

Aubrey Mansfield  
Intervention Protocol

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**Program Title:** Developing Me and My Relationships

**General Purpose:**

The Developing Me and My Relationships Program is designed to assist patients in exploring their self-concept as it relates to self-advocacy and social engagement.

Patients will develop skills to enhance one's overall self-concept by recognizing how positive self-thoughts promote self-feelings. A stronger self-concept will assist in advocating for self and engaging in social activities of choice.

**Program Description:**

The Developing Me and My Relationships Program is for children ages 7-12 who have Cerebral Palsy, encompassing all types and symptoms of the disability. The program will be facilitated through a small group process and will use diverse techniques. The program will occur once a week and will be an hour long.

Techniques:

- Creative expressions
- Meditation
- Exploration of feelings (by self and with RT)

**Program outcomes:**

- Patients will be able to verbally explain what Cerebral Palsy is and how their personal symptoms affect their confidence as facilitated in group process by the recreational therapist.

- Patients will be able to state a minimum of 5 positive characteristics of self as facilitated by the recreational therapist by the conclusion of the program.
- Patient will be able to identify and verbally express a minimum of 4 positive self-affirmations by the end of the program as facilitated by the recreational therapist.
- Patients will be able to introduce themselves, specifically say their name, to a small group of and verbally express their experiences of joining social activities outside of group on 2 different occasions as observed and documented by the recreational therapist.

**Patient problems to be addressed:**

- Physical concerns
  - A patient's motor skills may limit him/her from being able to fully engage in an activity in recreational therapy. This may include skills that require gross motor function, such as walking/being mobile in a wheelchair and bigger movements of the body, and skills that require fine motor functioning, such as writing or manipulating objects with their hands.
  - If a patient is able to walk, balance is certainly an issue that needs to be addressed. In doing activities in which the patient is working on gross motor movements, safety should be the primary concern along with providing the patient with a comfortable environment in which he/she can work towards achieving better balance.
- Social concerns

- A patient may not be confident in his/her ability to speak to others and, as a result, may keep to himself/herself. He/she may also be very hesitant to communicate with people, particularly strangers because of lack of confidence in speaking/communication ability.
- A patient may worry that all they are seen as is a person with Cerebral Palsy and may never be able to become any more than that. Because of these feelings, he/she may not make efforts to tell others about themselves.
- Emotional concerns
  - A patient will most likely feel like a social outcast because of the barriers their disability poses. This may lead to some degree of depression.

**Interventions:**

**Referral criteria:**

- Recreational Therapist based on known diagnosis and areas of concern
- Treatment Team Referral
- Parent/primary care provider recommendation
- Physician order

**Contraindicated criteria:**

- If the patient does not have a physician's order.
- If the patient develops an illness, or symptoms of an illness during his/her stay at the hospital, he/she should not attend recreational therapy.
- If the patient experiences muscle aches or spasms to a degree that limits their movement because of the pain as a symptom of Cerebral Palsy, there is a

chance that he/she will not have the desire to go or is recommended not to go to recreational therapy.

**Staff training and certifications:**

- Therapist must be licensed in the state of Utah as a TRS or MTRS.
- Therapist must be nationally certified by NCTRC as a CTRS.
- Therapist must have a BLS certification.

**Risk management considerations:**

- Patients will likely have issues with balance, making the risk of a fall happening during therapy greater.
- If dealing with sharps for an activity, therapist must pay close attention and be able to assist at all times as patients can lack in fine motor skills which poses a risk for injury when using sharp objects.
- Being at a hospital, illness is easy to spread, specifically when using common objects for therapy. Therapist must disinfect all items that are being used in therapy.
- **Program evaluation:**
  - Patient satisfaction surveys will be given to patients at discharge.
  - Parent/family satisfaction surveys will also be given out at patient's discharge.
  - Therapist will analyze the percentage of patients accomplishing individual recreational therapy treatment goals.

A. Mansfield, Student, License, Certification

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