Are you hearing voices other than mine?” “What are they telling you?”
- Reassure the person that you aren’t experiencing the hallucination but believe that they are: “I don’t hear the voices but I believe that you do.”
- Guide the person to listen to your voice, look at you etc.

Ideas:

- Encourage people to seek help with understanding hallucinations and learning effective stress management strategies.
- Engage in activities the person chooses; the activities will only be effective if there is personal significance, an opportunity for enjoyment/satisfaction, and the hope of successful completion. Hallucinations tend to not be a bother if the person keeps himself or herself busy with doing an activity they enjoy and value.
- Engaging in simple or rewarding activities of the person choice enhances self-esteem and worth, while distracting from the hallucinations.

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Try to establish trust with the person.
- Use simple, concrete language in describing tasks.
- Focus activity around the person's interests.
- Speak slowly and calmly while using simple language.
- Be patient, so people can process the information at their own pace and respond when they feel most comfortable.
- Use the persons' name when talking to them or ask them how they would like to be addressed.

Making Accommodations:

- Talk with a calming voice if the person starts hallucinating.
- Guide the person to listen to your voice.
- Give the person space but assure him/her you are there if needed.

Changing Environments to Ensure Success:

- Reduce stimuli or anything that may cause stress (outside noises, television, bright lights).
- Create a safe and calming environment.
- Group activities may be overwhelming or stressful.

Additional Resources:

- Canadian Mental Health Association - http://www.cmha.ca/
- Half of Us - http://www.halfofus.com/

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Facts about schizophrenia. (2013). Retrieved from http://www.cmha.ca/mental_health/facts-about-schizophrenia/

Hallucinations and delusions: How to respond. (2005, March). Retrieved from http://www.cmha.bc.ca/files/6-hallucinations_delusions.pdf

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T.I.P.S. for Managing Oppositional Defiance (Resistance) in Recreation

Prepared by: Melissa Drysdale

Description: Oppositional defiant disorder (ODD) is a condition in which a child displays an ongoing pattern of uncooperative, defiant, hostile, or annoying behavior toward people in authority. The child's behavior often disrupts his or her normal daily activities, including activities within the family, at school and in recreation. Many children and teens with ODD also have other behavioral problems such as attention-deficit/hyperactivity disorder, learning disabilities, mood disorders and anxiety disorders. Some children with ODD go on to develop a more serious behavior disorder called conduct disorder.

Techniques:

- Build on the positives, not the negatives.
- Use teachable moments – model the behaviors and communication skills during conflict that you would like the child to exhibit.
- Give genuine choices.
- Give the children control when you can.
- Keep your composure, no matter how difficult. Take a break from the conflict before getting frustrated and angry.
- Use effective consequences – consequences that do not require the cooperation of the child.
- Provide clear rules and consequences in writing to promote a better understanding for the child.
- Don't have too many rules, but focus on a few important ones.
- Instead of using direct commands, stay more neutral. For example, say, "We need to tidy up before we go outside" instead of "Tidy up."

Ideas:

- Sport programs in conjunction with a prosocial behavior program

- Relaxation therapy
- Creative expression programs such as arts, skits, puppet shows, etc.

Positive Supports: recommendations for**:**

Facilitating or leading activities

- Keep rules/instructions as clear and concise as possible - if possible have these in written form as well as demonstrating verbally.
- Give as many genuine choices as possible.
- Give praise when the person is doing well and exhibiting no responsive behaviors.
- Give individualized instruction, cues, prompting, the breaking down of tasks, and debriefing, coaching, and providing positive incentives.

Making accommodations

- Post instructions for activity
- Post calendar of regular activities so children know what to expect
- Pace instruction. When the participants have completed a designated amount of a non-preferred activity, reinforce their cooperation by allowing them to do something they prefer or find more enjoyable or less difficult

Changing environments to ensure success

- Be supportive by creating a space that is organized
- Use a positive rewards system

Additional resources:

- **http://www.kidsmentalhealth.ca/parents/resources_parents.php**
- **http://www.thereachinstitute.org/conduct-disorderoppositional-defiant-disorder.html**

References:

Adams, M. (2013). Solutions to oppositional defiant disorder. Retrieved from: http://www.guidancefacilitators.com/odd2.html

Centre for addiction and mental health. (2009). Oppositional defiant disorder. *Chapter 8: "Diagnosis" in Acting Out.* Retrieved from: http://knowledgex.camh.net/educators/elementary/aggressive_behaviour/pages/oppositional_defiant_disorder.aspx

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PART 2:

T.I.P.S. for Supporting People for Successful Participation in Recreation

T.I.P.S. for Supporting Recreation Participation by People Experiencing Low or Lack of Motivation

Prepared by: Ashlyn Stevens

Description: Lack of motivation can include lack of motivation to participate in leisure activities, passive participation during an activity as well as lack of motivation to fight for recovery from a mental illness. Lack of motivation can come from a variety of sources including helplessness, fear, exclusion, stigma, and lack of skills.

Techniques:

Enhance intrinsic motivation, which is when an individual wants to participate in an activity or recover for his or her own reasons rather than factors outside the individual can increase motivation. Providing activities that enhance self-determination and perceived freedom of choice can increase intrinsic motivation.

Ideas:

- Chose activities that the individual is interested in.
- Decrease helplessness in activities by making sure that the activity is the right fit for an individual's skill level.
- Emphasize personal choice.
- Increase individual's leisure skills.

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Structure activities so that they lead to success.
- Acknowledge individual's ability to make decisions.
- Support individuals' independence.
- Minimize pressure to perform perfectly in an activity.
- Emphasize internal rewards to participation in the activity.

Making Accommodations:

- Help the individual find new ways to cope with negative emotions.
- Give opportunities for individuals to talk to peers or professionals.

Changing Environments to Ensure Success:

- Make sure that individuals feel that they are being heard.
- Make sure individuals feel accepted.
- Believe that recovery is possible for individuals.
- Get family and friends of the individual involved in the recovery process.

Additional Resources:

- Transtheoretical Model- Stages of Change Model (Prochaska & Velicer)
- Motivational Interviewing (Miller & Rollnick) http://www.motivationalinterview.org/

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Dattilo, J., Kleiber, D. & Williams, R. (1998). Self-determination and enjoyment enhancement: A psychologically-based service delivery model for therapeutic recreation. *Therapeutic Recreation Journal*, *32*(4), 258-271.

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Lloyd, C., King, R. & McCarthy, M. (2007). The association between leisure motivation and recovery: A pilot study. *Australian Occupation Therapy Journal*, *54*, 33-41.

Wu, C., Chen, S. & Grossman, J. (2000). Facilitating intrinsic motivation in clients with mental illness. *Occupational Therapy in Mental Health*, *16*(1), 1-14.

T.I.P.S. for Supporting Recreation Participation by People who Experience Learned Helplessness

Prepared by: Kayla Totten

Description: Learned helplessness is defined as a disruption in motivation, affect, and learning, following exposure to uncontrollable outcomes. An easier definition is as follows: learned helplessness leads a person to falsely believe that they are more powerless than what they really are. This in turn can result in poor decision-making and lead individuals in to worse situations and a cycle of depression could set in. It also causes low self-esteem and confidence in the individual. Learned helplessness can affect any age group. Age does not matter.

Techniques:

- Positive reinforcement
- Active participation – think outside the box and create opportunities for participation within activities.
- Offer motivational support
- Continuously provide opportunities to make choices. Enable the individual to feel "in control"
- Allowing the individual to make choices helps to increase cognitive engagement and reduce passivity
- Thank individual for helping, let them know you appreciate their help and or advice (words of encouragement)

Ideas:

- Volunteering with a group on a regular basis. Volunteering may help individuals in developing self worth, and transferable skills to help boost motivation and later apply these skills to their own daily tasks.
    - Strengthens decision making skills
    - Helps develop social skills

    - Responsibility
- Self Evaluation: This technique can be done when looking at a piece the individual may have created or a task attempted. It could be an art piece, anything creative and or a task that was or is to be completed
    - Ask someone who is trusted, and cares for the individual, his/her own thoughts or opinions. Offer motivation and support and potential ideas to help the individual build off of.
- Activities that involve, cognitive, decision making and social aspects:
    - Playing a simple card game
    - Helping make a meal/help choose what to make
    - Role playing (e.g.: going into a recreation centre)
    - Reading/ read to individual, self help books

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Positive environment. Looking at the end goal more than over-complimenting the individual. It's important not to lose sight of end goal and remind the individual this at same time.
- Optimizing environment for positive personal control of individual

Making Accommodations:

- Motivate the individual to try new things, even to just participate in observing the activity- but always make sure to debrief, ask how the individual felt while doing so, and if they would like to participate next time.

Changing Environments to Ensure Success:

- Team support and positive environment (no negative comments)
- Promote positive thinking approach, e.g. "If you *think* you can do it than you *can* do it." Optimizing personal control within

Additional Resources: *Out of the FOG - Learned Helplessness*. (2007). Retrieved from http://outofthefog.net/CommonNonBehaviors/LearnedHelplessness.html

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T.I.P.S. for Supporting Recreation Participation by People who have Difficulties Concentrating & Staying Focused

Prepared by: Jessica Frausell

Description: Difficulties concentrating or staying focused is described as the inability to sustain attention on certain aspects of current experiences. An individual's attention span can affect the duration of concentration placed on a certain stimuli at a given time. Difficulties concentrating and staying focused can be a secondary condition to poor mental health and varying mental illnesses such as ADHD.

Techniques:

- Cognitive retraining: activities that practice increasing the mind's ability to concentrate on selective, sustained, focused, and divided attention. "Brain training" activities build concentration skills and help improve focus techniques. This can be done by:
    - Participating in activities that engage the individual physically and cognitively
    - Finding activities which provide 'flow' to increase likelihood of concentration and satisfaction
    - Increasing challenges within activities
- Physical activity: Studies in the education field have shown increased concentration after mild to moderate physical activity. Helping individuals to participate in physical activity will increase the likelihood that they will be attentive towards one or more stimuli afterward. Physical activity could include:
    - Biking
    - Hiking
    - Talking a walk
- Positive reinforcement: reinforcing preferred concentration regularly

versus irregularly will increase the likelihood that an individual will attend to the specific task. Rewards are most beneficial post activity. Positive reinforcements could include:
    - Choosing a favorite activity to do after concentration has been kept for a certain period of time.
    - Providing positive affirmations when focus is kept for desired amount of time
- Time Management: keeping activities at appropriate time lengths increases the chances the individual will stay focused and concentrated. Be aware of time management by:
    - Keeping track of time
    - Allowing for small breaks to reflect on activity
    - Managing activity time appropriate to age of individuals

Ideas:

Several activities that can increase concentration can be classified as “brain fitness” activities. These activities could be:

- Crossword puzzles
- Sudoku
- Memory games
- Word searches

Activities that engage both cognitive and physical aspects increase participation and focus. Barriers to participation could be overcome by participating in groups of 3-4 individuals. Activities such as these could include:

- Fine motor relay races
- Playing an instrument
- Yoga
- Geo-cashing
- Acting
- Scavenger hunts (indoor and outdoor)

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Allow for breaks to be taken if activity becomes overwhelming at any point
    - Allow for discussion if break is necessary to find out what is working and what is not
- Ensure activities are age appropriate and properly timed
- Provide clear and concise instructions for the activities
    - Answer any questions that may arise from activity
- Keep a positive tone when explaining and facilitating activity
- Provide an opportunity at the end of an activity for reflection

Making Accommodations:

- Ensure that activities are inclusive
- Take note of how the individual learns, engages, participates best
    - Design activities that match those standards
- Include equipment that will ensure success for those individuals who may need extra assistance.

Changing Environments to Ensure Success:

- Creating a "focus friendly" environment increases the chances that an individual can focus on the task and decrease their sensitivity to their surroundings. It is important to create an environment where an individual can become aware of their surroundings in a relaxed and supportive setting. This can be done by:
    - Creating a less stimulating environment to decrease probable distractions
    - Have a time prior to activity which allows individuals to become familiar with their surroundings before engaging in an activity
    - Provide a calm and supportive environment to establish positive surroundings (i.e. no loud noises, soft colors, etc.)
- Create a quiet, low-light room for engagement in activity if necessary
- Bright and bold objectives may cause alarm and lack of concentration

Additional Resources:

www.lumosity.com

http://www.ananda.org/meditation/free-meditation-support/articles/increase-your-concentration/

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T.I.P.S. for Supporting Successful Recreation Participation by Individuals who Experience Difficulties Remembering

Prepared by: Taylor Owens

Description: Memory is a comprehensive subject that includes learning, retaining, and recalling information. A problem with one of these areas can influence the rest- for example, when someone learns a new task, but is unable to recall the information. Individuals with memory impairments may have difficulties recalling steps to an activity, in what order they must be completed, or may even forget to complete the task all together. Some individuals with memory impairments avoid social situations and leisure activities due to embarrassment caused by their memory impairment.

Techniques:

- Individuals with memory impairment need reminders to remember tasks and to stay on task.
    - Organizational strategies such as posting agendas, or using small notes as reminders have been proven to work well.
- Cues are also important.
    - They can be as simple as an alarm set on a cell phone, or using daily activities as cues for activity change (i.e. meal times).
- Systematic instruction is used when teaching individuals with memory impairments new skills. There are several components for successful instruction:
    - Assessment of the individual's abilities and needs, and constant monitoring to gauge whether or not the individual is learning,
    - A breakdown of the skill to be learned (task analysis), and instructing the individual before they attempt it,
    - The professional must model the skill for the individual, and slowly fade away their support to allow for autonomous execution,

- Practice and review often
- Correct errors as quickly as possible and provide feedback.

Ideas:

- Physical activity:
  - Work out classes have an instructor who models all behaviour and corrects mistakes. Individuals are provided with visual prompts and explanations. Physical activity increased positive cognitive functioning, and can be done in the privacy of one's home with videos, or in a large group class if social interaction is not an issue.
- Activities where there are no steps to remember and the individual is encouraged to express themselves in that moment:
  - Free expression, theatre games, creative writing and dancing are all examples of these types of activities.

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- When the individual is taking part in an activity, be sure to correct mistakes when you notice them- the sooner corrections are made and practiced, the easier it will be for the individual to remember.

Making Accommodations:

- Compose a task/activity analysis, and role play the activity with the individual before attempting it. This will help the individual to learn and practice the proper techniques in a safe environment.

Changing Environments to Ensure Success:

- Provide visual prompts, such as an agenda or break down of tasks so individuals can stay on track.

Additional Resources:

http://www.helpguide.org/life/improving_memory.htm

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T.I.P.S. for Helping People Manage Stigma in Recreation Settings

Prepared by: Andrea McMillan

Description: Perceived stigma occurs when an individual is labelled in a negative way or is disgraced by other people because of something they do or a characteristic they have. Mental illness has a perceived stigmatization describing people who are mentally ill to be weak or incapable to cope. It is difficult for people to seek help for mental illness because of the stigma attached to having a mental health complication. Most importantly, because of the delayed request for help, individuals' mental illnesses can become worse quickly. In order to decrease this trend, working on minimizing perceived stigmatization is essential.

Techniques:

- Educating the public through media sources will lead to a better understanding of mental illness which will in turn decrease the stereotypes that are linked to people who live with mental disorders.
- Direct communication with a person who has a mental illness will lead to empathy, understanding and acceptance of the illness and will minimize the perceived stigma.
- Alerting people to the actual effects that stigma has on individuals with mental illness will reduce perceived stigmas.

Ideas:

- Provide social events to create awareness of mental illness in creative ways such as an art program where everyone paints a picture of what their idea of mental illness is, explains it and then the group discusses importance of sharing their ideas so there is clarity and a common understanding of mental illness.

- Create a poetry workshop that allows individuals to express words they feel bring mental illness negative connotations and discuss alternative words to promote minimizing the stigma around mental illness.
- Provide the public with information packages, posters and resources to help spread the word about mental illness, to make it more widely understood that it is more common than people think, which in turn will decrease the stigma around it.

Positive Supports: Recommendations for

Facilitating or Leading Activities:

- Have leaders of poetry program and other social events invite guests who are recovering from mental illness or who know someone who is, and have them give their personal experiences with the stigma around mental illness and seeking help.

Making Accommodations:

- Provide alternative options for attending programs to persons going through mental health issues.
- Have option to be a part of the event online via Skype or via webinars so that people who are unwell can still be a part of the social activities promoting awareness of mental health and the stigma around it.

Changing Environments to Ensure Success:

- Create a non-judgmental work space for the facilitation of the programs.
- Provide comfortable seating and a calming environment so that the guest speakers feel at home when sharing their stories of mental illness and stigma.
- Provide note pads and an anonymous question box to enable people to ask questions that they may not want to say out loud.

Additional Resources:

- Mental Health Foundation of Nova Scotia-website: www.mentalhealthns.ca

- Mental Health Day Treatment at CDHA-website: www.cdha.nshealth.ca/mental-health-program/programs-services/mental-health-day-treatment

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T.I.P.S for Supporting Persons who are Highly Anxious or Fearful in Social Situations

Prepared by: Georgina Megens

Description: Social anxiety can be brought on by certain social or performance situations that the person will actively avoid. An individual who fears social situations fear that they will do something to humiliate or embarrass themselves. Social anxiety can provoke feelings similar to the fight and flight response in your body. Generalized anxiety can be characterized by restlessness, feeling tired, difficulty concentrating, being irritable, tightness of muscles, and not sleeping well. When there is a subjective state of fear and apprehension that affects ones physiological and cognitive function, this could represent an anxiety disorder.

Techniques:

- Relaxation strategies
- Deep breathing
- Meditation
- Visualization
- Mindfulness on self-esteem

Ideas:

- Expressive arts for helping to express thoughts or fears, this can be done through painting, drama, dance etc.
- Expressive writing
- Stress reduction activities
- Progressive relaxation, which focuses on tightening and relaxing of muscles, can also include guided imagery and breathing techniques.
- Social skills activities

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Make enough clear rules in programs to help with the facilitation of programs, but not too many that they affect the freedom of the interaction between participants.
- Make clear rules to avoid feeling of anxiety which could affect participants' perceptions of freedom in the program.

Making Accommodations:

- Create a safe place
- Start with smaller groups
- Teach anxiety reduction techniques
- Create trust

Changing Environments to Ensure Success:

- Small room away from noise
- Limit interruptions or distractions
- Understand uniqueness of setting
- Choose settings that are appropriate for individual

Additional Resources:

- Shift: Online self-help program: http://join.SHIFTprogram.ca
- Living with Mental Illness: A Guide for Family and Friends: http://ourhealthyminds.com/family-handbook/appendix-capital-district-mental-Health-program-services.html
- Center for Clinical Intervention: Shy No Longer Module http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=40

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T.I.P.S for Supporting Persons Experiencing Social Isolation

Prepared by: Selena Parent

Description: There are many different definitions of social isolation. One definition is that the person is not accepted by peers and does not interact with them. The concept of social withdrawal seems to be a pivotal point in most definitions.

Techniques:

- Clients may have a different type of sociability that should be explored and understood.
- Many clients have a desire to be in relationships.
- Supportive socialization is needed to be involved in programing.
- Not just providing practical advice but forming more meaningful relationships between client and support providers is valued.

Ideas

- Placing persons with mental health conditions with volunteers that did not have a mental health condition in the community to do leisure activities together enjoyed themselves more than if linked with partner with a mental health condition.
- Offering programs that look at friendships and community activities outside formal supports will be used by participants.
- Offering a small amount of money and encouraging to use on leisure activities in community. (In study 2 out of 3 did use the money for leisure activities).
- Creative arts projects were mentioned as good programs to explore with clients. These included: Movies, theatre, museums, art exhibitions, etc.

- Providing mentoring while doing creative arts and active participation in a social setting.
- Working in environmental conservation projects in a volunteer capacity with others was an effective program idea.

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Provide social connections in the community and support people to feel part of a team.
- Spending time with people they already knew led to friendships.
- Provide more active then passive social contact.
- Making interactions naturally occurring feeling not socially constructed is key.

Making Accommodations:

- Facilitator should be having programs to fit the person's skills.
- Have well skilled facilitators and include target group in development of programs.

Changing Environment to Ensure Success:

- Testing the program out first to make sure there is no discrimination in the program or the facility.
- Inquiring about the program to see if there is inclusion and policies.
- Supporting participants to do things at their own pace.

Additional Resources:

- http://www.mind.org.uk/ecominds/what_is_ecominds
- http://www.goodtherapy.org/therapy-for-isolation.html
- http://www.northumberlandview.ca/index.php?module=news&type=user&func=display&sid=24591
- http://news.gc.ca/web/article-eng.do?nid=776949

- http://healthland.time.com/2013/03/26/social-isolation-not-just-feeling-lonely-may-shorten-lives/
- http://www.youthrive.ca/make-links/determinants-mental-health
- http://www.health.gov.bc.ca/library/publications/year/2006/keefe_social_isolation_final_report_may_2006.pdf

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PART 3:

T.I.P.S. for Working with Specific Populations in Recreation Settings

T.I.P.S. for Helping People Manage Pain in Recreation Settings

Prepared by: Ashley MacDonald

Description: Chronic pain is quite common in every population, and tends to worsen as an individual gets older. Chronic pain interferes with daily activities and can lead to mobility issues, trouble sleeping, reduced socialization with others, loss of independence, depression, anxiety, and poor quality of life (Duong & Chang, 2011).

Techniques:

- Attention diversion focuses on having the individual focus on something other than the pain that they are feeling, a distraction that is positive and gets their minds off of the pain that the individual is feeling.

Ideas:

- Relaxation skills
- Controlled breathing

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- "Equal Breathing:" Inhale and count to four and then exhale and count to four once again but only inhale and exhale through the nose. This is most effective before bed.
- Abdominal Breathing Technique: Place one hand on chest and on hand on stomach. Breathe in deep through nose until diaphragm inflates and stretches the lungs. Do this 6-10 times per minute for 10 minutes every day.

Making Accommodations:

- It is important to figure out the person's interests and incorporate them into their distraction from the pain for the attention diversion method.

Changing Environments to Ensure Success:

- When taking part in different breathing exercises, for some individuals try finding a room that is quieter and has less people in it to help the individual relax.

Additional Resources:

- Relaxing music: http://www.youtube.com/watch?v=qycqF1CWcXg
- Proper Breathing Tips: http://www.youtube.com/watch?v=vLtIQKhF5pI

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T.I.P.S for Supporting People who are Experiencing Post-Traumatic Stress Disorder (PTSD) in Recreation

Prepared by: Justine Laporte

Description: PTSD occurs as a result of exposure to a traumatic event during which the individual feels fear, helplessness or horror. Afterwards individuals re-experience the event through memories and nightmares. Often times individuals will be reminded of trauma and become very anxious and feel threatened even if they are not in any danger. Individuals tend to avoid anything that reminds them of the trauma, and will often cut themselves off from feeling and expressing emotions.

Techniques:

- Support persons with PTSD to tell their story to develop adaptive coping strategies and a sense of survivorship.
- Grounding Techniques: This is a beneficial activity for people who are having flashbacks. Often people will lose touch of the present moment and return to a traumatic moment. Grounding helps an individual to realize the moment that they are in. Some examples would be: touch objects around you and describe their texture, or run water over your hands and describe how it feels.

Ideas:

- Calm Breathing: Calm breathing is a quick and portable tool to help people realize that they are not in danger. Calm breathing and muscle relaxation can help reduce some of the anxious and tense feelings in one's body.

Positive Supports: Recommendations for:

Facilitating/Leading Activities:

- Have an open attitude, do not be judgmental in any form.

- Listen and understand what individuals are saying to you about their story, do not make them feel ashamed for being scared.
- Use a person-centered approach that will help the individuals to build on their strengths and help them to find a deeper meaning and purpose.

Making Accommodations:

- Understand that individuals may not be ready to do activities in large groups, therefore start off with one-on-one activities.
- PTSD is a very broad disorder, one that will vary from person to person based on the traumatic incident. Be attentive of that, and always ask individuals what would help them to become more involved.

Changing Environments to Ensure Success:

- Have activities in a neutral spot, such as a coffee shop or a recreation center. This should be a place where a lot of people may not feel threatened. Also, try to have it early in the evening as darkness may be a trigger to a lot of individuals.

Additional Resources:

-Local Health center for counselling services (Ex: Avalon Sexual Assault center)
-University counselling services
-Group counselling for people with anxiety disorders
-Online support/toll-free phone numbers

T.I.P.S. for Supporting Persons Living with Dementia in Recreation

Prepared by: Rebecca Hill

Description: According to the World Health Organization, dementia is a progressive syndrome that results in a decline in cognitive functioning that extends beyond the effects of aging. It affects memory, thought, comprehension, language, judgement and capacity. Along with cognitive decline, there is usually a decline social, emotional and motivational abilities. Due to the different types of dementia, different areas of the brain may be affected, causing different behaviors to be presented.

Techniques:

- Greeting people by their names at the start of recreation programs encourages socialization and fosters friendships.
- Some individuals may require cues in order to participate. Cues enable the individual to remain actively engaged in the activity or program they are participating in.
- Bearing in mind the time of day programs are scheduled is important. Certain times of day may bring about negative behaviors; therefore, scheduling programs at this time can help to alleviate those behaviors.

Ideas:

- Cooking programs
- Reminiscence programs
- Music programs, particularly singing
- Sensory stimulation activities (e.g., that involve touching, seeing, smelling different things)

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Keep in mind that people who are extroverted, or need more socialization, do well in group activities. Introverts who value introspective activities do well in independent activities and time spent with one person at a time.

Changing Environments to Ensure Success:

- Think back to other times when the person has become aggressive, and what events seemed to lead to their outbursts. Adjust the environmental factor that may have provoked these negative behaviors.
- Smaller areas, with good lighting are important for easy navigation
- Stimulation of senses is important. Multi-sensory areas can provide a calming effect if an individual is agitated or displaying other negative behaviour.

Additional Resources:

-Our Healthy Minds (http://ourhealthyminds.com/MentalHealthand/ArticleDetails/tabid/60/ArticleID/54/Default.aspx or 422-7961)

-Home Instead (www.homeinstead.com or 902-429-2273)

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T.I.P.S. for Supporting Successful Recreation Participation by Persons on the Autism Spectrum

Prepared by: Kristen Clark

Description:
Autism Spectrum Disorder (ASD) is a neurobiological condition that can affect the day to day functioning of body systems such as gastrointestinal, immune, hepatic, endocrine, and nervous systems. An individual living with ASD experiences difficulties with communication, and social interactions, as well as exhibits repetitive behaviours (Autism Canada, 2011).

Techniques:

Communication

- Electronic devices (iPad voice output devices)
- Facilitated communication (FC)
- Picture exchange communication system (PECS)
- Relationship development interventions
- Sign language
- Social stories

Auditory and sensory integration
Visual therapy
Verbal cues and prompts

Ideas:

- Art (markers, pastels, playdough, clay, sand, finger painting)
- Music
- Acupuncture
- Pet therapy (support dogs)
- Swimming
- Social groups
- Physical activity (sports/exercise)

- Sensory stimulation

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Structure and consistency
- Routines
- Knowledge of boundaries
- Use brief and concrete language
- Visual prompts/supports tend to be helpful (videos, demonstrations)
- Make good use of time during activities, reduce amount of 'wait' time
- Utilize activity schedules – written/photographic prompts indicating desired sequence of activities – use technology such as iPod, iPad vs. a binder or book format

Making Accommodations:

- Provide opportunity for individual based activities to decrease unwanted behaviours

Changing Environments to Ensure Success:

- Reduced surrounding stimulation (sensory, tactile)

Additional Resources:

- http://www.autismnovascotia.ca
- http://www.autismcanada.org
- http://www.recreationtherapy.com/resource.htm
- http://www.autismsocietycanada.ca/index.php

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T.I.P.S for Supporting Individuals who have Methicillin-Resistant Staphylococcus Aureus (MRSA) Impacting Participation in Leisure and Recreation

Prepared by: Christina Paterson

Description: Methicillin Resistant Staphylococcus Aureus (MRSA) is a bacterium, generally living on the skin, which has become resistant to semi-synthetic penicillin's. It can be transmitted through direct person-to-person contact with an infected individual and can be passed from hands to any person, object, or surface. Many individuals diagnosed have faced multiple forms of isolation, and may experience reduced access to rehabilitation services, programs and shared social space. This ultimately affects an individuals' ability to engage with others, compromising participation in many activities. In a study conducted at a rehabilitation centre, feelings of anger, fear of contaminating others, fear of telling others, apathy, depression, and feelings of stigmatization or objectification were prevalent in those affected by MRSA.

Techniques:

- MRSA should not prevent an individual going about their day-to-day activities, including socializing, swimming, going to the gym etc. However, if the individual has any sores, open wounds, and/or cuts and abrasions, it must be covered completely with a waterproof dressing, if taking part in any form of recreation and leisure activities.

Ideas:

- Individuals are still able to participate in recreation and leisure, providing individuals follow good hygiene and cleaning procedures to lower risk of potential spread. It is important to consider participation of activities on an individual basis.

- If an individual is currently receiving treatment and has open wounds, a limited or non-contact activity is ideal. Sores, open wounds, and/or cuts and abrasions should be covered well at all times when participating in any activity.
- Contact activities could be adapted to become non-contact (example, basketball – ball has a hard service and can easily be cleaned. Games played with the basketball can be played with participants each using their own ball – example, *Horse*)
    - *Contact:* Basketball, Boxing, Camping, Cards, Cheerleading, Diving, Field Hockey, Football (tackle), Gymnastics, Ice Hockey, Lacrosse, Martial Arts (Judo, Karate), Rodeo, Rugby, Skiing/ Ski Jumping/ Snowboarding, Soccer, Team Handball, Water Polo, Wrestling, etc.
    - *Limited Contact:* Baseball, Bicycling, Canoeing/ Kayaking/ Rowing, Cooking, Fencing, Floor Hockey, Horseback Riding, Martial Arts, Racquetball, Rock Climbing, Skating (ice, in-line, roller), Skiing (water), Skateboarding, Softball, Squash, Volleyball, Weightlifting, Windsurfing/ Surfing, etc.
    - *Non-Contact:* Arts and Crafts, Badminton, Bird Watching, Bodybuilding, Bowling, Curling, Dance, Drawing, Gardening, Golf, Knitting, Lego Building, Musical Instruments, Painting, Power Lifting, Race Walking/ Walking/ Running, Reading, Riflery, Jump Rope, Sailing, Swimming, Table Tennis, Tennis, Track, Wood Working, etc.

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Escorting individuals with MRSA to group activities.
- Avoiding sharing items that contact individuals' bare skin (providing specific materials/ supplies to individuals to avoid sharing).
- Using a barrier between skin and shared equipment, like clothing or a towel. If this is not possible, be sure to clean surfaces with an alcohol based cleaning product before and after use.

- Explain to the individual with MRSA what he/she can/cannot do. Make sure individual understands, answer any questions.

Making Accommodations:

- Arrive with the person first and leave last to allow for discrete disinfection of program area after others leave.
- Keep hands clean by washing frequently with liquid soap and water or using an alcohol-based hand rub.
- Wear protective clothing or gear designed to prevent skin abrasions/cuts.
- Cover skin abrasions and cuts with clean dry bandage until healed.

Changing Environments to Ensure Success:

- Provide separate tables within the program room for individuals with MRSA
- Facility should always be kept clean whether or not MRSA infections have occurred.
- Cleaning procedures should focus on commonly touched surfaces and surfaces that come into direct contact with individuals bare skin.

Additional Resources:

Whelan. A., Moralejo, D. (2011). MRSA: A resource manual for nurses and other healthcare workers in acute care settings. *Provincial Infection Control Newfoundland Labrador,* pp. 2-35. Retrieved September 9, 2013 from http://www.health.gov.nl.ca/health/publichealth/cdc/infectioncontrol/mrsa_manual_for_nurses_other_healthcare_workers.pdf

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T.I.P.S. for Working with Siblings of a Person Living with Mental Illness

Prepared by: Nicole Harstone

Description: Mental Illness is defined as the alterations in thinking, mood, or behavior (can be a combination), and impaired functioning over an extended period of time. Some Mental Illness disorders include anxiety disorders, eating disorders, dementia, personality disorders, mood disorders and Schizophrenia. Siblings of a brother or sister with Mental Illness are at greater risk for developing psychiatric disorders when compared to children from families without a Mental Illness. It is very important that siblings of a brother or sister with Mental Illness adopt positive coping skills that can allow for successful management and adverse circumstances without secondary repercussions.

Techniques:

Ideas:

Activities that can promote active living:

- Tai Chi: has a physical aspect component but it also concentrates on the mind-body-spirit union
- Café, Friend/Support groups: focus on social leisure activity with friends as well as it promotes emotional health
- Music, Arts and Crafts: is a cultural and spiritual activity, which promotes self-expression and self-identity.

Positive Supports: Recommendations for:

How to Cope with Your Siblings' Mental Illness:

- Refuse to take blame for your siblings Mental Illness
- Define personal boundaries for your self. Remember that you are important as well

- Deal with resentment by enforcing boundaries more carefully
- Establish your personal breaking point (you are allowed to feel sad and unhappy at times)
- Modify your expectations of your sibling
- Accept that your family dynamic will change depending on your sibling psychiatric condition
- Have a close relationship with your siblings but know the limitations.
- Get help for yourself. Support groups are available and can teach you how to cope and deal with your siblings Mental Illness

Making Accommodations:

- Know siblings abilities and limitations
- Choose an activity that can incorporate their abilities
- Understand and educate your self about the disorder (read books, pamphlets, and attend seminars)
- Try different forms of communication if/when the sibling is going through a psychosis

Changing Environment to Ensure Success:

- Choose an environment that can be adapted if needed
- Know triggers that might set off the sibling's episode and know ways to calm them down.
- Choose an environment where the sibling feels comfortable and safe

Additional Resources:

- Canadian Mental Health Association: http://www.cmha.ca/
- Canadian Collaborative Mental Health Initiative: http://www.ccmhi.ca/
- National Alliance on Mental Illness: http://www.nami.org/
- Here to Help: http://www.heretohelp.bc.ca/

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T.I.P.S. for Working with First Nations Youth in Recreation Settings

Prepared by: Kari Plaggenborg

Description: Aboriginal peoples have experienced and continue to experience cultural oppression and marginalization. This has contributed to high levels of social, emotional, spiritual and mental health problems in many Aboriginal communities. This history continues to affect Aboriginal people today through the racism and discrimination that they face. These barriers are even more difficult to overcome due to higher rates of poverty. In addition, most youth programs do not adequately address the unique needs or play upon the strengths of Aboriginal youth. A holistic view (with spirituality playing a large part) of personal development is very important to Aboriginal cultures, and programming for youth should be strength-based while fostering participation and meaningful leisure experiences.

Techniques:

- Youth need to understand expectations and commitments upfront, and be given time to reflect upon them.
- Having positive role models and engaging them in leadership activities ensures that youth can become more culturally active, feel proud about their accomplishments, and become more involved in their community. Youth develop a sense of ownership.

Ideas:

- Provide opportunities for celebratory events that embrace traditional practices such as feasts and powwows.
- Integrating cultural activities should be done carefully. For example, smudging (see resources) should be introduced by an Elder or cultural representative if the program facilitator is not aware of the protocols for this custom.

- First Nations and Inuit people believe that humans are a part of the environment, not separate from it, and that all living creatures are equal and deserve respect. Try to ensure that a portion of the program is spent in outdoor activity.
- Drumming circles, traditional singing and dance, art (painting, carving, beading, leather work etc.) and preparation of traditional food are all excellent activities for indoor programming.
- Game/activity ideas:
    1. http://www.museevirtuelvirtualmuseum.ca/edu/ViewLoitLo.do?method=preview&lang=EN&id=11765
    2. http://www.cepn-fnec.com/youthscorner.aspx

Positive Supports: Recommendations for:

Facilitating or Leading Activities:

- Family can be involved in a variety of ways, including service development, delivery, recruitment, transportation, etc. Some level of parent involvement is considered a best practice component for youth programming in general, and for Aboriginal youth in particular.
- There may be partners from the Aboriginal community (including Elders) who are not parents of the youth involved. It is important to choose partners carefully to ensure that they are held in respect by their own communities and will be appropriate role models for the youth involved.
- Youth from blended households may feel very resistant about embracing traditional culture. Depending on their readiness to explore it, they may perceive the traditional parts of a program as a barrier to getting involved. One way to address this is to require youth to learn about traditions, but ensure that it is up to them whether they choose to participate.

Making Accommodations:

- Youth are more likely to commit to a program when they are approached by groups or individuals who already have relationships with them.

- Program facilitators need to be reliable and punctual with their attendance. This consistency will set the stage for youth to develop trusting relationships, which in turn increases engagement.
- For many youth, limited access to financial resources greatly reduces their ability to participate in programs and activities. Consider waiving costs or finding additional funding to support these youth.
- Be Flexible. Schedule convenient program meeting times and allow flexible structures. Decisions about scheduling may depend on several factors, such as transportation, availability of facilities, other commitments of the youth.
- Provide a wide range of activities so that the likelihood of a diverse group of youth becoming involved is maximized.

Changing Environments to Ensure Success:

- Aboriginal identity should be reflected in the setting. All youth need to see themselves reflected in positive ways in the media around them. For example, Aboriginal students need to see posters in the hallways that reflect their heritage and integrate positive images, like youth leadership or job opportunities.
- The use of a sharing circle reflects equality in some First Nations and Inuit cultures and may be more appropriate for Aboriginal youth than a lecture format, depending on the type of program.
- Create a warm atmosphere where youth feel comfortable speaking for and about themselves.

Additional Resources:

- Smudging Information: www.sageandsmudge.com
- Cultural Information and Activities: http://www.ecokids.ca/pub/eco_info/topics/first_nations_inuit/traditions.cfm

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T.I.P.S. for Working with Persons Living with Chronic Physical Conditions in Addition to Mental Health Challenges

Prepared by: Sarah Hillier

Description: Chronic health conditions are usually long term illnesses that often worsen over time. They are conditions which can have a vast array of physical symptoms in combination of complex emotional and psychological issues. Even though each condition is different, individuals often face the same challenges and feelings. Fatigue, loss of physical abilities and difficult emotions, such as anger, frustration and depression, can be huge barriers to participating in recreational activities.

Techniques:

- Create an open and inviting atmosphere by getting to know individuals by name, smiling, using humour and doing ice breaker activities.
- Give a clear purpose and instructions and what participants should expect.
- Use physical and verbal demonstrations of activities when needed.

Ideas

- Mindfulness and meditation
- Imagery and Breathing techniques
- Walking programs
- Nintendo Wii exercise programs

Positive Supports: Recommendations for:

Facilitating or Leading Activities

- To develop a baseline of physical capacity, start with low intensity activities
- Gradually increase physical activity in stages to develop capacity
- Debrief after the activity to share thoughts and feelings

Making Accommodations:

- Provide breaks during physical activity if individual has breathing difficulties
- Adapt physical activities when needed to a seated position

Changing Environments to Ensure Success:

- Use comfortable seating
- Reduce physical obstacles/barrier
- Use circular/horse shoe shaped seating arrangement to promote discussion

Additional Resources:

Living a Healthy Life with Chronic Conditions (Book)
Public Health Agency of Canada website: http://www.phac-aspc.gc.ca/cd-mc/
Canadian Paediatric Society website:
http://www.cps.ca/documents/position/physical-activity-chronic-condition

References:

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