Workout Routine

Valeria Sofia Maynez

California State University, Monterey Bay
Workout Routine

Valeria S. Maynez

Hope Services as Lindsay Wunderlich as the mentor

Collaborative Human & Health Services: SW and CH

Department of Health and Human Services

California State University Monterey Bay

December 19th, 2020

Author Note

Valeria Maynez, Department of Health Human Services and Public Policy, California State University Monterey Bay. This research was supported by Hope services. Correspondence concerning this article should be addressed to Valeria Maynez, California State University Monterey Bay, 100 Campus Center, Seaside, CA, 93955. Contact: vmaynez@csumb.edu.
Abstract

Hope Services is an agency that focuses on supporting the community of adults with developmental disabilities. The work there focuses on finding employment avenues for the clients. This population faces difficulty in finding employment opportunities on their own and rely on these services for these resources. Everyone deserves the right to build an income and experience working in their lives. A disability or any obstacle shouldn’t prohibit a person of this opportunity. Due to an overdue stigma towards this group, they have to constantly prove they are fit to work and be productive assets in the workforce. This leads to the consequence of being discriminated against, not being able to get exposure in work settings, and not having the possibility to support themselves financially. Due to the Covid-19 pandemic, many people were faced with the harsh reality of not being able to work anymore. This puts an already at-risk population more susceptible to lack of employment opportunities. Moving forward to self-regard, a workout regimen was created to instill confidence in these adults and promote their general health during unprecedented times. The participants took a liking to the workout sessions and expressed their enthusiasm of being a part of it. The workout regimen was done for the clients because many needed the external help to gear their attention back to their fitness and learn adequate skills to perform these movements in the future.

*keywords*: Developmental disabilities, Employment, social acceptance, Promotion of health, fitness, social inclusion
Agency & Communities Served

The interning experience was conducted at the Hope services agency in Seaside, California. Hope was founded in 1952, with the purpose to improve quality of life for people with developmental disabilities and mental health needs. (Hope Services, 2020) 21 regional centers were created throughout California to ensure this population had access to necessary resources. Here at Hope, there’s social work that is being done that is often overlooked by the public. This agency works directly with an undeserved, vulnerable population. This includes transmit job opportunities or independent living skills with adults experiencing developmental disabilities. The mission statement here is “to assist individuals with developmental disabilities to live and participate in their communities” (Hope Services, 2020). They provide programs and services - including job training, counseling and community living - that assist more than 3,700 children, adults and seniors with developmental disabilities. (Hope Services, 2020) Funding is provided from the California Department of Developmental Services (DDS) to each of the 21 centers located in California. This agency works to provide services that may be lacking for this community and make active efforts to bring social inclusion into the community. As well as, recognizing the psychological challenges they may face and provide support and services in that area of their lives as well.

Problem Description

As observed with the time spent here, although a great site, some barriers were discovered. One being the barrier to services, finding suitable job sites that fit each client’s
ability can be a daunting task. Coinciding with this issue, would be the lack thereof employment opportunities. According to data obtained by the Bureau of Labor Statistics, in 2018, the employment-population ratio for people with disabilities was 19.1%, compared to 65.9% for people without disabilities. (Bureau of Labor Statistics, 2018) Like stated before, the Covid-19 pandemic has impacted many people with the job insecurity and didn’t discriminate towards this group as well. According to the World Economic Forum, in the week to 25 April, 3.8 million Americans made an unemployment claim – giving a six-week total of around 30 million. (World Economic Forum, 2020) This directly affects this population because now more than ever, they are unable to obtain liveable wages to be able to support themselves and their families. In turn, can be seen as a challenge to staff members to advocate and search for greater avenues set for them.

**Contributing Factors**

Social acceptance, discrimination, lack of job opportunities, and deficiency in support services for persons with disabilities, would list as the three risk factors to this social issue. The construct society has towards this group isn’t always necessarily good and this population is known to be ostracized for decades. In many cultures, disability has been associated with curses, disease, dependence, and helplessness. Disability stigma can play out in a number of ways, including: social avoidance, stereotyping, discrimination, condencension, blaming, internalization, and hate crimes and violence. (University of Washington, 2016) Alongside these issues, there is a scarcity of resources for this population to receive support in daily life activities. The International Classification of Functioning, Disability and Health (ICF) provides a standard language for classifying body function and structure, activity, participation levels, and conditions in the world around us that influence health. This description helps to assess the health,
functioning, activities, and factors in the environment that either help or create barriers for people to fully participate in society. (World Health Organization, 2001) The ICF distinguishes the difficulties that come from an individual’s experience in engaging in social roles and the limitations that come from it. This is why it’s important accommodations are made specific to a person’s needs and offered in all settings. Fighting the societal construct is a large task to complete but each step closer makes it worth it. All these factors take a toll on a person’s self-esteem and self-worth aspect. “Our society places emphasis on looks, speed, and being the same as everyone else. Thus, people with disabilities might place additional pressure on themselves to try to meet society's impossible standards” (BrainLine, 2009) Advocating for this population is essential because these individuals have a disadvantage in getting their needs recognized and their worries heard. They depend solely on advocates to stand up for them and protect their rights. This can look like getting equal opportunity in the workforce, or ensuring that they do not experience mistreatment of any form in their lives.

**Consequences**

Some consequences that can result from this are persons with disabilities will find challenges in the ability to support themselves as individuals. If they are unable to receive an income through employment, then they are left with the reality that they cannot provide basic necessities to live on. Lastly, from all of this may be subject to prejudice. In response to challenges in supporting themselves efficiently, they may also face the difficulty of maintaining a home and exercising independent living skills that follow along with that. Luckily, Hope has seen this disadvantage and makes an effort to provide services in independent living skills that the clients can benefit from if that is of interest to them. This includes home training tasks, money management, utility shopping, food preparation, and more. According to the Hope
services website, “Independent Living Services (ILS) is a training-based service that focuses on skill acquisition and support for self-care, communication, and community membership. The service begins with a comprehensive assessment of current independent living skills across all domains: financial, housing, vocational, self-care, self-advocacy, and mobility. Services may include training in a number of areas, and can continue as long as needed. Such as, financial management, health and safety needs, mobility, personal and social skills, recreation and leisure skills, communication, accessing community resources” (Hope Services, 2020). This population typically relies on a caregiver or family member to make sure their basic needs are met. But what happens if this key person in their lives suddenly passes away? Who will care for them then?

This is why it's important to equip these skills within these individuals while we still can.

With the surge of unemployment rates, many people who were once employed are faced with the reality of not being able to provide financial stability anymore. With a population with disability, this means that the restriction of getting placement at a new job setting, is highly unlikely. The lower ratio among people with a disability reflects, in part, the older age profile of people with a disability; older people are less likely to be employed, regardless of disability status. However, across all age groups, people with a disability were much less likely to be employed than those with no disability. (Bureau of Labor Statistics, 2018) People with disabilities are unable to receive unemployment benefits because in most cases, they didn’t have a job initially. Following this, they may already receive disability benefits that prohibits them from making an unemployment claim. They also are exempt from working credible jobs due to the discrimination placed upon them. People with a disability were less likely to work in management, professional, and related occupations than those without a disability (33.7 percent,
compared with 40.3 percent). (Bureau of Labor Statistics, 2018) The issue of prejudice ties in with the circumstance of unemployment.

**Problem Model**

<table>
<thead>
<tr>
<th>Contributing Factors</th>
<th>Problem</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma/ Discrimination</td>
<td>The disproportion between nondisabled and disabled persons in the employment setting</td>
<td>Prejudice, pre-existing stigma</td>
</tr>
<tr>
<td>Lack of Job Opportunities</td>
<td></td>
<td>No income opportunities</td>
</tr>
<tr>
<td>Lack of support for daily life activities</td>
<td></td>
<td>No support in the development of knowledge in activities of daily living</td>
</tr>
</tbody>
</table>

**Capstone Project Description and Justification**

**Project Purpose**

The projected capstone project was to host a workout regimen via zoom over the course of two weeks. These class sessions would take place twice a week for thirty minutes each meeting. Clients will be accessing this service during the first hour of their lunch break and is on a voluntary basis. The capstone project emphasized the importance of daily life support and self-esteem building. The outcome of the project was to create an efficient regimen that the clients can refer to throughout their lives and engage in an interactive workout class. The workout activated self-care practices as well as relieved stressors that us as humans can possess. The “stay-at-home” order was first issued on March 19, 2020. (CA.gov, 2020) This resulted in the restriction of physical fitness and made outside a questionable setting to expose one’s self too.
With the assistance of my mentor, the idea to create this course of action was vital for the health and well-being of the clients, as well as beneficial to their mental health. The exercises that were presented were air punches, rowing arms, cherry pickers, up and over chest presses, knee ups, legs kick, side to side leg movements, knee to elbow, seated jumping jacks, reach punches, long hand claps, double knee touch ups, hands in first shape over head to shoulder, dumbbell movements, body rotations, arm circles (large and small), head nods (forward and each side), climbers, freestyle swim movement, clap underneath knee, and running in place. After performing these various exercises, the class closed off with a list of stretches. This included: arm stretches, leg pull ups, wrist rolls, ankle rolls, arm over to back, neck stretches, and face massages. Throughout the entire process, encouragement was made for clients to drink plenty of water, listen to their bodies about what hurts or restricts them, as well as what is benefiting them, to constantly breathe through nose and mouth airways, and lastly to keep the camera on or off throughout the duration of time together. Many clients experience anxiety and are camera shy, so accommodating to that need of comfort was essential to recognize.

With this project, the clients were able to interact with me as the intern, as well as have the opportunity to see how the workout should be accomplished and have the safe place to ask questions or make comments. Throughout the regimen, encouragement to the clients to keep moving forward and meet the 30 second- or 1-minute mark aided them to not give up early. This opportunity helped build a closer relationship with the clients and engage in a fun, worthwhile experience.

**Project Justification**

Benefits of implementing this project include, but are not limited, building an interpersonal relationship with the clients, utilizing via zoom to exhibit live classes, promote
physical health and activity in a safe environment, and stimulate mental health. The clients were able to share questions about if they were performing the task correctly and share what they liked or disliked from a particular movement. Throughout, conversation was made about which was their favorite activity from the ones previously done and which was their least favorite. This gave the opportunity to hear the opinions of the clients and get their perspective on how effective the workout was for them. This also gave clients who live alone, or do not have much to do at home, something to interact with and benefit from. It was observed from the capstone project, the clients had an increase of heart rate which led them to drink camera or request a small breathing window to catch their breath. This showed that the workouts may seem simple on the outside but can be challenging when performing them for a minute’s time. In the stretching portion, it was explained to them that our body holds on to stress naturally and that if we don’t take the time to listen to your body and release this tension that it can build up. Especially in our necks, lots of tension is held literally in our shoulders and underneath our skulls. So, giving the clients the time to unwind and recognize those focal points was essential. To contribute to the mental health portion, reminders to the clients of their importance of their presence here in this world and this space was stated each class and the importance of working out daily was also noted. It was also shared to clients that the effects of working out may seem like an incremental change at the moment, but over a period of time, can make an everlasting effect on our physical well-being later on in life.

**Project Implementation**

Initially, a cooking class was the capstone projected idea but due to the circumstance of the pandemic this changed the course of action. To be able to make sure clients have all the necessary items to participate in the cooking class either online or in-person was not realistic.
With the “stay-at-home” order that was issued earlier in the year, it wasn’t fair to have to make caregivers exposed to the deadly virus by going out to the store to get the necessary ingredients and make those extra purchases. Instead, to still make sure that the health of the client was still addressed, the workout regimen idea came into action. After discussion with mentor Lindsay, she suggested this avenue of resource for the clients. Since she realized that this need was being missed from the agency deliverance overall. The conversation to switch gears to this idea took place September 18th, 2020. From there, a list of workout movements was tasked upon me as the intern. After a list was compiled, it was then shared with Lindsay over a recorded video which she approved of. The one request she had while creating this regimen was to make sure the workouts were all seated since the agency does have clients who are wheelchair bound. On the dates of 11/10, 11/11, 11/17, and 11/18 of 2020, the classes took place. This was carried out over the main room breakout room space that all the clients had access to. The moderator of the day also sent out reminders in the last ten minutes of instruction, to encourage involvement in the class. While executing the task, it was ensured to the clients that the use of weights was not being used in any of the movements but if wanting to contribute this on their own time is fine as long as the weights are used properly and safely. The participants include anyone from the South District who showed an interest to join from the Salinas, Gilroy, Hollister, and Seaside offices. This included staff members and other interns or volunteers as well. For 11/10 there were 10 then for 11/11 there was 9. For both the 11/17 and 11/18 classes, it increased to 13 participants. As for the ones that showed up, they stayed the whole duration of the sessions. These numbers only included clients, not staff members which shifts the number closer to 21 total attendees on most days.

**Assessment Plan**
The evaluation of the project was expressed live with comments given during and after the sessions. As well as in class the following days when clients wanted to share their experience of it. Unfortunately, no surveys were distributed to the participants of their likeness to the class or effectiveness of it. This is because clients do have developmental disabilities and administering this virtually would have been really challenging. If there was a time window to ask personally of each client then maybe then this evaluation could have taken place, but then again this would have removed them from their learning experience from their online class. If there was an option to conduct an in-person evaluation then most definitely this would have been done but due to current times, this was impossible.

**Expected Outcomes**

The outcome of the capstone project was to produce an inclusive product independently that could reach a large audience. All advice given from the mentor was applied in the work done and the project coincided greatly with the distant learning program. The goal was to have clients increase their physical health and promote fitness within their homes. It also was a way to give clients the necessary knowledge to be able to exhibit these movements on their time and ability. The project’s primary focus was to be efficient and interact during these isolated times. Collection of attendees was determined over the zoom participants panel of who was present for the classes. Fortunately, all these expected outcomes were met. Had high numbers of attendees, had great feedback from clients and staff that attended, and gave clients the resource of physical fitness they were needing. As well as addressed the concern of learning independent skills of daily activity.

**Project Findings and Results**
Clients all had positive things to say about the deliverance of the sessions and some even said it challenged them in a good way. They were able to see what areas of their bodies needed more attention and what areas they were subconsciously neglecting. As a result, clients had an opportunity to get to know myself as the intern on a more personal level, due to the fact I did the workouts with them fully. As well as gain the ability to do any of these movements on their own. The project has also inspired staff members to develop similar projects and add them to the distance learning program. Clients gained fundamental knowledge, got to engage with their classmates, and do a productive activity before their lunch. Again, no relevant information was collected due to a factor of confidentiality the clients are entitled to through Hope. Meaning, the names and contact information to receive feedback is prohibited since this is a vulnerable group of people.

Recommendations & Conclusion

The population of adults with developmental disabilities or mental health needs is a special group of people. They provide an array of expertise and acceptance that one cannot gain from anywhere else. Their high energy and enthusiasm are what took this capstone project to another level. While implementing this project, the skills of professional development, professional communication, cultural competency, and leadership were all exerted. These applied tools are fundamentals that, as a student, will carry throughout my set career path. The results reflected that the clients saw that they needed this element in their lives and utilized the opportunity when it presented itself. Some recommendations that could be made would be to have staff members switch out to have at least one live workout class accessible each week for the clients to have. Another recommendation could be recording these sessions, in case a client takes favor to a particular staff member and wants to re-do the movements on their own time or
have it available if they had to miss for whatever reason. This project should be continued because fitness is something everybody should be included in their lives to promote their well-being. Working out is not only good for the body but great for the mind as well. Blood circulates better, food digests more swiftly, and energy is restored all from working out. Based on the finding the clients wanted more sessions to take place and shared how much they enjoyed participating. A last recommendation can be to add music into the sessions, this I did not do but felt like it could have made the atmosphere more uplifting.
References


https://www.forbes.com/sites/sarahkim/2019/10/24/sub-minimum-wages-disability/?sh=eb8faf7c22be


## Appendix A

### Scope of Work

<table>
<thead>
<tr>
<th>Activities</th>
<th>Deliverables</th>
<th>Timeline/Deadlines</th>
<th>Supporting Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presented with Workout Idea</td>
<td>Via phone call with Mentor</td>
<td>September 18th, 2020</td>
<td>Mentor, Lindsay</td>
</tr>
<tr>
<td>Approved Created Workout Routine</td>
<td>Via email of the video</td>
<td>November 2nd, 2020</td>
<td>Mentor, Lindsay</td>
</tr>
<tr>
<td>Completed First Session</td>
<td>Via Zoom</td>
<td>November 10th, 2020</td>
<td>Mentor, Lindsay, Staff</td>
</tr>
<tr>
<td>Completed Second Session</td>
<td>Via Zoom</td>
<td>November 11th, 2020</td>
<td>Mentor, Lindsay, Staff</td>
</tr>
<tr>
<td>Completed Third Session</td>
<td>Via Zoom</td>
<td>November 17th, 2020</td>
<td>Mentor, Lindsay, Staff</td>
</tr>
<tr>
<td>Completed Final Session</td>
<td>Via Zoom</td>
<td>November 18th, 2020</td>
<td>Mentor, Lindsay, Staff</td>
</tr>
<tr>
<td>Finalized Participant Numbers</td>
<td>Via text message</td>
<td>December 11th, 2020</td>
<td>Mentor, Lindsay</td>
</tr>
</tbody>
</table>