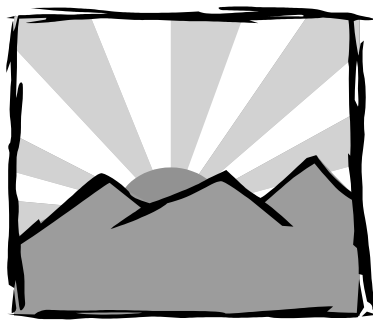


OUR PLACE!

A Comprehensive Program Design



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Community Description

Community Description

Our Place was founded February 1, 2004 and is located in Farmington, Maine. Farmington is a rural community with a mixture of socioeconomic classes and multiple leisure resources. Commercial agencies include Franklin County Children's Task Force, Western Maine Community Action, Abused Women's Advocacy Project, and Kerr House. Transportation services include Western Maine Transportation. Predominant businesses in the community include Wal-Mart, Hannaford's, MBNA, and various small businesses.

The 2000 Census reported the population of Farmington, Maine to be 7,410. Of this 1,091 individuals were 15 and younger; 2,125 are sixteen to twenty-four; 1,591 were twenty-five to forty-four; 1,428 forty-five to sixty-four; and 1,175 are sixty-five and older. Among this population, 97.5% were white. The median household income is \$26,814.

A predominant industry in Farmington is the University of Maine at Farmington, with a student body of 2,000 students. This university provides educational opportunities as well as employment and leisure opportunities. UMF also provides economic support to the remainder of the Farmington Community. Other industries include Franklin Memorial Hospital, MBNA, School Administrative District-9 (SAD-9), Wal-Mart, and various other small businesses.

Leisure resources within the community include University of Maine at Farmington Health and Fitness Center, Kineawatha Park, Bonnie Woods, Flint Woods, Hippach Field, Prescott Fields, Narrow Gauge Cinemas, Abbott Park, a nearby bowling ally, ice skating facilities, tennis courts, a golf course, outdoor and indoor basketball courts, an indoor and outdoor pool, Titcomb Mountain, and Mt. Blue State Park. Also in the area are several restaurants of different types and styles of food. These facilities may be utilized by all age groups. There are forty-two places of worship within the Farmington community with a predominantly Christian base (American Religion Data Archive).

Public transportation in the area is provided by Western Maine Transportation and occasionally the Town Taxi. There is very limited community transportation options in the Farmington Area.

Farmington, Maine experiences four seasons, with a five month winter. The average mean temperature for winter is approximately twenty-three degrees, fifty-one degrees in spring, sixty-five degrees in summer, and in the fall is an average of fifty degrees. During the winter months the average snowfall is sixty to ninety inches. Annual precipitation is forty-two inches (The Maine Guide).

Agency Description

Agency Description

Our Place is a safe place for teens to go to participate in a non-threatening, structured, and substance-free environment located at fifty-one, Marginal Way, Farmington, Maine. The mission of the agency is to compensate for the lack of resources for the teenage population in the Farmington area by providing a large facility offering numerous recreational and leisure activities resulting in social, emotional, physical, and cognitive skills.

Funding for this not-for-profit agency is from donations, fundraising, and grant money. Donations are made from local places of employment, SAD-9, University of Maine at Farmington, and community members. Fundraising is a continual source of income for *Our Place* facilitated by staff and clientele, producing more than just income, but also demonstrating gratification for clientele working together and being active parts in the maintenance of the facility. Grant money is awarded to the agency based on an application process that reviews assessment, evaluation, and budget of the facility. All three directors annually review the budget. Commission on Accreditation of Rehabilitation Facilities accredits *Our Place*.

Our Place provides various programs for the teenage population that it serves such as recreational, leisure, educational, and social activities. The facility has places available for physical activity, sports, games, and exercise; arts and crafts, areas for personal creativity with a variety of materials, and coordination; homework assistance and completion time, study skills, peer support, reading and writing assistance; and opportunities to interact with cohort group and improve social skills.

The administration consists of Therapeutic Recreation Personnel including three directors, one assistant director, a volunteer coordinator, a fundraising coordinator, leaders, assistant leaders, and a magnitude of volunteers. A graphic description is shown on page 4.

Resources available for Therapeutic Recreation purposes within the facility include a spacious, multi-functional gym with various sports equipment, one study area, one craft area, one counseling area, various offices for personnel, a kitchen with eating area, one game room, and one multi-purpose room. The resources available for TR purposes outside of the facility include access to the University of Maine at Farmington's Health and Fitness Center, Narrow Grange Cinemas, a nearby bowling alley, and Titcomb Mountain. The agency also utilizes local parks such as Kineawatha Park, Abbott Park, and Mount Blue State Park; local outdoor sports facilities such as Prescott Fields, ice skating rinks, indoor/outdoor basketball courts, tennis courts, a golf course, an indoor/outdoor pool; and hiking and cleared wooded trails such as Bonnie Woods and Flint Woods. *Our Place* owns and operates three mini-vans that act as a source of transportation for clients to nearby therapeutic recreation facilities and as an emergency vehicle to transport clients to places of residency on an as needed basis.

Organization Chart

Population Description

Population Description

The population being served by this agency is seventh through twelfth grade boys and girls living in the SAD 9 district within the Farmington community. Our Place provides services to all teenagers within the grade range regardless of abilities, disabilities, or economic standings. *Our Place* welcomes all abilities. Individuals are referred to this agency through Department of Human Services, the SAD 9 school system, Western Maine Community Action, and AWAP. Teens can be referred by their doctors, schoolteachers and counselors, parents, and social workers. They can also join themselves. *Our Place* is designed to help teens to gain a positive outlook on their place in their immediate placement in society, families and schools. This positive outlook will also provide a base foundation for their future.

Because this agency is located in a very rural area, it is difficult for teens to find the proper help to help them achieve their educational, academic goals. The distance between their homes and any support systems they might have is a deterrent for them to gain any skills, knowledge they might need to accomplish these goals. As transportation may be an issue for some families, children will be bused to the location from school via the school bus system and will be picked up by a family member at the end of the evening, or depending on circumstances transportation will be provided. No person will be denied due to transportation. *Our Place* believes that any child should have the chance and opportunity to better themselves.

Our Place serves teens with many abilities and disabilities. Some of the disabilities might include: behavioral problems, Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, learning disabilities, physical disabilities, physical abuse, sexual abuse, bipolar disorder, and identity disorder. For a brief description of the afore-mentioned disabilities, refer to Appendix C. Some of the population might be having family problems due to alcohol, drugs, neglect, poverty, and/or homelessness. The problems of the parents will in fact affect these teens and the first thing these teens will need is someone they can count on, trust and believe in.

Clients will be allowed to stay in the program for as long as they need to, providing they fit into the age guidelines. Some may not need the program as long as others. Upon leaving the center, clients will have an exit interview, to which extent, both the director and the client will agree that they have achieved the goals they had set out to do. Clients are encouraged to continue contact for updates and to receive any helpful information they may need. Clients may be asked to volunteer at the center to provide helpful insight to others.

It is estimated that 50-200 teens may be involved in the agency, although they will not all be at the center at the same time. *Our Place* will have groups of 5-15 kids participating in our programs, except when we are having community-based programs for all of them together (1-2 times a month). *Our Place* is gearing its program towards kids 12-18 years of age. The early afternoon will consist of seventh and eighth grades and the late afternoon

will be from ninth to twelfth grade. *Our Place* predicts that most of the youth referred here are from low income families, as they will not have the means to provide these services any other way.

Therapeutic Recreation Program Description

Therapeutic Recreation Program Description

Our Place does not have a specific therapeutic recreation program because the agency is primarily based on therapeutic recreation.

Comprehensive Statement of Purpose

Comprehensive Statement of Purpose

(Living Skills Component)

To have clients acquire the necessary life skills needed to develop and maintain a healthy lifestyle beyond this program and high school.

Comprehensive Program Goals

1. To provide hygiene, nutrition, and cooking skills.
2. To provide clients' with money management skills.
3. To provide an opportunity for social skills development.
4. To prevent substance use and abuse.
5. To provide sexual education on healthy sexual choices and parenting skills.
6. To provide job skills and continuing education sessions.
7. To develop time management skills.
8. To provide first aid classes.

Comprehensive Component Chart

Comprehensive Component Chart

1. To provide hygiene, nutrition, and cooking skills
 - A. Hygiene
 1. Skin Care
 2. Mouth Care
 3. Cleanliness
 4. Hair Care and Hair Styling
 - B. Nutrition and Healthy Eating
 - C. Cooking
 1. Terminology
 2. Meal Preparation
 3. Grocery Shopping
 4. Table Manners
2. To provide clients' with money management skills.
 - A. Checking, Saving, and Balancing
 - B. Spending and Budgeting
3. To provide an opportunity for social skills development.
 - A. Team Building
 - B. Conflict Resolution
 - C. Bullying
 - D. Listening and Communication
 1. Verbal Communication
 2. Proper phone etiquette
4. To prevent substance use and abuse
 - A. Causes and Effects
 - B. Addictions and treatment
 - C. Types of drugs
 - D. Consequences
 1. Legal Issues
 2. Health Risks
5. To provide sexual education on healthy sexual choices and parenting skills
 - A. Sexual Education
 1. Contraception
 2. Sexually Transmitted Infections (STI's)
 3. Healthy choices
 - B. Parenting Skills
 1. Stages of pregnancy
 2. Adoption and foster care
 3. Childcare
 4. Childhood development
6. To provide job skills and continuing education sessions
 - A. Continuing Education
 1. College Visits/ Fairs
 2. Paying for college

3. The application process
4. SAT/SATII/ACT Preparation
- B. Job Skills
 1. Resume and cover letter writing
 2. Filling out applications
 3. The interview process
 - a. what to wear
 - b. how to act
 4. Obtaining references
 5. Responsibilities of having a job
 - a. promptness
 - b. communication
 - c. appropriate dress
7. To develop time management skills
 - A. Scheduling
 1. Using a planner
 2. Looking ahead
 3. Commitments
8. To provide first aid classes.
 - A. First Aid Classes and Red Cross Certification
 - B. CPR classes and Red Cross Certification

Evidence-Based Practices/ Theory-Based Programming

Evidence-based Practices/ Theory-based Programming

The population of teens that *Our Place* serves includes a diverse group of abilities and disabilities. Many of the teens have behavioral disorders and the goal of the agency is to assist these individuals in changing these negative target behaviors by replacing the negative behaviors with positive behaviors. By incorporating a Token Economy Approach, clients can find an incentive to using more positive behaviors with this type of rewards system. In the Token Economy Approach clients will receive tokens periodically throughout the week and when they have earned a set number of tokens, they can receive a large reward or privilege. “These tokens have no real value except that they can be exchanged for tangible reinforcer or privilege reinforcer (e.g. Candy, clothing, trading cards, and television viewing time)” (Wolfe, Dattilo, & Gast, 2003, p. 126). One of the programs that the Token Economy Approach will be applied to is the Physical Fitness Program (games, healthy choices, exercise classes, sports, and coordination) at *Our Place*. For example, during sports, clients will be rewarded with a token if they participate in the activity appropriately, following the game rules, showing sportsman like behavior, being supportive of their team and opposing team, using team work, and having fun while maintaining a safe environment. Tokens will be kept in a box with client’s name on it and at the end of that week, the client can exchange the tokens for a privilege (being team captain during next game) or reward (t-shirt, ball cap, bumper sticker, etc.). In addition to individual tokens, the clients can receive Group Tokens which they earn as a group and can save for some type of group reward (pizza party, dance, trip, movies, etc.). This incentive program will teach clients to use positive instead of negative behaviors, encourage and exhibit the benefits of peer mentoring and working together as a group.

Specific Statement of Purpose

Specific Statement of Purpose

To provide clients' with knowledge of the dangers of drugs, how drugs affect health and thinking, and what is available for people using drugs that want help.

Specific Program Goals

Specific Program Goals

Consequences, Legal Issues, and Health Risks

1. To demonstrate knowledge of legal issues concerning drugs.
2. To demonstrate knowledge of health risks involved with drug use.

Addictions and Treatments

1. To demonstrate an understanding of addictions.
2. To demonstrate an understanding and awareness of the treatment options available for addictions.

Types of Drugs

1. To demonstrate knowledge of different types of drugs.

Specific Program Design

Program and Session One

Specific Program Design: Program One

Program One: Consequences (Legal issues and health risks): To provide client's with knowledge of the consequences of drug use.

Terminal Program Objectives (TPO1): To demonstrate knowledge of legal issues concerning drugs.

Enabling Objectives (EO1): To demonstrate understanding of the difference between legal and illegal drugs (legal drugs- used to alleviate pain or for medical treatment, illegal drugs-used to get high).

Performance Measurement (PM1): After watching informational videos where others are using drugs in different environments and contexts, clients' will be able to distinguish between the (a) illegal drug use and (b) legal drug use.

PM2: Identifying signs or symptoms of illegal drug use in others. Client will participate in educational skits where the client will act out scenarios of illegal drug use and how a person stereotypically acts when using a specific illegal drug. Client will be able to pick out the characteristics of physical symptoms and attitudes that individuals using illegal drugs have.

EO2: To demonstrate understanding of which drugs are illegal.

PM1: Upon completion of the Drug Education Program, clients' will be able to distinguish illegal drugs from photographs and in what environments illegal drug use takes place.

PM2: Clients' will be informed on the various forms that illegal drugs can take and will be able to distinguish illegal drugs in pill, plant, powder or liquid formation when shown photographs or videos displaying illegal drugs.

EO3: To demonstrate knowledge of the penalties that people receive through the justice system if illegal drugs are being used.

PM1: Clients' will be able to list the legal actions taken against drug users ranging from being charged with fines to being arrested.

PM2: Clients' will be able to tell therapeutic recreation specialists what actions should be taken if they see individuals using illegal drugs and who should be contacted for authority figures.

EO4: To demonstrate understanding of paraphernalia and consequences of owning paraphernalia.

PM1: After seeing photographs, videos, and actual paraphernalia, clients' will be able to distinguish paraphernalia and non-paraphernalia.

PM2: Clients' will be able to distinguish how everyday objects are misused as paraphernalia and what objects are signs of illegal drug use.

TPO2: To demonstrate knowledge of health risks involved with drug use.

EO1: To demonstrate understanding of what drugs do to certain locations in the body.

PM1: By using anatomical diagrams, clients' will be able to pinpoint the location of damage that occurs to specific parts of the body and how the damage can be debilitating to everyday life activities.

PM2: When shown a combination of people suffering from natural health problems and health problems associated with illegal drug use, clients' will be able to determine which person is which as judged appropriately by a therapeutic recreation specialist.

EO2: To demonstrate understanding of how drugs can impair judgment and be harmful to health.

PM1: Clients' will be able to pick out situations where judgment could be impaired for an individual using illegal drugs and cause negative outcomes such as using illegal drugs while, performing at a job, completing schoolwork, or operating machinery.

PM2: Clients' will be shown the harmful affects that have actually occurred to persons who use illegal drugs due to impaired judgment and be able to list how these harmful affects could have been prevented.

Program Length and Duration:

This program is designed for 3 sessions, each lasting 50 minutes long and scheduled three a week for one business week. A program period fewer than 3 sessions would not provide sufficient education for the clients and would be too brief to cover all aspects of the illegal use of drugs and the consequences to health and legal issues that occur as a result of drug use.

Population:

This program is intended for a population of children in grades seven through twelve and designed for a group of 10-20 individuals of any physical, emotional, or cognitive ability. Although this program is intended for adolescence involved with *Our Place*, it can be equally beneficial to adults.

Staff:

One professional staff member is needed for every 10 clients. The professional(s) leading the program must have knowledge illegal drugs, the health risk it poses, the laws covering illegal drugs and their use, and the ability to maintain the groups attention by using activities that involve client participation and a variety of teaching techniques.

Facility:

A quiet room, with plenty of seating, enough floor space for participants to walk around or act out skits, a projection screen or television with VCR to show information films or clips and the ability to dim lights when viewing films or clips.

Equipment:

Paper, pencils and/or pens

Information handouts (diagrams, photographs, activity worksheets)
Television
VCR and/or DVD player

Special Considerations:

Confidentiality is very important to the mission of our agency. Anything that is disclosed will be kept confidential. Clients will be informed that any information they share, stays in the room.

Leadership Considerations:

The leader of the program needs to have a clear knowledge of the subject and understand a safe as well as interesting way of displaying the information. Leaders can utilize other resources such as guest speakers that have experience in the subject such as law enforcer, drug rehabilitation professional, and even a person who has gone through a drug addiction that can tell his/her story. Utilizing adolescence speakers that are close to clients' age can be more effective in relaying information about drugs in a manner that the clients' can relate to.

Variations for Disabilities:

The materials used to display information can be modified into contrasting colors, larger print, and/or raised print (Braille). If possible, materials can be brought in for clients' to see, feel, hold and/or smell. Videos will be equipped with closed caption and headphones with enhanced volume available for clients' that need to utilize these modifications.

Session 1 Pre-program:

Prior to the session, the activity leader will set up chairs in a horse-shoe formation as well as assembling the necessary equipment for that day's session. Equipment will include a TV and VCR, photographs and charts, and an easel with paper suitable for writing and listing items brought up in a discussion. Markers and other writing utensils will also be needed. The activity leader will then brief the participating staff on that day's topics, goals, and performance measures. (Fifteen Minutes)

Session 1 Program:

Once clients have arrived and are seated in the horseshoe arrangement of chairs, the activity leader will begin by presenting that day's topic of Legal Issues Concerning Drugs. A video will then be played concerning the use of drugs in different contexts. This video will also discuss the signs and symptoms of drug use clients should be able to recognize in others. Upon completion of the video, the activity leader will begin a discussion of both legal drugs used illegally and illegal drugs. Clients should be able to demonstrate their knowledge of the difference between illegal and legal drug use and the signs and symptoms of such use.

After watching the previous video and discussing it, clients will be shown photographs of illegal drugs. A law enforcement officer will be invited to attend this session and at this time show a case in which are displays of illegal drugs. This will enable clients to see the "real thing" so as to be able to recognize an illegal drug if encountering it in a future

context. The law enforcement officer will also discuss the different forms that each drug may take. (i.e. the fact that cocaine may be smoked or appear in a liquefied form to be injected into an individual's veins).

Upon completion of viewing the displays and photographs, the law enforcement officer will be asked to proceed into a discussion of legal implications of being caught using or in possession of drugs. Clients will be asked to demonstrate their understanding by participating in a discussion/question and answer session.

Clients will be given a fifteen minute break at this point.

Upon returning from break, the clients will be asked to split into groups of three to five individuals. They will then be asked to develop a two minute skit concerning a topic discussed that day. Each group will be asked to perform their skit after fifteen minutes of preparation time given to planning the skit. The remaining groups will be asked to watch each of the other skits. Discussions will be held following the completion of each skit.

(Forty-five Minutes)

Session 1 Post-program: At the end of the session, the activity leader will thank the law enforcement officer and ask the clients to return to the horseshoe formation. He or she will then ask the clients which part of the day they enjoyed the most, which was their least favorite, and from which segment they learned the most. Clients will also be asked if in the future they should come into contact with any drugs, how they felt it would be best to act. Although the activity leader will have these questions in mind, it may not be necessary to ask any or all of them. In conjunction with the philosophy of *Our Place*, the activity leader must be willing to address all client concerns and questions. If clients are leading the discussion in a different direction, it will be the client direction addressed *not* the activity leader's original plan. (Fifteen Minutes)

Specific Program Design

Program and Session Two

Specific Program Design: Program Two

Program Two: Addictions and Treatments: To provide clients with information about addictions and treatments available to addictions.

TPO1: To demonstrate an understanding of addictions.

EO1: Clients will be able to define an addiction.

PM1: Clients will be shown a video on addictions showing other teenagers with addictions. From this, they will gain an ability to recognize addictions.

PM2: Clients will be given the opportunity to discuss addictions, what they feel about them, and what they feel should be done to help other teens with addiction problems.

EO2: Clients will demonstrate an understanding of the signs of an addiction.

PM1: Clients will be given the opportunity to meet survivors of addictions. Question and answer sessions will be provided for clients to talk to addiction survivors.

PM2: Clients will be asked to create a poster, write a poem or story, or do something of their choosing, to demonstrate their understanding of the symptoms of addictions.

TPO2: To demonstrate an understanding and awareness of the treatment options available for addictions.

EO1: Clients will be able to define treatment.

PM1: A video about the treatments of addictions will be shown, followed by a discussion of what was viewed.

EO2: Clients will be introduced to different treatment options.

PM1: Treatment providers will be asked to come and speak to clients about the treatment options they and their programs offer.

PM2: Clients will be given the opportunities to speak with AA members, LCSWs, psychologists, and other helping professionals and ask them questions about treating addictions to substances.

Number and Frequency of Sessions:

There will be four sessions, one per enabling objective. Sessions will be held once a week for four weeks each lasting for approximately forty-five minutes to an hour depending on the interest of participants.

Number of Participants

Participants will range in number. There is no set minimum or maximum. However many students are in attendance for the day at *Our Place* will be the number of participants in each session. Regardless of the number of students there, staff will maintain a client to staff ratio of 1 staff person for every 8 clients.

Description of Staff

There will be at least one activity leader who will be in charge of the presentation and will be responsible for facilitating each of the PM's. In addition to the activity leader facilitating activities, there will be assistant leaders and volunteers as needed.

Facilities, Equipment, and Supplies

These sessions will occur in a classroom type setting where there is comfortable seating available. Equipment needed will vary for each session and will include videos, TV and VCR, handouts, speakers, easels with paper, and any other materials that are needed and determined at a later date. Supplies will include paper, markers, collage supplies, and markers.

Special Considerations and Precautions

The discussions contained within this unit may stir strong emotional responses from some clients. Counseling services will be made available to these clients. Participants will be encouraged to share their feelings either with the group or with another staff member on a one-on-one basis depending on their comfort level. Information should be presented in an understandable method so that clients will not become overly confused. Each participant will be reminded at the beginning of each session that whatever feelings come up for them during presentations is perfectly okay and they are entitled to their feelings. It should be stressed at the beginning of each session that clients should not keep feelings bottled up and should seek whatever support they need to be able to deal with the feelings they have.

Leadership Considerations

The facilitators of these sessions should be chosen based on knowledge of addictions and treatments. Facilitators may either be activity leaders, volunteers, or instructors. Under no circumstance will an assistant leader be left alone with clients or be put in a position where they must assume full responsibility for the instruction of clients. The individual should be able to present without bias and should not at any time promote the use of substances as a means to "fix" anything. Self-disclosure should be kept to a minimum, but may be utilized when deemed necessary by the activity leader.

Variations for Different Disabilities

These sessions will be open for all individuals regardless of ability level. When needed, adjustments to presentations will be made. Adaptations needed by participants will be accommodated to the best of the abilities of the presenters and the facility. Should an adaptation hinder the progression through the goals of the rest of the group, the adaptation will be reassessed to ensure that all participants receive the best benefit possible.

Variations for Content

If a client brings up an issue they feel needs to be addressed and requires deviation from the pre-set curriculum, this will be taken into account and the activity leader will conference with other staff and the three directors to determine the best course to be taken. Client concerns will be covered as much as possible.

Session 2 Pre-Program:

Staff will need to prepare for the program by executing the following procedures: prepare a lesson plan, gather necessary materials, and decide the length of each section of the lesson. The lesson plan will be composed of the step-by-step instructions so that the session can be easily performed and understood by more than just one staff member. The materials necessary for this session include: anatomical figures or diagrams, literature with photographs, TV/VCR, a soda bottle, cigarette, lighter, and a coffee filter. Each section should run no longer than 10 minutes and there will be 5 sections included in the session concerning knowledge of health risks involved with drug use.

Session 2 Program:

Staff member will do a brief introduction with the clients concerning the topic of the session, and then ask the clients what they know. This will be outlined below and will last only 10 minutes.

Introduction

The topic of this session is Health Risks Involved with Illegal Drug Use. In this session you will be taught some of the symptoms that are experienced by individuals who use drugs. Symptoms often include health problems and can be picked out if you know what to look for. An example of a health problem experienced by people who smoke is that they usually develop a dry cough. Do any of you know some of the health problems people have when they use drugs?

Approximately 2 minutes.

Discussion: Staff members will then ask clients to explain some of the health problems that they already know as an introduction. Clients will have a discussion guided by the staff member.

Approximately 5 minutes.

Clients will be shown a short movie that shows scenarios of people using drugs and some of the health problems that these people suffer from. The video will show the effects of withdrawal (shivers, sweats, overall body pain, etc.) from drug use, coughing from smoking, nose bleeding from snorting drugs, infections caused by unsanitary use of hypothermic needles as well as other health problems associated with drug use.

Movie

Approximately 10 minutes.

Staff members will then bring out an anatomical model exposing the organs of the human body. Incorporating the clients in the activity, staff members will list some of the organs that are affected by certain drugs. The plastic organs will then be passed around to each client in order for the clients to gain a better understanding of what healthy organs look like.

Anatomical Model

Here is a plastic model of the human body and the organs of the body. I will name an organ, pull it from the model and ask you what drugs you believe damage these organs and the kind of damage that occurs. For example, here is the lung (staff member pulls out the model's lung). Smoking damages the lungs because smoke is inhaled into the lung. The kind of damage that occurs when people smoke include a build up of tar, a chemical in cigarettes, that causes the lungs to turn and unhealthy black. (Staff member proceeds to pull other organs from the model and begins the activity).

Approximately 10 minutes.

Following the anatomical model and the discussion of the damages that occur to organs when drugs are used, staff members will pass around photographs of healthy and organs damaged by drug use (organs include, lungs, throat, kidney, and the brain). Photographs of damages to locations of the body in addition to organs will also be shown (locations of the body that may experience damage include but are not limited to, mouth, nose, arms, and veins)

Photographs

Now that we have seen and know what organs are affected by drug use, I would like to show you actual photographs of healthy and damaged organs and other locations of the body. These photographs can be difficult to look at because of the severe damage that drug use has caused, so if you feel uncomfortable looking at the photos, you may pass them to the next person. I encourage you to at least briefly look at the damage that can occur to your body if you take the risk in using drugs. (Staff member will now pass around photos making sure to tell the clients what each photograph shows)

Approximately 10 minutes.

To end the session, staff members will escort clients outside to demonstrate the effects of smoking (a cigarette will be used, but this can be simulated for drugs that are smoked) on the human lung. A device will be used that is created with a soda bottle, coffee filter, lighter, and a cigarette. The soda bottle with a small hole in the bottom, will represent the lung, the coffee filter will be placed over the opening to the bottle and the cap will be screwed over the coffee filter. The bottle cap will have a hole in the middle of it, which can be drilled in by an adult prior to the session. A lit cigarette will be placed filter side into the hole in the bottle cap. The staff member will stand a distance away from the clients so that smoke will not bother them, and while hold the bottle parallel to the ground (horizontally), the staff member will squeeze the bottle and release while still holding the bottle horizontally. This action represents how the human lung operates when a person smokes. When the staff member releases the bottle, smoke will be sucked through the coffee filter and into the bottle. The staff member will continue to press and release the soda bottle until the entire cigarette is "smoked". After the cigarette has properly been put out and discarded, the staff member will unscrew the bottle cap to reveal the coffee filter. The filter will be darkened in the location that the smoke went through, and will represent what is left behind after a cigarette is smoked.

Smoking simulation

We are now going to go outside and use this device I have created (staff member will hold up bottle “lung”) and smoke a cigarette with it. This bottle represents a human lung and will show us what a cigarette will leave behind in a person’s lung when it is smoked. Although I am using a cigarette, this can represent other drugs that people smoke. (Clients and staff go outside)

I am going to place a lit cigarette into this bottle and “smoke” this cigarette. (Simulation takes a few minutes for the “lung” to “smoke” the cigarette. Once the cigarette is smoked, staff will properly discard the cigarette).

I will now show you how the smoke and the chemicals in the smoke have affected my lung. Here is the coffee filter. Look at the dark brown color left on the filter. This residue is left on a person’s lung when they smoke. This is just from one cigarette. Imagine what hundreds and hundreds of cigarettes do to a person’s lungs? (Staff member will pass around coffee filter so that every client can look at the color).

Approximately 5 minutes.

Session 2 Post Program:

Staff members will escort clients back inside and have the clients sit in a circle on the floor. The closing will be a time to express any thoughts or feelings that the clients may have concerning the session.

Closing

So how do you all feel now about drugs? Did you learn anything new today? This is a time to share your thoughts and feelings. I would like to quickly go around the circle and ask each one of you to say either one thing that you learn today or one thing that liked or disliked about our session today.

Approximately 8 minutes.

The total amount of time for this entire session is approximately 50 minutes.

During the post program, staff members and clients will gather all the materials used in the session and together, put all the materials away in a storage location. By involving the clients in the clean-up, clients will feel a sense of importance and responsibility.

Specific Program Design

Program and Session Three

Specific Program Design: Program Three

Program Three: Types of drugs: to provide clients with knowledge of types of drugs and their side effects.

TPO1: to demonstrate knowledge of different types of drugs

EO1: to demonstrate the different types of street drugs (illegal drugs)

PM1: after seeing a demonstration from local drug enforcers, clients will be able to visibly tell the difference between legal and illegal drugs.

PM2: after watching videos, clients will be able to understand street talk on selling and buying drugs.

EO2: to demonstrate the different classes of drugs and what effects they have.

PM1: after a presentation on the types of drugs (sedatives, stimulants, hallucinogens, painkillers), clients will then be given a quiz on the various types and what the side effects are.

PM2: after learning the legal status of these drugs, clients will be able to understand how drugs are obtained, whether they are purchased through a prescription, if they are bought over the counter or illegally.

EO3: to demonstrate the social stigma that comes with the use of drugs

PM1: after listening to people who have experienced drugs, clients will be provided the opportunity to ask questions about the particular drugs that were being abused.

PM2: after watching a skit about people who use drugs, clients will be able to understand how people perceive individuals who have abused drugs.

Program length and duration:

This program will be run for 3 weeks, each lasting 1 hour long. It will be scheduled for 2 times a week. It is important for the clients to be able to have memorable informational sessions in order to obtain the information needed to make a lasting impression on them. It will be beneficial for them to have 6 sessions over a period of time, rather than having fewer sessions lasting longer. This will give them the opportunity to absorb the information between sessions.

Population:

This program is for all of the clients at Our Place, which are grades seven through twelve. The group size will be between 10 - 20 participants. Also, it will be equally beneficial for adults as they will be able to learn about any warning signs along with the types and effects of drugs being abused.

Staff:

One professional staff per 10 clients will be utilized. Also, one assistant leader per group, to help with behavior control. The professional speakers that will be present will be: drug

enforcer, police officer, pharmacist, and performers recognized for their expertise on the subject to perform the plays, skits.

Facility:

We will use our Recreation Hall for the presentations, while also taking a field trip to the police department for the actual viewing of some of the drugs being explained. Also needed will be:

- sound system
- TV
- VCR
- brochures, handouts
- paper, pencil for notes and quizzes

Accommodations needed:

Depending on our clientele at the particular time, we will make appropriate accommodations such as, sign language interpreter, closed caption, volume controlled devices.

Session 3: Judgment Day Program

A program that demonstrates how drugs can impair judgment and how they are harmful.

Pre-program:

Responsibilities of:

Director-

Schedule an appointment with the local drug officer to come in and give a presentation on the different kinds of drugs being used in the area. This presentation will be a combination of videos, seeing the actual drugs and the different forms they come in.

Schedule an appointment with a local physician to explain how these drugs affect the body.

Assistant leader-

Schedule appointments with people that have been affected by drug use.

There will be five different people who will come and speak at the program. One parent, one friend of a drug user and three individuals who will tell their story about drug abuse and how they overcame their abuse.

Schedule a room at Our Place for the program to take place.

Make up posters to encourage attendance.

Make up permission slips for guardians/parents to sign.

Buy gift certificates, movie passes, and other small prizes to give out as rewards.

Purchase light refreshments/drinks to have for intermission times.

Tuesday

4 pm-presentation from Drug Officer 40 minutes

4:40 pm-presentation from Physician 40 minutes

5:20 pm-game of Jeopardy 35 minutes

5:55 pm-open for discussion

Thursday

4 pm-panel of speakers 1:20 minutes

5:25pm-short test 15 minutes

5:40pm-open discussion on program 20 minutes

Certificates/prized awarded

Session 3 Program:

The program will be held on Tuesday and Thursday for 2 hours each day starting at 4 pm-6 pm. On Tuesday, a drug officer will come and give a presentation on the different types of drugs being used in the area. He/she will bring the actual drugs in a show case to provide a visual example of what the drugs look like and what forms they come in. Also, the paraphernalia that is used with the drugs. After this presentation, it will be opened up for discussion and questions. This will last for approximately 40 minutes. Next a physician will give a presentation on how these drugs affect the body, what happens to an individual while taking these drugs. He/she will explain in detail what the body/mind goes through while under the influence. This too will be opened up for discussion and questions. This segment will last for approximately 40 minutes. After both presentations we will play jeopardy. This game will simulate the game of jeopardy. The questions will correspond with the information that they have just learned from the two presentations. We will break the group up into two teams. We will have a score keeper and the assistant leader will be the judge. The team with the most correct answers will win movie passes. The other team will be able to pick out a smaller prize also, to create a positive outcome for giving the correct answers. This game will be played for 35 minutes. The last 5 minutes will be available for any questions anyone might have to clarify anything they have learned during the program.

Thursday-will be devoted to listening to individuals that have had drug abuse/use touch their lives in some way. There will be a panel of speakers each talking for 15-20 minutes. There is a parent of a drug user, a friend of a drug abuser who almost lost their life, and three individuals who have actually abused drugs and have overcome their addictions. They will talk about how the drugs they took impaired their judgments in their jobs, school, and how it effected their ability to make decisions while driving vehicles. They will talk about how others treat them now and how they were treated while using drugs, lifestyles and how they came to the decision to stop using.

After this the participants will be able to wear goggles that simulate alcohol use. They will be assigned tasks to complete while wearing these so that they will get an idea of how alcohol slows down their reaction time to make quick decisions.

Session 3 Post Program:

In the last 15-20 minutes, there will be a short test on all of the issues that have been presented. Certificates will be awarded for all that attended. Awards will be presented to all passing their test. We will have a circle discussion on what their thoughts and feelings were on the program and will have a small questionnaire for them to fill out to rate the program. We will use this for further adjustments for future programs.

Continuous Quality Improvement (CQI)

Continuous Quality Improvement (CQI)

Assignment of Responsibility

The three directors will be responsible for implementing the CQI. Full time paid staff including the two counselors, one assistant director, the volunteer and fundraising coordinator, and the special recreation manager. Their responsibilities will include assisting in the implementation of the CQI under the supervision of the three directors.

Delineation of Scope of Care

To have clients acquire the necessary life skills needed to develop and maintain a healthy lifestyle beyond this program and high school (Living Skills Component). Clients will be encouraged to evaluate situations and make good choices.

The purpose of the CQI program for *Our Place* is to ensure quality of care for our clients, making sure that our clients are reaching their goals determined by their timely assessments given by initial involvement with the agency and throughout their participation.

Identification of Important Aspects/Elements of Care

Two important aspects of care are uniform assessment of clients (efficient) and the token economy/ point system (effective). Twice a year (January and July) files will be pulled for fifteen percent of the total client number. Using the randomly chosen files, staff members will meet and assess the quality of client care and quality of the records kept. Necessary actions to correct problems will be taken at this time. Staff will decide what other actions are needed to be taken.

Identification of Indicators and Establishment of Criteria or Thresholds for Evaluation

1. Uniform Assessments:

Clients will receive an initial assessment upon entrance to the program no later than forty-eight hours of admission. Once in the program, clients will be receive monthly evaluations to determine progress as well as evaluations upon completion based upon predetermined goals.

2. Token Economy/Point System:

Upon completion of predetermined goals, clients will be given points or tokens. Tokens may be used for special awards and privileges. The point system is used to give them a positive outlook on the progress of meeting their goals.

Collection and Organization of Data

All three directors will ultimately be responsible for both collection of information, analysis, and dispersal to appropriate individuals. Evaluations

of staff, a sample of the client population (approximately 15%), and program evaluations will be conducted twice a year, once in January and once in July. However, if it is found that a program is not working that program will be evaluated immediately and documented. Any changes that are needed will be made after discussion with all staff members except the assistant leaders usually done in a staff meeting

Evaluation of Care

The data collected at *Our Place* will be used to measure the quality of services provided to the clients. During this evaluation special consideration will be given to whether staff and clients are meeting their goals. If it is found that clients and staff are not meeting their goals, changes will be made accordingly. All of information collected is carefully documented and filed for future reference. Files will be kept for up to a period of seven years.

Taking Action

N/A

Assessment of the Effectiveness of Actions

For actions taken to change aspects of *Our Place*, these will be constantly monitored to determine effectiveness. If determined that these actions are effective, they will be continually implemented into the original care plan. There may be slight alterations for continual improvement. If actions are ineffective, programs will be continually modified until a successful threshold has been reached. If no successful threshold is reachable, directors will investigate to determine whether a new approach may be made or discontinuation is determined to be the most effective.

Communication of Information

Staff meetings will be held weekly for dispersal of applicable information including reports, concerns, and information found in data analysis. All staff except for assistant leaders will be present at these meetings and will obtain a copy of all reports necessary. Final reports will include staff evaluations, programs offered, number of clients, number of staff, fundraising amount, the success ratio of clients, number of volunteers, significant changes made, and significant changes needed. Also included will be a list of successful programs as determined by agency staff.

Assessment Plan

Assessment Plan

Our Place will have close contact with school counselors, doctors, parents or guardians, employers ONLY upon permission with our clients and if clients are under the age of 18 years old, with parental consent. This program is designed to be a safe place for teens to go to for support for their needs. Baseline information such as prior services, counseling, programs, and behavioral plans previously utilized will be obtained upon entering the program. It will then be determined by the director and client which programs are needed for the clients' best interest. Based on the results from information gathered upon introduction interview, it will then be determined what programs are needed for successful outcome for the client and the agency.

Assessment/personal information will include:

- Client name
- Client age
- Client living arrangements
- Client education
- Client needs
- Any prior counseling

A program will then be put into place and will be signed by both client and director. Depending on needs, a date will be determined for completion. As clients needs are met or have changed, the planned program will be completed or changed to benefit the client.

Program Content	Assessment Content
Homework Club	Keeping track of their grades, assignments. Tutors available to help with this
Physical Fitness	Charts to help them achieve their goals for a healthy lifestyle
Living Skills (cooking ,nutrition, parenting, hygiene, sex ed.)	Provide achievement charts for successfully achieving these goals
Job Skills-Money Management	Successful completion of mini classes (resume, applications, banking) certificates
Continuing Education	College fairs, visits, application process completed
Counseling - on site	Upon request-counselor will have confidential records
Workshops to attend to learn skills, crafts, etc.	Certificates upon attending
Substance Abuse	Working with counselor, attendance requirements
Assistant Leaders	Providing help to other clients based on their experience

While a client may not need all of these services, the decision will be made between the client, directors and/or doctor, teacher, school counselor as how to match up client with client needs from our program. Our purpose for this is to have specific goals to reach to help integrate clients into a healthy atmosphere where they will have learned how to make

good decisions. The ability to make good life decisions will help them in all aspects of their lives and will follow them forever.

This assessment will be based on positive outcome only. The objective is to keep them motivated to continue their program to the end. We will keep all results in a positive context to promote awareness of self worth for our client. The assessment will be based on a point system and will be decided by 2 directors and one leader. This will promote fair scoring and will not be a biased score. By having 3 scores, this will be a fair and justly assessment for our client.

1	2	3	4	5
Needs to keep up the good work	Has obtained some skills, needs to keep working at it	Has knowledge of skill, need more experience	Has experience needed for completion, needs to test out	Completed successfully

Appendix A

Appendix A

Climate

Average annual precipitation is 42 inches

Average snowfall is 60 to 90 inches

First fall frost in mid-September

Growing season is about 120 days

Last spring frost in late May

Temperatures range from an average of 17 degrees in January to 67.8 degrees in July

(Summer temperatures may reach 90 degrees.)

Cultural Attractions

Cutler Memorial and other public libraries

Dead River Area Historical Society

Farmington Historical Society and other groups dedicated to history

Foothills Arts Center

Kingfield Historical House

Logging Museum

Mainely Critters Museum

New Sharon Historical Society Museum

Nordica Homestead and Museum

Nor'lands Living History Center, a year-round working living history farm

Phillips Historical Society

Rangeley Lakes Region Historical Society

Sandy River Railroad Park

Stanley Museum

UMF Art Gallery

Weld Historical Society

Wilton Farm and Home Museum

Wilhelm Reich Museum

Educational Opportunities

University of Maine at Farmington, a liberal arts college offering quality programs in teacher education, human services, and arts and sciences with a personal touch

Broadway School of Dance

Calvary Hill Baptist Christian School

Carrabassett Valley Academy

Dance Workshop of Farmington

Everyone's Resource Depot

Farmington Martial Arts Academy

Farmington Recreation Department

Jay Schools
SAD 9 Adult and Community Education
SAD 58 - Kingfield, Avon, Eustis, Phillips, Strong
School Administrative District (SAD) 9 - Farmington, Chesterville, Industry, New
Seventh-Day Adventist School
Sharon, New Vineyard, Temple, Vienna, Weld, Wilton
Titcomb Mountain
Troll Valley Ski and Fitness Center
Upward Bound
University of Maine Cooperative Extension service
UMF Summer and Saturday Express
UMF Health and Fitness Center
Wilton Early Childhood Center

Events

Children's Festival
Chester Greenwood Day
Common Ground Fair
Franklin County Fair
Independence Day fireworks
Leaf Peepers Festival
Maine Maple Sunday
New Sharon Freedom Festival |
Nor'lands Heritage Days
Phillips Old Home Days
Wilton Blueberry Festival

Media

The Franklin Journal
The Livermore Falls Advertiser
The Sun-Journal
The Sentinel
WKTJ Radio

Recreation

Wilson Lake Country Club and Golf Course Ski areas:

Lost Valley
Saddleback
Sugarloaf USA
Sunday River
Titcomb Mountain
Troll Valley

Kineowatha Park Farmington Recreation Department:

Abbott Park
Baseball
Canoeing
Castlemania Playground
Clearwater Lake Public Beach
Community center gym, courts, weight room
Fishing
Fitness trail, Franklin Memorial Hospital
Hippach Field
Hunting
Ice skating
Livermore Falls Skating Center
Maple Avenue Field
Meeting House Park
Meadow Lanes Bowling
Mount Blue Pond
Mount Blue State Park
Mountain biking
Nor' 40 Campground
Parks
Philbrick Park
Playground
Rangeley Golf Course
Rangeley Lake
Sandy River
Sledding/sliding/tobogganing
Snorkel camp
Snowboarding
Snowmobiling
Soccer
Softball
Swim programs
The Bonnie Woods
Trail hiking

Tennis
Twin Pond Campground
UMF Health and Fitness Center
Volleyball
Walton's Mill Pond
Youth self defense
Zeb's Beaver Bog

Services and Organizations

Adult Protective Services

Franklin Memorial Hospital, a voluntary, secular, not-for-profit, acute-care, community general hospital fully accredited to handle a broad range of medical situations employs over 400 and offers 70 beds. FMH serves as a clinical and medical training site for rural community hospital experience

SAD 9

Western Maine Community Action Council

Healthy Community Coalition

United Way of the Tri-Valley Area

Literacy Volunteers of Franklin County

Franklin County Literacy Coalition

University of Maine Cooperative Extension

Franklin County Community Action Council

Western Area Agency on Aging

Western Maine Community Partnership

Children's Task Force

Franklin County Child Development Services

Maine Coalition for Safe Kids

Mountain Valley Training

WEET-ASPIRE, Educational Employment & Training Program

University Industries Program

Center for Human Development Career Planning and Counseling Center

Sandy River Rehabilitation Center

Sustain Western Maine

Farmington Grange 12

Western Mountains Alliance

Appendix B

Appendix B

Initial Assessment Plan

Date_____

Name_____

Address _____

Phone_____

Emergency Contact Person_____

Phone_____

Age_____

Living arrangements_____

School_____

Grade_____

Any prior related services (e.g. counseling)_____

Client needs (social, emotional, cognitive, physical, and behavioral) as reported by the client and collateral information:

Appendix C

Appendix C

Disability Classifications

Learning Disorders:

When individuals demonstrate abilities below the level that would be expected given their age and grade level in school based upon an arbitrary gap, they may be diagnosed with this mental disorder which should be further specified according to the particular academic function affected: Mathematics Disorder | Reading Disorder | Disorder of Written Expression.

Bipolar Disorder:

Manic depressive or **bipolar** Mood Disorders are characterized by dramatic "mood swings" or episodes of Mania, Hypomania, or Major Depression.

Attention Deficit Hyperactivity Disorder:

When problems with attention, hyperactivity, and impulsiveness develop in childhood and persist, in some cases into adulthood, this mental disorder may be diagnosed.

Diagnostic criteria for Attention-Deficit/Hyperactivity Disorder

A. Either (1) or (2):

(1) *inattention*: six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- (b) often has difficulty sustaining attention in tasks or play activities
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
- (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

(2) *hyperactivity-impulsivity*: six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining seated is

expected

- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) is often "on the go" or often acts as if "driven by a motor"
- (f) often talks excessively

Impulsivity

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorders, or a Personality Disorder).

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Closing

Closing

This project provided challenges beyond what many classes have presented thus far in my educational career. To be a truly qualified professional of anything, it is imperative that background and training be of the utmost quality. Students should be challenged to try new things and push themselves beyond what was thought to be possible.

Writing a CPD was something that I had never heard of, let alone thought of writing before! There were many pieces that posed challenges and frustration. I would not like to make a living putting these together, however I do like to try new things. Expanding my horizons has always been something important to me.

Although I do not plan on going into the therapeutic recreation field, I have found that this project has many applications to things outside of TR. It is never really possible for individuals to know what types of projects will be thrown at them on the job. As a social worker, it might be possible for something similar to this to come up. CPD often are used to provide proof that a grant will benefit a group of people in the manner proposed. Thus, regardless of profession chosen this is an important skill to have.

Putting this project together in a group was definitely helpful. Although there are many people who do this on a daily basis alone, this would have promised too much work for a student to tackle alone for the first time. Having other ideas and opinions worked out very well. We were able to come up with better phrasing and ideas collectively than would have been possible had we worked alone.

I found this project to be incredibly repetitive. Many sections asked for the same information over and over again. Once the information is written once, it would seem easier to just refer to an earlier section rather than having to deal with reading the same information over and over and over again. Along with the repetitiveness of the sections, there were some that provided a great deal of confusion as they were not explained clearly anywhere.

On the whole, the positive aspects of this experience outweighed the negatives. This is a worthwhile experience that all helping professionals should at least have some experience with. Sometimes frustration may serve as a motivator. Some of the greatest ideas have come out of frustration. (Ashley)

By compiling all of the necessary information to complete this project, I have realized how much dedication, energy, and time is required in designing a therapeutic recreation program. Thankfully I was paired with extremely committed group members who took extra time out of their schedules to brainstorm and finalize this program. Without teamwork and additional opinion, I believe that this TR program would not have been written with a smooth design that would be realistic to the population and goals that were targeted. This program design gave me an inside look at how actual curriculums are devised and how much time is needed to create a well-rounded program. When planning a TR program, every aspect needs to be taken into consideration. From staffing to determining the procedures to assess the agency's effectiveness, every small detail was covered. My group was able to create a TR program using leisure education to promote healthy life style choices for a specific population and process how it would operate as if it were truly to exist. (Kaitlyn)

Wow-what a project! There are a lot of words that I can come up with to describe this project-in the beginning, probably not very nice words, but after working on it for many hours, and understanding what it is for, I realized that it is a very helpful, useful tool for any client based program. I have learned that there are a lot of things that I have never thought about in an agency that helps people. I have learned that there are very many components to think of when helping others. In order to have a successful agency to flourish and thrive, one has to think ahead of any and all aspects of the particular business. We needed to know our agency inside and out right down to the smallest microscopic detail or running it. I have never done anything like this before so it was a huge learning experience for me. I know that it will be very beneficial to me in the future. Now that we have completed this first phase, I am eager to work through the rest of this semester. (Olivia)