

**REPORT OF THE DEPARTMENT FOR  
THE AGING ON**

**RECREATIONAL ACTIVITIES IN  
ADULT CARE RESIDENCES AND  
NURSING HOMES**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**SENATE DOCUMENT NO. 24**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
1996**





# COMMONWEALTH of VIRGINIA

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January 31, 1996

TO: The Honorable George Allen

and

The General Assembly of Virginia

The Report contained herein is pursuant to Senate Joint Resolution 344 agreed to by the 1995 General Assembly.

This report constitutes the response of the Department for the Aging, with input from the Virginia Association of Activity Professionals and the Virginia Recreation and Park Society, to the request to study the availability of recreation activities in Virginia's adult care residences and nursing homes as well as the methods used to encourage residents to participate in such activities.

Respectfully Submitted,

*Thelma E. Bland*

Thelma E. Bland  
Commissioner, Department for the Aging



## **Preface**

Senate Joint Resolution 344 requested the Department for the Aging to study the availability of recreational activities in adult care residences and nursing homes as well as the methods used to encourage residents to participate in activities which can improve their health and well-being, provide increased social interaction, and generally improve their quality of life. The study was prepared by Okpil Kim, Etta Hopkins, Willard Young and William Peterson of the Department for the Aging. The Department gratefully acknowledges the contributions of the Virginia Association of Activity Professionals and the Virginia Recreation and Park Society.



**LEGISLATIVE STUDY REPORT**  
**Senate Joint Resolution 344**

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# **Report of the Department for the Aging on Recreational Activities in Adult Care Residences and Nursing Homes**

## **EXECUTIVE SUMMARY**

Senate Joint Resolution 344 requested the Department for the Aging to study the availability of therapeutic recreational activities in adult facilities as well as the methods used to encourage residents to participate in activities which can improve their health and well-being, provide increased social interaction, and generally improve their quality of life. A copy of SJR 344 can be found in *Appendix A* of this report. In consultation with the bill's patron, the Honorable Yvonne Miller of Norfolk, and with representatives from the Virginia Association of Activity Professionals and the Virginia Recreation and Park Society, it was decided that the focus of this report would be on general recreational activities available in adult care residences (ACRs) and nursing homes and not on the more specialized therapeutic interventions that a Certified Therapeutic Recreation Specialist would prescribe and administer. Not all facilities have a Certified Therapeutic Recreation Specialist on staff.

In order to address the issues presented in SJR 344, the department developed an informal questionnaire which it sent to roughly 700 of Virginia's ACRs and nursing homes in order to gather some very basic information about the provision of recreational activities.

In looking at the broad range of responsibilities, activities, and skills which are common to the vast majority of Virginia's activity professionals, it was decided that a generic definition of recreation activities would be developed for use in the questionnaire. This generic definition includes both specific interventions prescribed for specific residents as well as more general recreational and social activities aimed at improving residents' well-being. The definition of recreation used in the questionnaire as well as in this study report is:

*Recreational activities, programs, and services which enhance the overall quality of life for institutionalized persons by improving their physical functioning and cognitive abilities. These can include crafts, solitary games, group activities, field trips, educational classes, informative presentations, and mental and physical activities. These activities, programs, and services provide an opportunity for independent choices, enjoyment, self-expression, mental alertness, and socialization.*

More than two hundred and thirty (230) usable questionnaires were returned to the department by Virginia's ACRs and nursing homes, a return rate in excess of 35%. This return rate is considered to be very good in survey research circles. It demonstrates the commitment and interest which Virginia's ACRs and nursing homes have in providing recreational and socialization activities for their residents.

## **Results -**

The questionnaires revealed that ACRs and nursing homes offer some type of recreational or social activity each day. The larger facilities offer several activities each day as well as evening activities. Most facilities also organize special activities on holidays. The questionnaires also reveal that these facilities provide a staggering array and range of recreational activities. All facilities, whether large or small, indicated that some residents are unwilling or reluctant to participate in activities for any number of personal reasons. Many facilities reported that they used their Residents' Council to plan activities and events that would appeal to the majority of residents. Some facilities offered door prizes or other "rewards" for participating in recreational or social activities. All facilities acknowledged that providing refreshments during recreational activities was one way to encourage participation. Most facilities, however, reported that personal, one-to-one encouragement is the key to getting residents to participate in the various activities or special events that facilities plan. Finally, many facilities reported that they tried to involve the residents' families in many of their activities or special events. Family member involvement generally assures that residents will be more willing to participate in activities and provides a structured arena for families to interact with their older relative as well as the other residents in the facility.

The questionnaires indicated that most facilities would like to have additional funds to devote to recreational and social activities for their residents. Many facilities indicated that federal reimbursement policies for intermediate and skilled care, for example, don't take into account the physical and emotional benefits that recreational activities bring to a resident's treatment and overall well-being and, therefore, don't provide specific reimbursement for these services. Even several facilities that relied on private-pay residents for the bulk of their revenues indicated that recreation services still had to compete with all the other services and programs for a share of the facility operating budget. More dollars invested in recreational activities would allow facilities to purchase wheel chair accessible vans to transport more residents to special events in the community. More dollars would also enable facilities to hire more trained and/or certified staff with specialized knowledge of recreation and the needs of older institutionalized persons.

## **Recommendations -**

There are a number of strategies that facilities can use to enhance their recreational and social programming. The following three recommendations are offered concerning recreation in ACRs and nursing homes:

- o Facilities are encouraged to become familiar with the benefits that recreational and social activities and programs bring to the lives of institutionalized adults. All staff need to understand the role of activities and their positive impact on overall resident well-being. Certification by a national or state professional association is one way to assure the quality of recreational programs. Facilities are encouraged to consider working with the Virginia Association of Activity

Professionals, the Virginia Recreation and Park Society, the National Association of Activity Professionals, or the National Council on Therapeutic Recreation Certification in order to have their staff receive specialized training and certification.

- o Families can, and should, play an important role in the residents' therapeutic goals and emotional well-being. Whenever possible, facilities should encourage families to participate in recreational activities and special programs with their older relatives. This involvement will allow the family to feel that they are contributing to the care of their relative and can help ease the guilt and deflect the anger that some family members feel when a relative has been institutionalized.
- o Volunteers can augment activity staff in any facility. Facilities are encouraged to work with the Virginia Office of Volunteerism, their local Area Agency on Aging, and other community agencies and civic associations to recruit volunteers who can assist during recreational and social programs.

# **Report of the Department for the Aging on Recreational Activities in Adult Care Residences and Nursing Homes**

## **I. Study Request**

Senate Joint Resolution 344 requested the Department for the Aging to study the availability of "therapeutic" recreational activities in adult facilities as well as the methods used to encourage residents to participate in activities which can improve their health and well-being, provide increased social interaction, and generally improve their quality of life. A copy of SJR 344 can be found in *Appendix A* of this report. In consultation with the bill's patron, the Honorable Yvonne Miller of Norfolk, and with representatives from the Virginia Association of Activity Professionals and the Virginia Recreation and Park Society, it was decided that the focus of this report would be on general recreational activities available in adult care residences (ACRs) and nursing homes and not on the more specialized therapeutic interventions that a Certified Therapeutic Recreation Specialist would prescribe and administer. Not all facilities have a Certified Therapeutic Recreation Specialist on staff.

## **II. Introduction**

Older adults are the fastest growing segment of Virginia's population. According to the Bureau of Census, in 1990 there were 909,906 Virginians age 60 and older. One in three older Virginians is over the age of 74. Between 1980 and 1990, the number of persons aged 75 and over increased by 41%. Although Virginia's older citizens are a diverse and independent group of individuals, as they continue to age many will require some assistance with basic activities of daily living and others will need the level of care and assistance offered in a nursing home or adult care residence. In 1990, for example, 65% of older Virginians lived in family households while another 29% lived alone or with non-relatives. Roughly 5% of older Virginians, however, lived in a licensed long-term care facility [all percentages are rounded and don't total 100%].

The last two decades have seen a growing commitment by health care and human services agencies to diverting as many individuals as possible from long-term care facilities by developing alternatives to institutionalization such as home health care, adult day care, and home-based personal care and chore services. These programs focus on promoting and maintaining wellness and independence, thus delaying the need for institutional-based care. While this commitment to community-based alternatives has been successful in reducing the number of people who require the services of a long-term care facility, the overall growth of the aging population guarantees that more Americans will end up as residents of long-term care facilities. The federal Agency for Health Care Policy and Research estimates that 43% of those Americans who were 65 in 1990 will spend some time in a long-term care facility

during their lifetime.<sup>1</sup>

Virginia's more than 700 licensed nursing homes and adult care residences offer a variety of services to the roughly 30,000 residents housed in these facilities - services which not only meet the physical and health care needs of the residents, but also services which are designed to maintain or improve both their physical and mental well-being. These latter services include a variety of recreational activities and interventions that provide structure to residents' days, provide opportunities for entertainment and social interaction, help maintain or improve physical conditioning, and contribute to residents' overall well-being. Unfortunately, admission to a long-term care facility often highlights the losses experienced by many older persons who can no longer care for themselves:

Admission to a nursing home, no matter how good the facility may be, unfortunately adds to the older person's losses. Individuality and independence become difficult to achieve. The life of a nursing home person becomes fragmented. Old people in many instances are almost forced to sit back while dietary [staff] provides their food, housekeeping changes their linens and the nursing department gives them their medications, to name only a few. The physicians often treat their ailments, ignoring their psychological and emotional needs to be seen as a whole person. Professionals in the field of geriatrics and gerontology are witness to the effects of these physical and psychological losses on a daily basis. Growing old in America and becoming a nursing home patient [resident] should not parallel the end of a meaningful life.<sup>2</sup>

In one study of 40 aged nursing home residents, for example, it was found that facility staff inadvertently actually encouraged and supported dependent behavior among residents while discouraging independent behaviors.<sup>3</sup> For example, it is easier for staff to choose which movie residents will watch than it is to let the residents discuss their options and vote for the movie they would prefer. By making the choice of movie for the residents, the staff is taking control away from them. It is the promotion of a greater sense of control which does as much

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<sup>1</sup>DIHHS. (1991). Aging in America: Trends and Projections. Prepared by the U.S. Senate Special Committee on Aging, AARP, the Federal Council on Aging, and the U.S. Administration on Aging. DIHHS Publication # 91-28001.

Greenblatt, F. (1988). Therapeutic Recreation for Long-Term Care Facilities. Human Sciences Press, Inc. New York

Jackson, T. and Lilly, J. (1991). The Value of Activities: Establishing a Foundation for Cost-Effectiveness. Washington, DC: National Association of Activity Professionals.

to enhance the lives of facility residents as is the actual provision of health care services.

Once the daily needs (personal grooming, toileting, meals, medications, etc.) of residents have been met, there are still large blocks of unscheduled time which the average resident must fill with some type of activity - ideally, activity which meets their psychological, emotional, and social needs. These activities are often provided by two dedicated groups of professionals which can be found working in Virginia's long-term care facilities: Certified Therapeutic Recreation Specialists certified by the National Council on Therapeutic Recreation Certification and activity professionals certified by the National Certification Council for Activity Professionals. In addition to these certified professionals, some facilities have Activity Directors with a variety of experiences and backgrounds who coordinate recreational and social activities for the residents in their facilities. Finally, many facilities make use of talented volunteers who donate their time and expertise and work closely with the activities staff to help residents take advantage of recreational and social activities.

As we learn more about the aging process, we also learn about the benefits of activities which actually promote physical and mental well-being in old age. Physical exercise is often cited as one way to enhance the lives of older persons. Physical exercise can actually prevent or delay the various physical deficits which plague many older persons. In addition to physical exercise, we also know that mental exercise can promote acuity and prevent the confusion and isolation that can dim the lives of some older persons. A reflection of the benefits of physical and mental exercises can be seen in the growth of community health promotion and disease prevention programs throughout the nation. The need for physical and mental exercise does not end when a person enters a long-term care facility, however. The fact is, physical and mental activities can ease the transition from independent living to living in a structured institutional setting. Recreational activities can also prevent the physical deterioration that often accompanies institutionalization, as well as increase residents' appetites, encourage socialization, and prevent a host of ills both mental and physical. Recreational activities can help residents maintain the highest level of independence possible and avoid or delay the need for more intensive and costly medical treatments or therapies.

The importance of a well planned activities program to long-term care residents cannot be underestimated. In fact, Virginia's rules and regulations for the licensing of both nursing homes and adult care residences require recreational and social activities be available to residents. Section 22 VAC 40-71-260 of Virginia's Standards and Regulations for Licensed Adult Care Residences specify activity and recreational requirements for ACRs and Section 21.0 of the Rules and Regulations for the Licensure of Nursing Homes in Virginia includes similar requirements for nursing homes. In addition to these state requirements, the federal government, through the Health Care Financing Administration, also requires that each facility make available to residents a comprehensive program of activities in order for the facility to receive reimbursement through the Medicare and Medicaid programs.

### **III. Recreation Activities in Virginia's Adult Care Residences and Nursing Homes**

In order to address the issues presented in the Recreation Study (§JR 344), the department developed an informal questionnaire which it sent to roughly 700 of Virginia's ACRs and nursing homes in order to gather some very basic information about the provision of recreational activities.

#### **Questionnaire:**

There were two major questions posed by this study for which no available data existed. The questions were: 1) what is the availability of recreational activities in adult facilities and, 2) what methods are used to encourage residents to participate in these activities? As a part of the study, a questionnaire was developed which gathered information about recreational activities from Virginia's ACRs and nursing homes. A copy of the questionnaire, including cover letter, may be found in **Appendix B**.

An important decision in developing the questionnaire was how to define "recreation." As noted in the introduction above, recreation activities in ACRs and nursing homes are provided by persons who may be certified by two different certification bodies as well as persons who have no certification. **Appendices C** and **D** contain information about the specialized services provided by Certified Activity Professionals and Certified Therapeutic Recreation Specialists. Although all activity professionals share many functions and philosophies in common, Certified Therapeutic Recreation Specialists use recreative activities and leisure experiences as a means of therapeutic intervention to achieve specific treatment outcomes. In looking at the broad range of responsibilities, activities, and skills which are common to the vast majority of Virginia's activity professionals, it was decided that a generic definition of recreation activities would be developed for use in the questionnaire. This generic definition includes both specific interventions prescribed for specific residents as well as more general recreational and social activities aimed at improving all residents' well-being. It does not specifically include the specialized therapeutic interventions that a Certified Therapeutic Recreation Specialist would prescribe and administer. The definition of recreation used in the questionnaire as well as in this study report is:

*Recreational activities, programs, and services which enhance the overall quality of life for institutionalized persons by improving their physical functioning and cognitive abilities. These can include crafts, solitary games, group activities, field trips, educational classes, informative presentations, and mental and physical activities. These activities, programs, and services provide an opportunity for independent choices,*

*enjoyment, self-expression, mental alertness, and socialization.*<sup>1</sup>

More than two hundred and thirty (230) usable questionnaires were returned to the department by participating facilities, a return rate in excess of 35%. This return rate is considered to be very good in survey research circles. It demonstrates the commitment and interest which Virginia's ACRs and nursing homes have in providing recreational and socialization activities for their residents.

### **Results - The Availability of Activities:**

The questionnaires revealed that facilities offer some type of recreational or social activity each day. The larger facilities offer several activities each day as well as evening activities. Most facilities also organize special activities on holidays. The questionnaires also reveal that Virginia's long-term care facilities provide a staggering array and range of recreational activities. For example, the following is a partial listing of the most popular types of activities:

- Field trips and outings - including shopping trips to the mall; visits to historical sights, museums, libraries, and theaters; and trips to participate in special events such as concerts, ball games, and community fairs.
- Intergenerational activities - including visits to local child care centers and schools; games, projects, or other activities that actively involve youth; and tutoring and mentoring activities that benefit youth and adolescents.
- Physical activities - including various games for both bed-bound and ambulatory residents which maintain or improve their strength, stamina, and coordination. Special activities are targeted to those residents who are in wheelchairs or who are unable to stand for long periods of time. More active residents may participate in walking clubs or in even more rigorous activities such as the Golden Olympics.
- Sensory stimulation activities - including games and activities that encourage residents to use their minds. These activities may involve reminiscing, completing cross-word puzzles, playing bingo, card games, or playing versions of Jeopardy or Trivial Pursuit.
- Spiritual activities - including church or synagogue services, gospel sing-a-longs, prayer circles, or Sunday School classes. Many residents are able to attend their community church each Sunday.

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<sup>1</sup>The Department discussed the terminology to be used with the Virginia Association of Activity Professionals, the Virginia Park and Recreation Society, and the patron, Senator Yvonne B. Miller. The broader term, "recreation," was chosen over the more narrow term, "therapeutic recreation."



- Food-related activities - including trips to local restaurants, special holiday meals at the facility, and birthday and anniversary celebrations. Some facilities have special kitchens that allow residents to take cooking classes, prepare special holiday treats, and ethnic or international dishes.
- Activities involving animals - including special visits from the Society for the Prevention of Cruelty to Animals or local animal shelter, visits from family pets, or educational activities involving wildlife or "exotic" animals. Some facilities use pet "therapy" to help withdrawn or seriously demented residents open up and communicate.
- Art and craft activities - including painting, quilt making, sewing, woodworking, flower arranging, gardening, etc.
- Musical activities - including informal sing-a-longs, special musical presentations, and resident bands and choirs.

### **Results - Methods to Encourage Participation:**

Facilities also reported a variety of strategies for alerting residents to planned activities as well as encouraging resident participation. The overwhelming majority of facilities reported that they used the following strategies:

- Individual, one-to-one encouragement of residents to participate.
- Special announcements on posters which are placed on bulletins boards in residents' rooms or in prominent places throughout the facility.
- Monthly or weekly activity calendars which are given to each resident.
- Facility newsletters that includes announcements of upcoming activities, field trips, or other special events. These newsletters are often sent to residents' families as well.

All facilities, whether large or small, indicated that some residents are unwilling or reluctant to participate in activities for any number of personal reasons. Many facilities reported that they used their Residents' Council to plan activities and events that would appeal to the majority of residents. Some facilities offered door prizes or other "rewards" for participating in recreational or social activities. All facilities acknowledged that providing refreshments during recreational activities was one way to encourage participation. Most facilities, however, reported that **personal, one-to-one encouragement is the key to getting residents to participate** in the various activities or special events that facilities plan. Finally, many facilities reported that they tried to involve the residents' families in many of their activities or special events. Family member involvement generally assures that

residents will be more willing to participate in activities and provides a structured arena for families to interact with their older relative as well as the other residents in the facility.

### **Results - Barriers to Providing Recreation Activities:**

The questionnaires revealed that most respondents would like to have additional funds to devote to recreational and social activities for their residents. Many respondents from nursing homes indicated that federal reimbursement policies for intermediate and skilled care, for example, don't take into account the physical and emotional benefits that recreational activities bring to a resident's treatment and overall well-being and, therefore, don't provide specific reimbursement for these services. Even several facilities that relied on private-pay residents for the bulk of their revenues indicated that recreation services still had to compete with all the other services and programs for a share of the facility operating budget. More dollars invested in recreational activities would allow facilities to purchase handicapped vans to transport more residents to special events in the community. More dollars would also enable facilities to hire more trained and/or certified staff with specialized knowledge of therapeutic recreation and more in-depth knowledge of the recreational needs of older institutionalized persons.

The following barriers were also listed most often by the facilities who completed and returned the questionnaires:

- Sicker residents - many facilities indicated that their residents were more impaired than in the past. These residents required specialized activities and programs which were "staff intensive."
- Lack of volunteers - many facilities indicated that they could expand their recreational activities if they had more volunteers from the community who were willing to become involved in the life of the facility and its residents. Volunteers were vital to providing the type of one-to-one encouragement that many residents needed in order for them to participate in activities and special events.
- Paperwork requirements - some facilities indicated that federal and state regulations require too much paperwork to document and chart the provision of services. Paperwork took time away from the actual provision of recreational services.
- Lack of priority - finally, some facilities indicated that recreational and social activities were not always given the attention and priority that they deserved. The day-to-day medical and personal care of the resident population often took precedence over activities that many families members (and some staff) mistakenly viewed as being frivolous.

## IV. Findings

This report has identified some important information about the provision of recreational activities in Virginia's adult facilities. Recreational and social activities may be found in every facility that is licensed in Virginia either as an ACR or nursing home. The depth and breadth of the activities is impressive: from sedentary reminiscing to active games of wheel chair volley ball and mall-walking. From bingo to field trips to museums and art galleries, residents in most facilities have an array of choices. The findings point to the fact that recreational and social activities are also an important component of the long-term care "service package" provided by facilities. The provision of recreational activities, as defined in this report, is a key tool for impacting the institutionalized person's quality of life, as well as his or her potential for rehabilitation and ultimate emotional well-being. Without recreation, many residents would fall prey to the debilitating emotional and physical effects of boredom, inactivity, loneliness, and depression.

At the heart of recreational activities, perhaps, is the concept of control or **empowerment**. When institutionalized persons are given more control, they have the opportunity to choose to become more responsible for themselves. The choice of one option over another helps define and reinforce who they are as individuals. This, then, allows them to retain their dignity. Recreational activities arguably provide the one sphere in the institutionalized setting that actually encourages the resident to take control.

Finally, many facilities identified financial limitations in their ability to provide recreational and social activities. Respondents indicated that recreation programs must compete with other programs and services in their facilities for a share of limited operational dollars. Additional dollars for recreational programs would have to come from higher rates charged to residents or higher reimbursements paid by Medicare, Medicaid, or insurance programs.

## V. Recommendations

There are a number of strategies that facilities identified that can enhance the provision of recreational and social programs. This report makes three recommendations that focus on staff increasing their skills in providing these services, the role of families as "partners" in providing recreational activities, and the use of volunteers to supplement and enhance recreational programs:

- Facilities are encouraged to become familiar with the benefits that recreational and social activities and programs bring to the lives of institutionalized adults. All staff need to understand the role of activities, and their positive impact on overall resident well-being. Staff certification by a national or state professional association is one way to assure the quality of recreational programs. Facilities are encouraged to consider working with the Virginia Association of Activity Professionals, the Virginia Recreation and Park Society, the National

Association of Activity Professionals, or the National Council on Therapeutic Recreation Certification in order to have their staff receive specialized training and certification.

- Families can, and should, play an important role in the residents' therapeutic goals and emotional well-being. Whenever possible, facilities should encourage families to participate in recreational activities and special programs with their older relatives. This involvement will allow the family to feel that it is contributing to the care of their relative and can help ease the guilt and deflect the anger that some family members feel when a relative has been institutionalized.

- Volunteers can augment activity staff in any facility. Facilities are encouraged to work with the Virginia Office of Volunteerism, their local Area Agency on Aging, and other community agencies and civic associations to recruit volunteers who can assist during recreational and social programs.

Recreational activities are key to promoting the independence and well-being of the residents of Virginia's long-term care facilities. The skill, talent, and dedication that activities staff, volunteers, and Recreation Therapists bring to their role as part of the institutional environment should be recognized and applauded.

**APPENDIX A**

Senate Joint Resolution 344



LD2046717

**SENATE JOINT RESOLUTION NO. 344**

Offered January 23, 1995

*Requesting the Department for the Aging to study the availability of therapeutic recreation in adult facilities and methods to encourage residents to participate in such activities.*

Patrons—Miller, Y.B., Lambert, Lucas, Marsh and Maxwell; Delegates: Christian, Cunningham, Jones, D.C., Jones, J.C., Melvin, Robinson and Spruill

Referred to the Committee on Rules

WHEREAS, the residents in Virginia's long-term care facilities need to participate in a variety of stimulating activities to maintain both their mental and physical well being; and

WHEREAS, recreational activities can include crafts and solitary games as well as group activities, field trips, educational classes, informative presentations, and mental and physical exercises; and

WHEREAS, recreational activities provide structure to residents' days, provide opportunities for entertainment and social interaction, help maintain muscle tone and physical conditioning, and contribute to their overall well being; and

WHEREAS, therapeutic recreational activities can be tailored to help individual residents improve their mobility, sharpen their memory, increase their social interactions, lift depression, and generally improve their quality of life; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department for the Aging study the availability of and methods used to encourage increased participation by residents of adult facilities in therapeutic recreational activities which can improve their health and well being, provide increased social interaction, and generally improve their quality of life.

The Department for the Aging shall provide staff support for the study. All agencies of the Commonwealth shall provide assistance to the Department upon request.

The Department shall complete its work in time to submit its findings and recommendations to the Governor and the 1996 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for processing legislative documents.

LD2046717

SJ344

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| Passed By The Senate   |                          | The House of Delegates |                                 |
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| Date: _____            |                          | Date: _____            |                                 |
| _____                  | Clerk of the Senate      | _____                  | Clerk of the House of Delegates |





## **APPENDIX B**

### Questionnaire





# COMMONWEALTH of VIRGINIA

THELMA E. BLAND  
COMMISSIONER

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TELEPHONE (804) 225-2271  
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June 8, 1995

Dear Colleague:

The recent session of the Virginia General Assembly passed **Senate Joint Resolution 344** which asks the Department for The Aging to ***study the availability of therapeutic recreation in adult facilities*** (see copy of resolution on other side). The resolution also asks us to report on ways to encourage residents to participate in therapeutic recreation activities. As a first step towards preparing a report for the legislature, we are requesting your help in completing the enclosed survey. It will only take you a few minutes to respond to the ten (10) questions on the enclosed survey form. The information you provide will help us identify long-term care facilities, assisted living facilities, and independent living facilities with existing therapeutic recreation activities. It will also help us to identify barriers to providing these activities and identify methods of encouraging residents to participate in these activities. The information in this survey will only be used in aggregate form. **No individual facility will be identified.**

Your cooperation in providing this data will be appreciated and will provide information critical to the completion of a report which will be forwarded to the legislature this Fall. **Please use the enclosed self-addressed and pre-stamped envelope to return the survey to us by Friday, June 23, 1995.** If necessary, please forward the survey to your director of resident activities, staff recreation therapist, or other appropriate personnel within your facility. *The final report on SJR 344 will be provided to each facility which indicates on the completed survey form that it wishes to receive a copy.*

Thank you in advance for your participation in this survey. Your assistance will help to assure that the final report contains accurate and useful information for the legislature. If you have any questions regarding the completion of this survey, please call Bill Peterson at (804) 225-2803.

Sincerely,

Thelma E. Bland

Enclosures

## THERAPEUTIC RECREATION SURVEY

As you complete this survey, please keep the following definition of therapeutic recreation in mind: *recreational activities, programs, and services which enhance the overall quality of life for institutionalized persons by improving their physical functioning and cognitive abilities. These can include crafts, solitary games, group activities, field trips, educational classes, informative presentations, and mental and physical activities. These activities, programs, and services provide an opportunity for independent choices, enjoyment, self-expression, mental alertness, and socialization.*

1. Does your facility provide therapeutic recreation activities for your residents? Please check either yes or no:

Yes\*  **(please go on to question #2)**

No  **(please skip to question #6)**

*\*Note - If you answered yes, please attach a copy of your therapeutic recreation plan and activities calendar.*

2. Do you provide therapeutic recreation activities as an in-house program or do you refer residents to another facility or agency. Please check in-house or referral:

In-house                       Refer

If you refer, please explain in the space below how this referral works:

3. When are therapeutic recreation activities available? Please check all that apply:

a. During the morning

b. After lunch

c. Both during the morning and afternoon

d. Once a week

e. At least three times a week

f. During the weekend/holidays

g. Other (please specify in space below)

(Please continue on the other side)

4. Please tell us how you encourage residents to participate in therapeutic recreation activities. Please check all that apply:

- a. Monthly calendar \_\_\_\_
- b. Facility newsletter \_\_\_\_
- c. Notice posted on bulletin boards \_\_\_\_
- d. Announcement over public address system \_\_\_\_
- e. Personal, verbal encouragement to residents \_\_\_\_
- f. Other (please specify in space below) \_\_\_\_

5. What do you see as the major barriers to providing therapeutic recreation activities in your facility? Please check all that apply. **When you have finished this question, please skip to question #9**

Cost \_\_\_\_

Regulatory barriers \_\_\_\_ *(Please explain in the space below)*

Lack of need \_\_\_\_

Lack of adequate/trained staff \_\_\_\_

Lack of resident interest \_\_\_\_

Other (please explain in space below) \_\_\_\_

6. If your facility does not offer therapeutic recreation activities, do you have plans to implement a program within the next 12 months? Please answer yes or no:

Yes \_\_\_\_

No \_\_\_\_

(Please continue to the next page)

7. What type of therapeutic recreation activities (art, dance/movement, music, etc.) could benefit the residents of your facility? Please list your ideas in the space below:

8. What would be the barriers to providing therapeutic recreation activities in your facility? Please check all that apply:

Cost \_\_\_\_\_

Regulatory barriers \_\_\_\_\_ *(please explain in the space below)*

Lack of need \_\_\_\_\_

Lack of adequate/trained staff \_\_\_\_\_

Lack of resident interest \_\_\_\_\_

Other (please explain in space below) \_\_\_\_\_

9. What is the type and size of your facility?

TYPE (check all that apply): Long-Term Care Facility \_\_\_\_\_ Number of beds \_\_\_\_\_  
Assisted Living Facility \_\_\_\_\_ Number of beds \_\_\_\_\_  
Independent Living Facility \_\_\_\_\_ Number of beds \_\_\_\_\_

SIZE: Number of full time staff \_\_\_\_\_  
Number of part-time staff \_\_\_\_\_  
Number of volunteers \_\_\_\_\_

(Please continue on the other side)

10. Please use this space to provide us with any comments you may have about therapeutic recreation or the SJR 344 study. Also, use this space to share any innovative recreation programs or activities you have developed or the most popular activities your resident's enjoy (attach additional sheets if needed):

\_\_\_ Check here if you wish to receive a copy of the SJR 344 Report when it is sent to the General Assembly. Please provide us with the name and address of where you would like to have us send a copy of the completed study report -

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

Facility (if appropriate): \_\_\_\_\_

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

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY  
AND FOR SHARING YOUR IDEAS WITH US.**

**Please return this survey by Friday, June 23, 1995**

in the self-addressed and pre-stamped envelop provided  
and return to the Department for the Aging  
700 East Franklin Street, 10th Floor  
Richmond, VA 23219-2327.

**If you have any questions about this survey  
please call Bill Peterson at (804) 225-2803.**





**APPENDIX C**

Certified Activity Professionals  
(Information Provided by the Virginia Association of Activity Professionals)



## **ACTIVITY PROFESSIONALS**

Activity Professionals design activity programs that enable individuals to continue to enjoy the experience of life at their highest practicable level. These pursuits include physical, spiritual, social, intellectual, community and leisure services. These activity services are primarily for geriatric populations and also include populations with special needs in long-term care facilities, retirement housing, adult day-care programs, senior centers, and other settings.

### **Work Activities**

Assessing each client upon admission as to their individual interests, past hobbies, skills, physical and mental status, personal care needs, and functional capabilities

Developing and implementing individualized activity care plans, including goals and methods to achieve these goals

Participating as a member of the Interdisciplinary Care Planning Team

Monitoring and modifying plans of care on an on-going basis

Designing monthly activities that incorporate each client's activity needs; appropriate for the season/holiday; and utilizes community resources

Promoting a positive image of the clients and agency to the community

### **Career Specialists**

Activity Professionals are employed at three (3) levels in the profession.

Activity Assistants assist in carrying out, with supervision, an activity program.

Activity Directors direct, coordinate, supervise an activity program, staff and department.

Activity Consultants meet requirements to be a consultant, trainer, and instructor for an activity program, staff, department, or course work.

### **Work Settings**

Activity Professionals provide services exclusively in geriatric settings. Employment opportunities are numerous in long-term care facilities, retirement communities, adult day-care programs, and senior centers.

### **Special Requirements**

Although it is not required for employment, Activity Professionals who meet educational, experience, and continuing education requirements can qualify for certification by the National Certification Council for Activity Professionals. Requirements for certification may vary depend-

ing upon the hours of college course work and years of experience. Generally, the more college course hours an applicant has, then the less work experience is required.

### **Education Institutions**

Many degrees from a good background for qualifying a person to be an Activity Professional. Academic education must have been taken at an accredited college or university. The National Association of Activity Professionals (NAAP) and The National Certification Council for Activity Professionals (NCCAP) have collaborated in producing two activity education programs. The programs are: a beginning level Basic Education Course and a second level Advance Management Course. Each course requires 90 hours of classroom instruction and 90 hours practicum. The courses are designed to prepare participants to function ethically and effectively in the prevailing health care climate.

For more information:

National Certification Council for Activity Professionals (NCCAP), One Columbus Center, Suite 672A, Virginia Beach, VA 23462, (804) 490-7855

National Association of Activity Professionals (NAAP), 1225 Eye Street, N.W., Suite 300, Washington, DC, 20005, 202-289-0722

Virginia Association of Activity Professionals (VAAP), 513 Suber Drive, Virginia Beach, VA 23452, (804) 340-8795

**APPENDIX D**

**Therapeutic Recreation  
(Information Provided by the Virginia Recreation and Park Society)**

## **Therapeutic Recreation**

Critical to the well-being of the citizens of Virginia residing in adult facilities is the provision of Therapeutic Recreation. The following information gives an overview of this vital therapy and the professionals whose responsibility it is to provide this service.

### **Therapeutic Recreation: A Definition**

The American Therapeutic Recreation Association, a national professional organization representing Certified Therapeutic Recreation Specialists defines Therapeutic recreation as the following:

"Therapeutic Recreation is the provision of treatment services and the provision of recreation services to persons with illnesses or disabling conditions. The primary purpose of treatment services which are often referred to as recreational therapy, are to restore, remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability. The primary purposes of recreation services are to provide recreation resources and opportunities in order to improve health and wellbeing. Therapeutic Recreation is provided by professionals who are trained and certified, registered and/or licensed to provide therapeutic recreation"

Integral to this definition are the principles that Therapeutic Recreation is not simply providing diversional activities, but rather is a medical treatment intended to bring about specific and expected physical and mental improvements. It is also provided by professionals who earn their title through rigorous educational preparation in addition to passing a national examination.

### **How is Therapeutic Recreation provided?**

American Therapeutic Recreation Association Past-President Dr. David Austin describes the work of the recreation therapist as the following:

The recreation therapist will begin his/her work with the client by conducting an assessment of the client's health status, needs and strengths. Next, a plan of action is developed to meet goals and objectives that flow out of the initial assessment. The planned intervention is then implemented, during which time the recreation therapist carefully observes the client's participation. These observations serve as a basis for evaluation of client progress that is documented in the client's record. Modifications are likely to be made in the client's program as changes are noted in the client's performance.

Much like occupational therapy or physical therapy, recreation therapy is the specific treatment designed to bring about improvement in specific areas that will add to the client's wellbeing.

### **What are the benefits of receiving Therapeutic Recreation?**

Professionals providing Therapeutic Recreation will use their training, education, and experience to determine the recreation and leisure activities that will both provide the greatest enjoyment and opportunity for improvement in the clients wellbeing. Along with scientific studies that have determined the efficacy of Therapeutic Recreation, the following are typical benefits clients receive:

|                           |                      |                              |
|---------------------------|----------------------|------------------------------|
| Stress Management         | Social Interaction   | Enhanced Self-Expression     |
| Leisure Awareness         | Interpersonal Skills | Increased Physical Abilities |
| Increased Self-Confidence | Increased Wellness   | Community Integration Skills |

These are just a few of the benefits that may be realized and help to demonstrate why the Council for Accreditation of Rehabilitation Facilities requires that Certified Therapeutic Recreation Specialists be on the staff of its accredited facilities.

### Who may provide Therapeutic Recreation?

Therapeutic recreation is provided by professionals who have earned the title Certified Therapeutic Recreation Specialist, and may use the designation "CTRS" following their name. Virginia currently has over 500 Certified Therapeutic Recreation Specialists who are registered with the National Council for Therapeutic Recreation Certification, the certifying agency for this profession. Only those professionals who have earned the CTRS designation may state that they are specialists who are certified to provide the Therapeutic Recreation opportunities that will aid in realizing the benefits listed above.

### What qualifications are needed to become a Certified Therapeutic Recreation Specialist?

The preparation required to become a Certified Therapeutic Recreation Specialist is rigorous and standardized. Specifically, the CTRS must first complete a Bachelor's Degree in Recreation with a specific emphasis in Therapeutic Recreation. Additionally, the CTRS must complete the following:

- A minimum of three courses specifically addressing an area of Therapeutic Recreation
- A series of allied area courses that must include "Anatomy and Physiology", "Human Growth and Development", "Abnormal Psychology" as well as others.
- An intensive internship under a CTRS for a minimum of ten consecutive weeks and 360 hours.

After this educational preparation is completed the potential CTRS applies to The National Council for Therapeutic Recreation Certification. After the candidate's records are reviewed and approved he/she then must sit for a nationally standardized examination. This difficult examination insures that all professionals who are certified to be therapeutic recreation specialists possess a baseline level of knowledge that will both aid and insure the safety and wellbeing of his/her clients. Unlike other less rigorous certifications, the Certified Therapeutic Recreation Specialist is the only recreation professional in adult care settings whose certification is earned by passing a standardized examination.

### What association represents the Certified Therapeutic Recreation Specialist in Virginia?

The Virginia Recreation and Park Society is the professional association representing 1500 parks and recreation professionals in Virginia. Within this Society a Therapeutic Recreation Section provides continuing education opportunities so that professionals are kept abreast of the most current and effective therapeutic practices. The Virginia Recreation and Park Society may be contacted by calling (804) 730-9447, or writing their central office at 6038 Cold Harbor Road, Mechanicsville, VA 23111.

### How can I insure that my recreation professional is a Certified Therapeutic Recreation Specialist?

The National Council for Therapeutic Recreation Certification will confirm the certification status of any professional. The Council may be reached by calling (914) 947-4346, or writing their central office at P.O. Box 479, Thiells, NY 10984-0479.

