JACKSON
THERAPEUTIC RECREATION

A Resource Guide
Programming for those living with Depression

Contents

PROGRAMMING FOR THOSE LIVING WITH DEPRESSION

Facts & Figures

More than 15% of people living in long term care have major depression and 25% more have mild depression that could develop into major depression. Conn, D.K, (2002).

Depression is more common for seniors living in Long Term Care and women in Long Term Care are two times more likely to experience it than men. Mood and Disorders Society of Canada.

Factors that may contribute to a late on-set of depression in seniors include things like physical changes, retirement and decreased income, loss of a spouse, social isolation and loneliness. Williams JW, Rost K, Ciotti MC, Zyzanski SJ, Cornell J. [1999].

TIPS FOR WORKING WITH YOUR CLIENTS

➢ Use person-first philosophy
➢ DO NOT stereotype depression
➢ Plan programs in small steps
➢ Be aware of activity demands such as time, duration and intensity of activities
➢ Understand your client's needs
➢ Understand your client's challenges
➢ Build an authentic relationship with your client

Clients with depression require different types of therapy, medications or a combination of both to help bring them back to the way they once were.

TIPS FOR MANAGING NEGATIVE BEHAVIOURS

➢ Address negative behaviours as they arise
➢ Approach the situation in a sensitive and direct manner
➢ Speak in a non-threatening manner
➢ Place the attention on the behaviour not the character of the person
➢ Avoid labelling

Recreation practitioners may be able to combat suicide by using known preventative factors within the programs that they create. These include: good health/health practices; having strong social network and contact with family/friends support; active interests; and, feeling a purpose in life. Centre for suicide prevention, 2014

CLIENT PROFILE

Demographic Information

Client Name		Room/Unit #	
Diagnosis		Intake date	
Birthplace		DOB	

Research notes

Type here all of specifics about the clinical diagnosis of depression the client has.

Client interview

Leisure interests	Past	Document all past leisure interests.
	Current	Document all current leisure interests.

Depressive features	☐ Depressed mood
	    Symptoms may include a lack of motivation, feeling down, unenergetic or tired.
	☐ Loss of pleasure, loss of interest in life and past pleasurable things
	    May include: fewer or no social relationships; not wanting or able to engage in an activity; a decreased sexual desire, changes in appetite.
	☐ Insomnia/fatigue
	    The person may not be able to sleep or may sleep for most of the night and day. They may even feel tired or exhausted even though they have hadn't done any physical activity that we associate these feelings with.
	☐ Withdrawal from life functions
	    A client may display lack of motivation, have fewer or no social relationships.
	☐ Somatic complaints
	    The client may experience aches, pains, and or discomfort that may have no physical causes.
	☐ Agitation
	    It may be seen when the client is "fidgety", pacing, and pulling skin.
	☐ Hypo motor
	    It may be seen when the client is displaying slow movement, speaking slowly, having long pauses before answering questions, and even an inability to speak at all.
	☐ Decreased energy/fatigue
	    This may be accompanied with the person having a sense of worthlessness, having difficulty making decisions or focusing, or putting themselves down for past mistakes.

Barriers/ Challenges	Document all current barriers or challenges the client identifies and that have been observed including other diagnoses.
Notes	Document all interview notes and observations.

Analyzing data and intervention and evaluation planning

Based on the all the analyzed data, what domains would be most effective to plan SMART goals and objectives on? Note: the rationales list here for use of the domains are only examples.	☐ Physical *Physically active program* *Rationale: To possibly increase physical functioning, increase self-worth, decrease agitation or reduce instances of insomnia* ☐ Social *Independent or group social atmosphere* *Rationale: To possibly increase self-worth or decrease isolation* ☐ Cognitive *Based on leisure awareness and high interest cognitive activities* *Rationale: To possibly increase self-worth, provide a deeper leisure awareness or decrease agitation.* ☐ Spiritual *Based on spiritual groups or individual spiritual activities* *Rationale: To possibly increase self-worth, decrease agitation, or reduce instances of insomnia.*
Based on the all the analyzed data with special interest on depressive features and barriers/challenges what strategies would be most effective to use in planning and implementation?	☐ Modify past recreation pursuits or attempt new ones that bring on the same feelings or challenge ☐ Implement programs based on leisure awareness ☐ Use low intensity programs or adapt programs to accommodate. Consider time, duration and intensity of activities ☐ Create individual small programs or modify programs into small steps ☐ Use leisure interests to decrease agitation ☐ Interdisciplinary approach ☐ Other: _____
Based on the all the analyzed data with special focus on client interests and needs, what interventions would be most effective to use in planning and implementation?	☐ Leisure education ☐ N.E.S.T. approach ☐ Social gatherings ☐ Individualized social programming ☐ Physically active programming ☐ Spiritually based programming

Based on the all the analyzed data with special focus on client interests and desires, what activities would be most effective to base programming on?	List activities of high interest or high desire. ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____
Using the collected and analyzed data develop an intervention and evaluation plan.	A one to one session planning tool is provided for you on page 8.

	One to one session planning	
	CLIENT:	
	LOCATION OF SESSION:	
	MATERIALS NEEDED:	
Step 1	**IDENTIFY**	
	GOAL or OBJECTIVE to be addressed:	
Step 2	**PROCESS:**	
	What intervention activity is to be administered?	
	Rationale for this intervention:	
	Is this intervention delivering outcomes directed towards the goal?	
	Is this intervention utilizing the client's strengths, abilities, interests?	
Step 3	**EVALUATION:**	
	Which goals and objectives were met?	
	Which goals and objective were not met?	
	What modifications were necessary during session?	
	What adaptations are necessary for success in future sessions?	

APPENDIX 1: DEPRESSIVE FEATURES PROGRAMMING GUIDE			
Collectively, the following information can aid in creating programs that minimize the influence of the symptoms of depression.			
Depressive Feature	Approach	Strategy	Intervention/Program
Loss of Pleasure, Interest in Life, and/or Past Enjoyable things	Remember depression is a medical condition.	Modify past recreation pursuits or attempt new ones that bring on the same feelings or challenge	Leisure education
Insomnia	Be flexible in start time and duration. Consider an interdisciplinary approach.	Use low intensity programs or adapt programs to accommodate.	Focus on activities of interest used to promote more regular sleep routine.
Loss of interest, withdrawal from life functions	Nurture an authentic relationship over time.	Program in small programs or create small steps in program.	Program to address the client's challenges.
Somatic complaints	Validate and empathize	Program in small programs or create small steps within the program.	Design individual short enjoyable programs and utilize your rapport to motivate.
Agitation	Be aware of triggers, demands and sensitivities. Approach and plan to lessen these challenges.	Use leisure to decrease agitation. Monitor group dynamics.	Comfort cards N.E.S.T. approach
Fatigue & self-value	Understanding and compassion.	Individual socializing	Interdisciplinary

APPENDIX 2: DOMAINS PROGRAMMING GUIDE			
The five main domains of function are used to frame client outcomes and goals. The following information can aid in creating programs that minimize the influence of the symptoms of depression.			
Domain	Benefit	Challenge	Intervention/Program
Physical	Exercise muscles Lower agitation Increase self-worth	Low motivation Somatic complaints	Physically active programs i.e. walking
Social	Improving self-worth Decreasing isolation	Person experiencing a depressed mood or withdrawal from life functions and may lack motivation	Social gatherings i.e. chat & chew
Cognitive	Decrease agitation Deeper leisure awareness Improve self-worth	Difficulty focusing	Leisure awareness or cognitive programs of interest with a high probability for success
Spiritual	Decrease agitation May improve insomnia Improve self-worth	Difficulty focusing	Spiritual groups i.e. religious service