

Project LIFE: Exploring the Leisure Potential of Mentally Ill Persons in Missouri

Project LIFE Personnel

Department of Parks, Recreation & Tourism
University of Missouri
Columbia, MO, USA

Introduction

The best use of free time is a problem for most of us and is especially acute for those persons who are mentally ill. In the state of Missouri, many of the people who had been placed in large state hospitals for the mentally ill have been returned to the community. They are living throughout the state in residential care facilities, apartment houses and nursing homes, hereinafter collectively referred to as community placement facilities that contract with the Missouri Department of Mental Health (DMH) to provide housing and services to DMH clients. In 1981, the Subcommittee on Mental Health of the Missouri Legislature conducted an investigation of the community placement program and found the quality of life and use of free time to be extremely poor. Smoking cigarettes and watching television seemed to be the two most prominent activities of many residents. As a result of a legislative directive, the Department of Mental

Health met this challenge through a state funded project in cooperation with the University of Missouri Department of Parks, Recreation and Tourism.

Project LIFE (Leisure Is For Everyone) was originally developed in 1981 following a series of planning meetings with Department of Mental Health, Division of Comprehensive Psychiatric Services personnel, and faculty from the University of Missouri Department of Parks, Recreation and Tourism and Extension Recreation. The goal of Project LIFE is to enhance and improve leisure service programs for mentally ill adults residing in community-based, long term care community placement facilities. This goal is met by providing assistance and training to activity directors, administrators and other facility personnel.

During the past eight years, the Project has made significant changes in its level and quality of services. The following narrative will provide



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an overview of the history of psychiatric care and the de-institutionalization movement in Missouri.

History of Psychiatric Care

In many respects, formal interest in mental health treatment began in Missouri with the suicide of its Governor in 1840. The Lieutenant Governor asked the state to build an asylum and the debates began. That year the census showed Missouri had 68 persons who were "crazy." However, it wasn't until after Dorothea Dix, a self-appointed national advocate for mental health, addressed the legislature in 1847 that agreement was finally reached regarding the housing of mentally ill persons.

The result was the opening of the first asylum west of the Mississippi River. Built in Fulton, Missouri, it was known as the County Lunatic Asylum. (Fulton was the site of Winston Churchill's famous "iron curtain" speech.) The Asylum received \$5,000 from the state legislature during its first year of operation and was required to report annually on the diagnosis of the patients. Included in its first report were the following patient diagnoses:

Grief - 25 patients
Slander - 1 patient
Temperance - 15 patients
Loss of Sleep - 1 patient
Displaced Love - 6 patients
Spiritual Rape - 1 patient
Masturbation - 6 patients
Excessive Blood Loss - 2 patients

One hundred years later, there were five psychiatric hospitals with an inpatient population of 8,000 persons. The hospitals operated as self-contained communities growing their own food through full-scale farming operations. This resulted in almost complete isolation of the patients from the rest of society and served as

the only "treatment" option. Conditions were less than humane by today's standard with severe overcrowding and limited staffing. For example, patients were bathed by being gathered into large groups and hosed down; patients were often chained to the walls for days at a time when they became difficult to manage; and, as late as the 1960s, patients were tied to rocking chairs for the day and arranged down hallways so one worker could oversee as many as fifty at a time.

With the discovery of several successful psychotropic drugs in the 1950s, small amounts of federal funds became available to establish outpatient treatment programs. In 1963, Congress passed the Community Mental Health Centers Act making federal funds available for a variety of community-based treatment options. Missouri was the first to take advantage of these funds with the construction of the nation's first community mental health center in Columbia, Missouri. The facility and its programs are still a vital part of the state's treatment system.

Today the Missouri Department of Mental Health has a \$400 million dollar budget serving 1,700 inpatients, 4,200 clients in community settings such as nursing homes and other supported residential settings, and over 30,000 clients in outpatient programs such as day treatment and individual counseling. Current treatment philosophies place an emphasis on early identification and intervention, community based programs and client input into treatment techniques and alternatives.

However, many problems still exist. While the Community Mental Health Centers Act was intended to provide more appropriate and varied treatment alternatives to the mentally ill, the result was that many patients were released from hospitals to communities that did not accept them and did not understand their needs. Very often, the result was no alternative instead

of a better alternative. The misunderstanding and stigma still exist today, but continue to lessen slowly. In addition, very real budget restraints exist at every level of government with increasing pressure at the state and the local levels to respond to such recent phenomenon as the large numbers of homeless mentally ill. For example, this population in Missouri has been estimated to be between 4,000 and 12,000 persons. Severely complicating the budget shortfalls is the fact that many persons do not have and cannot obtain insurance for mental illness.

These realities force innovation and cooperation. Project LIFE, developed by the Department of Mental Health and the University of Missouri, is an example of this and the benefits are many. For example, state mental health patients receive more therapeutic services and the University can offer hands-on experience for its students. The importance of such coordinated efforts will continue to increase and may be the main avenue for reclaiming the untapped human resources of an almost lost part of our society as well as for limiting the cost of care to a mentally ill patient through successful rehabilitation. The provision of therapeutic activities is a vital part of rehabilitation and quality of life.

To fulfill the tremendous need for improved leisure services and training, Project LIFE has developed a comprehensive program to serve Department of Mental Health residents and facility personnel. The following narrative describes the components of the Project.

The Components of Project LIFE

Direct Delivery

Direct Delivery of recreation services is an integral part of Project LIFE. This service allows Project LIFE staff to deliver leisure activities to community placement facilities. The initial visit by the Project LIFE Direct Delivery team at a

facility begins with an informal assessment of the clients' functioning level and the environment in which they live. The activities are designed to stimulate the mental, physical and social skills of its resident participants. Innovative activities, as well as adapted traditional activities, have been developed in the form of program primers to meet the needs and interests of the residents. Project LIFE has published a series of programming books based on the successful programs used in direct delivery.

A "programming lab" is maintained year-round at a local facility. This facility serves as a training site for new LIFE staff and as a testing ground for new or adapted programs and special events. Programming is also conducted at two different facilities each semester. Activities are conducted twice a week for the first twelve weeks then once a week for the final two weeks. Each session lasts for approximately two hours. Programming focuses on group activities. One-on-one programming is also conducted when needed. Project LIFE personnel work with the activity staff, nursing staff and administrator for the ultimate benefit of each resident, with an emphasis on a cooperative effort. This program gives the facility activity director an opportunity to learn new program ideas and motivation techniques. The final two weeks of the program act as a phase-out period for Project LIFE staff and a phase in period for the activity director to continue the established program.

The format offers many advantages over traditional approaches to activity program delivery: a) It requires the selection of a theme to be followed throughout the program thereby providing continuity for confused residents as well as simplification of the planning process; b) It suggests a multi-sensory approach thereby encouraging participation by residents with a variety of interests and abilities; c) It can be utilized with large groups, small groups or indi-

viduals, thereby eliminating the need to plan different programs for different sized groups.

Project LIFE staff begin their programming day with exercises. (See Program Format, Figure 1.) All exercises encompass forms of stretching, strengthening and deep breathing. Props are often used such as a parachute to add the element of fun. Listed below are a few examples of activities that have proven to be successful.

Volleyball enables those with different disabilities to enjoy a competitive, active game together. Adaptations include using a balloon instead of a beach ball. This game can also be played sitting down to include wheelchairs as well as those who are ambulatory. **Frisbee** has offered a wide range of benefits to the residents including the chance to bend and stretch, learn a new skill, receive close physical contact and encourage a cooperative effort among players.

Horseshoes is a game that is easy to adapt by using lighter, plastic horseshoes and moving players closer or farther from the post, depending on their ability. This is a common life-time leisure skill, which is especially popular with men. Horseshoe sets also are available for indoor play. **Badminton** offers opportunities to improve eye-hand coordination. Whenever possible, residents are encouraged to help set up the activities. An important part of motivating all people includes satisfying their needs to feel useful and important. **Music and dancing** are activities conducive to self-expression, which is important for the schizophrenic residents who often withdraw into their inner world. **Arts and crafts** are another avenue for self-expression and provide opportunities for group interaction. Other crafts encourage the development of fine motor skills.

Residents living in institutionalized settings often lack self-esteem, leading to an inability to feel powerful or in control of their lives. Many of

Figure 1. Project LIFE Activity Program Format

<p>Exercises or Warm-up</p> <ul style="list-style-type: none">* Promotes physical activity* Promotes movement, gets the blood circulating* Captures attention <p>Discussion</p> <ul style="list-style-type: none">* Provides rest from the active period* Promotes reminiscence* Promotes mental stimulation* Promotes sharing memories and trading stories* Provides opportunity to socialize <p>Main Event</p> <p>Depending on which domain (physical, mental emotional, social) you emphasize in your program, you may choose from a variety of activities for the main event. These may include a sport, game, art or craft, music activity or other event. The main event does not necessarily have to consume more time than other components, but should complement the other components and be in accord with the program's theme.</p> <p>Refreshments</p> <ul style="list-style-type: none">* Provides stimulation of taste and smell senses* Provides motivation for some participants <p>The multi-sensory, thematic program outlined above may be used with large groups, small groups or one-on-one. The format allows for easier planning for the activity director. It also allows the planner to bring all of the senses into play. The more senses a single program can stimulate, the more participants you may reach.</p> <p>Project LIFE, <i>Activity Program Planning Guide</i>. University of Missouri, 1988.</p>

the LIFE activities focus on improving self-esteem. One such activity is **Personal Coat of Arms**. This activity gives the residents the opportunity to explore important things and people in their lives. **Developing a garden** has proved to be very successful. Usually residents are *receivers* of care and get no opportunity to

give care. Working with plants offers them the opportunity to assume responsibility and become a care giver.

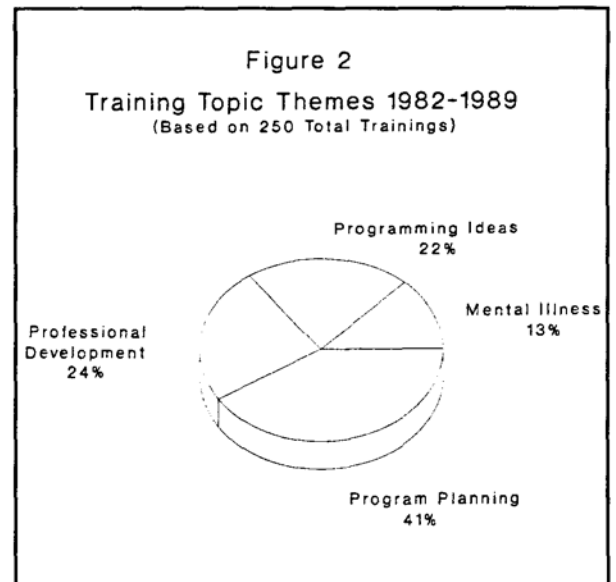
Special events are an exciting change of pace, offering opportunities to utilize talents of staff and the community. Examples of special events range from leisure festivals and spring carnivals to puppet shows and resident talent shows.

Training

The purpose of the Project LIFE training component is to upgrade leisure services in long-term care facilities through the provision of formal training sessions, workshops and self-directed learning. Training participants include facility activity directors, administrators and other personnel. Topics relate to activity program administration and implementation and mental illness. Continuing education units approved by the University of Missouri are awarded to all participants and when applicable, training sessions are approved by the Missouri Board of Nursing Home Administrators for licensure clock hour credits.

Assessment of the training needs of activity directors employed in community placement facilities has been conducted since 1982. Training topics have been based on the results of studies conducted by Sumner (1982) and Daugherty (1985) and on assessments conducted by Project LIFE staff. Topics have consistently fallen into the following categories or themes: Program Planning, Mental Illness, Programming Ideas and Professional Development. Figures 2 - 5 illustrate the training topics conducted by Project LIFE staff between 1982 and 1989. As an additional point of interest to those attending the Symposium here in Nottinghamshire, Figure 5 provides an illustration of the continuing education needs of adult day center staff in Nottinghamshire, England. This list is very similar to the continuing education needs of

activity directors in the state of Missouri. Programming, evaluation, assessment, activity analysis and the use of leisure time were some of the similar topics. This study was conducted by a Project LIFE graduate student, Ms. Karen King, in partial fulfillment of the Degree of Master of Science at the University of Missouri.



The four categories of "Training Topic Themes" have remained constant throughout the history of Project LIFE. The theme "Program Planning" has consistently comprised 40-42% of training topics. "Programming Ideas" has also been consistent over the years, comprising 19-25% of training topics. The themes "Mental Illness" and "Professional Development" have changed in relative importance: Mental Illness comprised 1 % of training topics in the first 4 years of Project LIFE and 25% in the last 4 years; Professional Development comprised 38% of training topics in the first 4 years and 10% in the last 4 years.

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Figure 3. Training Topic Themes 1982-1989

Program Planning

Programming, Evaluation and Assessment in Recreation & Leisure

Practices and Principles in Recreation

Program Administration

Staff Utilization

Fund Raising, Public Relations and Promotion

Resource Utilization in Recreation and Leisure Assessment

Activity Demonstration

The Project LIFE Approach to Programming

Program Planning Guidelines

Volunteers

Planning a Quality Program

Documentation

Budgeting

Calendar Planning

Program Evaluation

Programming Ideas

Wellness

Programming Ideas and Strategies

Programming with Limited Resources

New Activities for Long-Term Care Facilities

Social Programming

Special Events

Leisure Education

Cultural Programming

Nature and Outdoor Programming

Innovative Programming

Exercise and Fitness

Indoor/Outdoor Activities, Hobbies and Crafts

Therapeutic Recreation Programming

Mental Illness

Medicines and Diagnosis

Communicating with Department of Mental Health Clients

Understanding Mental Illness

Activities for Dementia

Motivation

Working with the Department of Mental Health Client

Working with the Middle-Aged Client

Working with the Young Adult Chronic Client

Interpersonal Communication

Professional Development

Stress Management

Assertiveness Training

Activities Improve Quality of Life

Improving your Professional Image

Time Management

The Future of Leisure Services

Motivating Client, Self and Staff through Recreation

Importance and Value of Recreation and Leisure

Communication

Figure 4

Assessment of Training Needs

1982 Training Needs in Missouri Identified by Graduate Students' Theses

Programs/Services Available in Missouri

Planning Programs for Individuals and Groups

Reality Orientation

Charting Techniques

Therapeutic Techniques

Volunteers

Individual and Group Assessment

Programs for Special Groups

Social Programming

Current Issues in Programming

Group Dynamics

1985-86 Top 10 Training Needs in Missouri Facilities Identified in Graduate Students' Theses

1. Working with Volunteers

2. Time Management

3. Program Evaluation

4. Cultural Programming

5. Social Programming

6. Nature and Outdoor Programming

7. Leisure Education

8. Future of Leisure Services

9. Interpersonal Communication

10. Special Events

1986-87 Regional Recreation Consultants' Identified Needs for Their Region. Topics presented included:

Working with the Department of Mental Health Client

Planning a Quality Program

Assertiveness Training

New Activities for Longer-Term Care Facilities Activities

Improve Quality of Life

Activity Demonstration

Improving your Professional Image

Working with the Young Adult Chronic Client

1987-88 Project LIFE Surveyed Training Participants and Regional Recreation Consultants. Topics presented included:

Activity Demonstration
 Planning a Quality Program
 Quality Programming with Limited Resources
 Motivation
 Documentation
 Budgeting
 Calendar Planning
 The Project LIFE Approach to Programming
 Working with the Department of Mental Health Client
 Working with the Middle-Aged Client
 Stress Management

1988-89 Project LIFE Training Needs Assessment (random sample) Identified Top 3 Needs

1. Programming Ideas
2. Program Planning Guidelines
3. Motivation

Figure 5

Top Continuing Education Needs of Day Center Staff in Nottinghamshire

1. Programming for Special Groups
2. Program Evaluation
3. New Ideas in Programming
4. Eliminating Attitudinal Barriers
5. Teaching Techniques
6. Needs Assessment
7. Activity Analysis
8. Social Programming
9. Use of Leisure
10. Designing Activity Areas
11. Training Staff
12. Working with other Professionals
13. Health and Safety
14. Nature/Outdoor Programming
15. Interagency Cooperation

In addition to regional training, Project LIFE co-sponsors the Missouri State Therapeutic Recreation Institute with the University of Missouri Department of Parks, Recreation and Tourism and University Extension. This institute, held in November of each year, brings together professionals, educators, paraprofessionals and students interested in learning new information

and techniques, resource application, innovative programs and professional issues in Therapeutic Recreation. Project LIFE pays the registration fee for employees of community placement facilities. A state-wide seminar is also held at the end of each fiscal year. All community placement facilities are invited to attend a full day seminar, free of charge. Nationally known speakers are secured to present information on trends or issues related to long term care and/or mental health.

Toll Free Information and Resource Service

The purpose of this service is to provide an efficient, cost-effective method of consultation and information referral to all regions of the state. This service began in 1985 as a more cost-effective alternative to the one-on-one consultation with facility activity directors and administrators previously conducted by Project LIFE. It has proven to be a successful and popular service, as evidenced by the number of requests received each fiscal year. Programming packets for holidays and special events, educational materials and individual consultation can be requested simply by using the telephone.

Publications

Project LIFE has developed a series of programming books designed for use with adult, mentally ill persons with adaptations for various functioning levels. The activities published in the books have been field-tested by Project LIFE staff in the Direct Delivery component. Currently there are eight books in the series. Each community placement facility receives a free copy of the books in the series.

Leisure Is For Everyone's MIND, is a programming book of mental stimulation activities. The programs range from group discussion activities to card games and parlor games. The activities may provide opportunities for thinking, analyzing and creating, as well as social oppor-

tunities through group discussions. Mental stimulation exercises may provide the older mentally ill person with satisfying leisure experiences which may have been frequently overlooked.

Leisure Is For Everyone's BODY, a programming book of body movement activities, provides a description of the physical and mental benefits of exercise, plus general leadership principles involved in setting up an exercise program. The programs range from exercise variations to active games. Active games were included as they are often overlooked as a form of exercise for older adults. It is divided into sections that emphasize movement for the upper, lower and entire body.

LIFE And The ARTS is a programming book of creative arts activities. The preface emphasizes the potential goals in teaching the arts, suggestions for ways the book may be used by a variety of people, and provides methods of fostering creativity in residents. The activities are divided into the following areas: literature and creative writing, music, art, creative movement and drama.

Leisure Is For Everyone's HOME ENVIRONMENT is a programming book of art and craft activities. The rationale for this book is that residents can benefit from a home-like environment which incorporates personal touches of their own. Crafts are an important medium for producing personal contributions to the atmosphere of the home.

LIFE And The OUTDOORS, a programming book of outdoor related activities, promotes the potential that the outdoors holds for motivating individuals to perform above expectations. The activities are divided into four sections: the campout, nature studies, nature crafts and nature games. Within the campout section many of the activities are more appropriate for younger, more mobile residents, however,

elderly, less mobile residents can participate in these activities through discussion or by using the various adaptations listed.

Leisure Is For Everyone's SELF-ESTEEM is a programming book of self-esteem activities. The purpose of the activities is to create positive interaction with people and events, thereby enhancing self-esteem. It is divided into three sections: self-esteem through personal awareness, self-esteem through past and present awareness and self-esteem through exercises and games.

The *Activity Program Planning Guide* is designed to serve as a basic program planning tool for any type of long term care facility. It can also be used as a supplement to the LIFE series of programming books. The following information is included: program planning principles, examples of activity program purpose statements and samples of program goals and objectives, monthly programming themes, the Project LIFE activity program format and ways to utilize community resources. Monthly calendars are also provided.

Themes for LIFE is a programming book of thematic activities, providing a choice of several complete programs, each based on a specific theme. Each theme is presented within the framework of the Project LIFE Activity Program Format. The book is divided into two sections, General Themes and Calendar Themes.

Summary

The four components of Project LIFE not only illustrate the comprehensiveness of the program, but also reflect the extent of the services and resources needed by activity directors and other personnel in providing quality leisure programming in community placement facilities. The Direct Delivery component provides services directly to residents while providing LIFE staff with knowledge and experience. Working with residents provides an avenue for field-testing

programming ideas and communication and motivation techniques. The knowledge and experience gained through Direct Delivery is transmitted to community placement facility personnel through LIFE training seminars, LIFE publications and the Toll Free Information and Resource Service. The ultimate goal is to improve leisure service programs for Department of Mental Health residents. This is accomplished by directly providing services to the residents or by providing resources and training to the providers of activity programs.

Project LIFE is a successful example of how two state agencies have worked together to solve a problem with this special population. It is important to note that funding alternatives are available for providing services to the increasing number of de-institutionalized adult mentally ill. Cooperative efforts between state agencies are necessary in order to promote the effective use of human service dollars. Project LIFE is a model program developed to demonstrate that many states do have untapped resources for serving this growing and often neglected population.

For further information on Project LIFE, contact: Project LIFE, University of Missouri, Department of Parks, Recreation & Tourism; 624 Clark Hall; Columbia, Missouri 65211

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