

Assessment Protocol

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RECTH 3360

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Assessment Protocol

Shriners Hospital for Children

1. Preparation

a. Protocol Review

- i. Read through following protocol

b. Record Review

- i. Look at all medical records.
- ii. Ensure optimal knowledge of the patient's diagnosis.
- iii. Learn about parent(s)/guardian(s) situation

c. Interview

- i. Gather supplies
 - 1. Printed out interview questions (found on pages 5-8 of this document).
 - 2. Pen
 - 3. Communication device, if necessary
 - 4. Blank sheet of paper
 - 5. Crayons
 - 6. Printed out scale for certain questions (found on page 6 of this document)
 - 7. Laptop, if it feels appropriate
- ii. Read through interview questions and filter through which may be of higher priority to ask. Though it is important to ask all question as this is a standardized assessment process, the therapist can adjust the wording of a question in order to make it more applicable to a patient.
- iii. The interview is to be done by the therapist within three days of the patient's admittance at a time where the patient and the parents (s)/guardian(s) of the patient feel comfortable. While the interview should be done at a time that is convenient for the patient, it should

also be done at a time that is consistent with when the therapist typically does assessments in order to reduce error of results.

- iv. The parent(s)/guardian(s) of the patient should be notified of the interview and should be given the choice to be present at the interview or not.
- v. Interview can be done where the patient is most comfortable. It can be in the patient's hospital room, in a common area, outside, or in therapist's office. There may be minimum background noise depending on the area chosen to do the interview in, but it is best to eliminate background noise and activity in order to hold the patient's attention.
- vi. Optimal time for interview is anywhere from 25 to 35 minutes. If the therapist feels the patient needs a break, a five-minute break may be allowed to walk around, visit, or resume drawing.

d. Observation

- i. The Therapeutic Recreation Activity Assessment (Hoss, 1983, pp. 495-508)
 - 1. Read through this observation assessment (found on pages 495-508 of *Assessment Tools for Recreational Therapy and Related Fields* by Joan Burlingame and Thomas M. Blaschko)
 - 2. Set up required activities
 - 3. There is no specifically determined length of time said for the TRAA to take, however a therapist should plan for the assessment to take a considerable amount of time, about an hour. The therapist should keep in mind that during this time, two to four patients, depending on the circumstances, are to complete interviews, a matching game, specific exercises, and a project.
 - 4. Gather supplies

- a. Printed out TRAA Score Sheet to fill out (found on pages 502-503 of *Assessment Tools for Recreational Therapy and Related Fields* by Joan Burlingame and Thomas M. Blaschko)
- b. Pen
- c. List of necessary exercises with detailed instructions (found on pages 496-500 of *Assessment Tools for Recreational Therapy and Related Fields* by Joan Burlingame and Thomas M. Blaschko)
- d. Arts and craft supplies
 - i. Softwood square (1" X 1" X .25")
 - ii. Tag board (3" X 3" X <16")
 - iii. Glue
 - iv. Wood chips

e. Standardized Assessment

- i. The Comprehensive Evaluation in Recreational Therapy (CERT) for Physical Disabilities (Parker, 1975, pp. 337-345)
 - 1. Read information provided about this assessment (found on pages 337-341 of *Assessment Tools for Recreational Therapy and Related Fields* by Joan Burlingame and Thomas M. Blaschko)
 - 2. Read through this assessment and identify which areas are going to be more prevalent for the specific patient than others based on patient's medical information and predetermined needs, though the therapist should complete the whole assessment.
 - 3. Supplies
 - a. Printed out CERT form (found on pages 342-345 of *Assessment Tools for Recreational Therapy and Related Fields* by Joan Burlingame and Thomas M. Blaschko)

- b. Pen
- c. Find an appropriate area to conduct this assessment.
It should be a big area, appropriate for the patient to perform ambulatory abilities and motor skills.
- d. A table should be available for the patient to perform fine motor skills at and answer necessary questions

2. Assessment Administration

a. Interview

Therapist Introduction

- Hi! My name is Aubrey. I'm your recreational therapist. How are you doing today?
- A recreational therapist is someone who helps a person who may not be as healthy as they want to be, get better, and reach set goals. I am going to talk with you about what you want your goals to be and how I can help get you back up and playing. We are going to work on the goals we set together and with your doctors by doing some fun activities.
- I talk and walk a little differently because I have a disability called Cerebral Palsy, but do not worry, it is not going to get in the way of us having a good time.

Client Introduction:

- So, _____, will you tell me a little bit about yourself? Let's start with you telling me about your family and what you guys like to do together.
- Do you like school? What is your favorite part about school? What is your least favorite part?
- How are you feeling about being in the hospital? Is there anything I

can do to make your stay better?

Activity to Guide Interview:

- Let's make a list of your ten favorite things in the whole world. These could be anything from food to people to tv shows to colors.
- Once we have written the list down, I want you to draw me a picture that tells me about these favorite things. You can draw anything you want, the sky's the limit.
- I will give you a few minutes to draw and then we will put it to the side while we are talking.

Physical:

- Are there things you feel like you cannot do or have a hard time doing because of your body? What kinds of things?
- If there was anything you could change about your body, what would it be?
- Would you consider your body a healthy body? Why or why not?
- What things make you feel healthy? What things make you feel not healthy?
- On a scale from 1 to 5, 5 being true and 1 being not true at all, will you rate these sentences on how true you feel like they are?
 - I feel like I can do the things that other kids can do.
 - I feel like I can do what activities I want.
 - I feel like I can work around hard things I have to deal with.
 - I feel like I can do things without help from others.
 - I feel like I can participate in activities without worrying.

	1	2	3	4	5	
Not true	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	True

Social:

- What are your friends like?
- What do you like to do with your friends?
- How many new friends do you think you could make in a day? How would you do it?
- What do you like about being around people? Are there things you do not like about being around people?
- Who are your favorite people to hang out with?
- How do you feel when you meet new people?
- What are your favorite things to talk about? What don't you like to talk about?

Emotional:

- What do you think living a happy life looks like?
- If I were to ask you if you were happy every day for ten days, how many days do you think you would say you were happy?
- What do you think being happy and being healthy have to do with each other?
- What do you do when you feel sad?
- What kinds of things make you happy? What kinds of things make you sad?
- How often do you feel frustrated? What makes you frustrated?

Cognitive:

- If your friend was making a bad choice that could hurt them or someone else, what would you do?
- If you were taking a test in school and you did not know how to answer one of the questions, what would you do?

- How do you make a choice?
- If you saw someone being bullied at the park, what would you do?
- If you were alone and you accidentally broke your mom's vase, what would you do?
- Can you tell me 5 different animals?

Spiritual:

- What do you think are the most important things in life?
- What would you tell someone who is really sad to make them feel better?
- What is it about a person do you think that matters most?

Recreation:

- What do you like to do for fun?
- If you could not play with electronics for a day and it was too cold to go outside, what kind of things would you do to keep yourself from being bored all day?
- What kind of outside games do you like to play?
- At recess, if you had to choose between playing on the playground or doing something else, like playing a sport or playing on the grass, what would you choose?
- What kinds of physical activities are you good at?
- If you wanted to get better at playing a sport or doing a cool trick, how would you do it?

Limitations/Barriers to leisure:

- How could things be different so you can do the activities you want to do?
- How do you want to work on getting around hard things?
- Are there specific activities you want to do, but you feel like you can't right now?

Strengths/Recreation abilities:

- What are you good at?

- What kinds of sports or physical activities do you think you'd be good at?
- What kinds of indoor activities do you think you could teach others how to do?

Patient Expectations:

- Why do I have to do recreational therapy?
- How much am I going to see you?
- What kinds of things are we going to do?

Conclusion:

- Is there anything else you want me to know about you?
- I'm going to be thinking of fun things we can do. I want you to think of some ideas too, okay? Do you have any right now?
- You did such a great job! We're all done. Thank you for telling me about yourself. I'll see you soon to start doing some fun and different activities to help get you better.

b. Observation

i. Perform the Therapeutic Recreation Activity Assessment (TRAA)

1. This assessment should be done in some kind of an open area of the hospital where the necessary activities can be done. The setting should be quiet with little to no distractions. Therapist should provide information on the assessment to clients. Therapist can conduct this assessment on more than one patient at once. Usually assessment is done in pairs of patients, but therapist can do it in a group of up to four. The interview can and should be done in this group setting as well to test social skills. Once this assessment is complete, there should be a numerical score and a summary of the interview that was done with the patient. Both of these can be analyzed and interpreted (Burlingame & Blaschko, 2010).

c. Standardized Assessment

i. Perform CERT

1. Therapist should allot at least one and a half hours to ask all necessary questions and observe patient in all tasks. It is allowed to have the patient do the outlined activities in a small group setting and observe them in that setting. After assessment is completed, therapist should establish all ratings and follow the scoring guidelines that are listed in this protocol. This assessment can be done on a patient multiple times during patient's stay at the hospital or use of services (Burlingame & Blaschko, 2010).

3. Scoring

a. Interview

- i. Write interview summary. The following headers should be used and the appropriate information should be under each header.
 1. Name
 2. Age
 3. Gender
 4. Diagnosis
 5. Patient Description
 6. Family or Patient Reports
- ii. Client assessment summary

Demographics:

Name: Megan Destromp

Age: 9

Gender: Female

Diagnosis: Tourette Syndrome

Client Description:

Client is a 9-year-old, Caucasian, female who was admitted to Shriners Hospital for Children on March 5. Client was admitted for complications of her diagnosed Tourette Syndrome. From day to day, the symptoms that she experiences are uncontrollable movements and sounds including frequent muscle spasms, stuttering, and consistent hyperactivity. Her right leg has the most drastic involuntary movement. Client began having pain in her hips about a week ago and it has gotten progressively worse. Client's parents brought her in yesterday to get the pain checked out. Doctors have identified it as a bone problem and she was admitted.

Client receives Botox injections several times a year for muscle relaxation. Client takes Haldol to assist in controlling tics. She has experienced side effects of weight gain and involuntary movements. Client also takes Kapvay to help control impulse issues. Side effects include sleepiness, due to the nature of the medication.

Family or Patient Reports:

Client has two parents who are still married and an older sister who is 15. Client mentioned having a younger brother who passed away, but does not like to talk about this subject. She mentioned her parents both are often sad and detached. Client says her family is 'poor' and 'can't buy a lot of nice and fun things'. Client is enrolled in the fourth grade at a public elementary school, but has not been attending, because she was being bullied. She said this was her mother's decision to remove her from school. Client describes herself as being happy the majority of the time.

Assessment Information:**Functional Abilities:**

Social Functioning: Client says her social support and realm with a moderate level of satisfaction. Her sister is a big part of her life and enjoys

spending time with; though her sister likes her personal space a lot of the time. Client says she does not have any friends at school. She did mention previously having one friend at school who would come to her house, but does not anymore. Client was excited to tell me about her 'online friends' that she meets through her avid video game playing. She has three main friends online who she only knows by user name. They frequently talk about the game(s). When asked how many friends she could make within the hospital, she was weary at first, but once the term 'friend' was clarified to include everyone, she seemed positive she could make friends with doctors and nurses. She said she feels nervous being around people, especially new people. Her favorite things to talk about are video games and Legos. Besides her brother, she did not clarify anything she does not like to talk about.

Physical Functioning: Client said she felt like she could not do a lot of the things that other kids, particularly the kids she goes to school with, are able to do. She gave examples of running and playing group games. On a scale of 1 to 5, 1 being not true at all and 5 being true, she gave a 3 when posed with the statement 'I feel like I can do things that other kids can do'. She said she did not think she was good at any type of physical activity. Yet, she did say she was good at jumping on the trampoline. When asked how she would go about getting better at a specific physical skill client was unsure she could improve. Client said if she could change anything about her body she would want a new leg. She was very intrigued when I said she may be able to get a new leg at the hospital. When I asked her whether or not she would define her body as a healthy body, she asked me what healthy meant. I told her healthy meant whatever she thought it meant, then she posed the possibility of certain parts of a body being healthy. She said that she thought that her body was healthy except for her right leg and eyes (referring to her vision problem). She says that she feels moderately independent and as though she has a good level of freedom, when I defined freedom as being able to do the things she wants to do.

Emotional Functioning: Client defined living a happy life as having the things you want and having important people around. Client reported being happy the majority of the time. She correlates being happy with being healthy. Video games and playing with Legos is what makes her happy. When asked if she got frustrated a lot, she asked for a definition and then said she did feel frustration at times.

Cognitive Functioning: When posed with the situation that her sister was making a bad choice, client says she would go tell her mother. If she saw someone bullying another person on the playground, she would throw wood chips at the bully, reasoning that she knows what it feels like to get bullied and she would want to stop it from happening to someone else. If she broke her mom's picture frame, she says she would throw it in the outside garbage and put a big box over it so no one would see it.

Spiritual Functioning: Aside from video games and Legos, client says that being with family and being happy are the most important things in life. When asked what she would say to make someone feel better, she said she would tell them everything would be okay and offer to play with them.

Leisure Functioning

Leisure barriers: Client says having a new leg would help her be able to do 'everything'. Client says she cannot run, play on the playground, or play sports. Along with the limitations her body poses in a physical aspect, client says she has a problem with being involved in social activities on the playground because she is also limited in being social with others.

Leisure behaviors/Participation patterns: Playing with video games and Legos are what client does most. She does not express a high level of interest in anything else.

Leisure attitudes: Client is not interested in doing any new activities on her own, but seems willing if she is accompanied.

Client Interests:

Besides activities she has expressed a love for, she expressed a willingness to do puzzles and color. She also said she was willing to try basic 'outside activities' like running or playing on the playground.

Client Strengths:

Client's strengths include attention to detail, willingness to learn and try new things, expressing emotions, and having a positive attitude.

Client Areas of Concern:

Online safety and privacy should be a main topic, not necessarily in therapy, but with other adults in her life. Therapy to assist with anxiety for social situations would be useful. Physical therapy to assist her in functioning specifically with her right leg would be useful.

Client Expectations:

Client wants to make sure she has someone to do activities with and that there is time to play video games and to play with Legos.

Precautions/Considerations:

Client is allergic to nuts and penicillin. Muscle spasms and bone/joint pain should be watched for.

Client Outcomes:

By discharge, client will take an interest in doing activities such as puzzles or coloring, that assist in dexterity and controlled movements, with the therapist. to replace some time spent on video games. By discharge, client will participate and do simple tasks in sports such as frisbee golf or softball.

Signature: A. Mansfield, RT Student

Date: March 6, 2019

b. Observation

- i. The measuring of these skills and behaviors specified in the TRAA is fairly simple. The therapist marks down each time the client demonstrates a skill. These tallies are converted into a percentage that represents the number of times the specific skill was displayed out of the number of opportunities the client has to display skills. The percentages are compared to a 0-5 scoring scale, 0 being not applicable or not observed and 5 being the patient almost always, and this rating number is the final recorded score (Burlingame & Blaschko, 2010).

c. Standardized Assessment

- i. Score according to guidelines outlined in CERT assessment
 - 1. Once each item on the assessment has a score, each section has to be totaled. The total of each section is recorded on the appropriate space on the scoring grid. These eight scores need to be totaled up to get one final score. That score is to be divided by two which gives the patient's overall score for the CERT. There are three additional spaces for section scores that can be used if the CERT is performed on the patient more than once (Burlingame & Blaschko, 2010).

4. Analysis and Interpretation

a. Record review

- i. The therapist should take all information provided by medical and other records into consideration when analyzing all that is known about the patient.
- ii. If possible, collect information about how the patient does in school, if applicable. This should increase therapist knowledge on how the patient's condition(s) influence his/her ability to perform in school

and address those issues, if there are any, with appropriate members of care team.

b. Interview

- i. With all of the useful information that this assessment should provide, given that it is recorded in a correct and effective manner and interpreted by a professional in a proper way, a recreational therapist is then enabled with the ability to do a number of things. One being to identify skills that the patient does have and plan activities that allow the patient to utilize that skill set he/she has attained as a way for him/her to feel a needed and satisfactory level of being able to provide an adequate performance. These planned interventions should also be based off of skills that the patient has goals to improve upon. These skills that are decided to then be turned into goals and objectives that are put in the treatment plan can be drawn from the CERT by taking note of skills in which the patient scored low, but can be built and continually worked on provided the necessary resources and support by the therapist. In conclusion, this assessment, or rather the information gathered during this assessment, can be vital when planning appropriate and effective interventions for a patient.

c. Observation

- i. The process of taking those rating scores for each skill in the TRAA and turning the overall results into a sufficient basis to derive effective ideas for treatment in the form of interventions would be a matter of identifying the weaknesses and strengths of the patient. For each category, it could be classified as an overall area of strength or an area of needs improvement. Then, when decided what strengths are going to be capitalized upon and which areas that need to be worked on are going to be focused on, each area can be more closely looked at to see from which specific skills are those classifiers are derived from.

5. Reporting

- a. Results need to be organized according to specified way of the assessment protocol and the facility.
- b. Should be documented in place(s) determined by facility.
- c. Results should be shared and discussed with, when necessary or applicable:
 - i. Other members of care team
 - ii. Parent(s)/guardian(s)

6. Reassessment

- a. Reassessment is not necessary unless:
 - i. Client shows dramatic change
 - ii. More information is needed
 - iii. Guidelines of facility or either of included assessments say otherwise.

A. Mansfield, RT Student

References

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- Hoss, M. A. K. (1983). Therapeutic Recreation Activity Assessment. In j. burlingame & T. M. Blaschko (Eds.) *Assessment Tools for Recreational Therapy and Related Fields* (4th ed, pp. 495-508). Ravensdale, WA: Idyll Arbor, Inc.
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