WHAT IS THERAPEUTIC RECREATION?

Therapeutic Recreation (TR) is a health-related profession that focuses exclusively on the uses of play, recreation and leisure-related interventions to promote psychological and physical recovery, prevent secondary health conditions, and foster well-being and community participation among individuals with disabilities.

Consistent with the most current social model of disability (the ICF), therapeutic recreation has an ecological perspective of health and well-being; that is, both health and well-being are influenced by interactions between individuals and their environments. Thus, the profession’s scope of practice includes creating or adapting environments to encourage and support meaningful physically and socially active community participation, as well as using recreation and other activity-based interventions to improve health status and functional abilities.

Recreational therapy (RT) is the most dominant component of practice within this profession. According to the American Therapeutic Recreation Association (ATRA) recreational therapy is “a treatment service designed to restore, remediate and rehabilitate a person’s level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.” (2009)

RECREATIONAL THERAPY AND RECOVERY

The core values of recreational therapy practice match the values embraced by the recovery movement—self-determination, respect, and partnership. Recreational therapy practice is strengths-based, person-centered, holistic and collaborative. The three interrelated elements of RT practice—relationship, activity, and environment, reflect these fundamental principles of resiliency and recovery. Although recreation and leisure are often overlooked and dismissed, or at best overly simplified as non-purposeful diversionary activities, it can be a primary source of one’s vitality and spirit. In fact, meaningful leisure engagement is an important part of a life well-lived, and a protective factor in coping with and adapting to the stress of managing illness and disabling conditions. In essence, when interests and aspirations are respected and supported, when growth is believed to be possible, and when one’s physical and social environments are accessible and inclusive, one is more motivated to actively engage in life. Recreation and leisure are then potential sources of Healing, Humanity, and Hope.
Yet, for many contending with behavioral health challenges, meaningful engagement in life is difficult and requires support. Therefore, in concert with an overall behavioral health plan, recreational therapists collaborate with individuals to understand recreation and leisure’s role in their health and well-being. As part of active treatment, this begins with a strengths-based assessment of the person and his or her environment. It is more than simply determining what a person does or wants to do during free-time; it is also about determining how recreation and other activity-based interventions can be a means to achieving important goals associated with self care (e.g., exercising), forming and maintaining relationships, and participating in community life.

These outcomes are also integral to reducing risks of secondary health conditions such as sedentary behavior, weight gain, social isolation, and demoralization. The supportive relationship also involves reducing personal and environmental barriers that impede participation. Beyond its potential to contribute to physical and psychological health, recreational interests and leisure pursuits can also be a springboard for other important life roles. For instance, skills and abilities, responsibility and discipline gained through indoor or outdoor gardening can generalize to voluntary or paid employment in one’s community.

"You have to have things you enjoy; that’s what makes us human. When you start doing leisure things, when you realize ‘wow, I’m enjoying this’ it gets you out of your depression ... and the more you do it the more you want to do it, and the less you stay in bed”

Mitch (from COMHAR), age 34

RECREATIONAL THERAPY INTERVENTIONS

Within behavioral health, recreational therapists provide a range of psychosocial interventions and supports to assist individuals and families to achieve recovery and community integration goals. These include:

- **Psychoeducational groups** (e.g., stress management; coping skills; managing free time);
- **Leisure education** (Self awareness, resource knowledge, leisure skills, affiliation)
  - Awareness of lifestyle and leisure-related values, attitudes, interests and aspirations
  - Leisure activity skills needed to engage in preferred activities
  - Knowledge of community resources that support participation
  - Social interaction skills needed to form and maintain relationships;
- **Community Integration skills.** Assisting individuals to identify, locate and use community resources that support physically, socially, spiritually and culturally active community participation;
- **Wellness.** Attitudes, knowledge and abilities to pursue holistic health, and the role of self-determined recreation and leisure engagement in all aspects of health;
- **Adventure challenge / adventure-based counseling.** Individual and group problem-solving activities that challenge one’s sense of confidence and competence to act, and the group’s communication and cooperation. (e.g., a “maze” of obstacles through which partners – one blindfolded, or a whole group must navigate. The maze is a metaphor for obstacles in the journey of recovery, decision making processes, and social interdependence).
THE RECREATIONAL THERAPY PROCESS

RT practice is “a deliberate and purposeful use of an intervention process aimed at helping people with illnesses and disabilities improve their health and increase their capacity to use play, recreation and leisure for ongoing health and life quality.”

Shank & Coyle, 2002

A recreational therapist utilizes a systematic process of assessing, planning, implementing and evaluating interventions. Intervention plans are co-created, and the entire working relationship reflects a partnership of shared responsibility. An important part of this change process involves helping the individual to reflect on their experiences in order to understand (“process”) and appreciate the dynamic interplay of thoughts, feelings, and behavior. For example, previous experiences with social rejection or stigma when trying to use a public library or an Internet café can leave one unmotivated to be more active in the community. Similarly, previous success and pleasure that was experienced during a recreational activity may have been forgotten or is not used to reinforce continued healthy and adaptive choices.

THEORETICAL FRAMEWORK

Recreational therapy practice is an applied social science that draws upon several interrelated theories. These include:

- Self Determination theory (competence, relatedness, autonomy)
- Stress-Coping theory
- Social Cognition theory (self efficacy)
  - Stages of Change (change readiness)
  - Cognitive-Behavioral Therapy (self efficacy)
- Resiliency theory (problem solving, positive attitudes, managing feelings, coping, hope)
- Positive Psychology
- Leisure Sciences (theoretical research related to determinants and benefits of leisure behavior)

Recreational therapists fit within many aspects of behavioral health services, including:

- Inpatient psychiatric facilities (short and intermediate stay, including Veterans hospitals)
- Intensive outpatient and partial hospital programs
- Residential Services
- Behavioral Health Rehabilitation Services
- And other aspects of CBH/psychiatric rehabilitation such as Clubhouse and Drop- in centers
FINANCING RECREATIONAL THERAPY SERVICES IN BEHAVIORAL HEALTH

Medicaid will cover inpatient recreational therapy. Also, “when recreation, leisure and social activities are part of an individualized rehabilitation plan, they are psychiatric rehabilitation services and are eligible for Medicaid reimbursement” (PA psychiatric rehabilitation medical necessity criteria and standards, 2001). As an outpatient service or component of community behavioral health, recreational therapy and recreational therapists are not currently among Pennsylvania’s approved medical assistance (MA) services and service providers. Therefore, at the present time it must be financed through block funding or as a pre-approved supplemental support service.

ACADEMIC TRAINING AND CREDENTIALING

Academic training of certified therapeutic recreation specialists (CTRS) includes, at minimum, coursework in lifespan human development, psychology, conducting assessments, intervention planning and design, activity and task analyses, group work, environmental modification, modalities and facilitation techniques. Specialized coursework and clinical practice (internships) in mental health/behavioral health is also available. The BS degree in TR/RT satisfies eligibility requirements for a national exam that leads to being credentialed as a Certified Therapeutic Recreation Specialist (CTRS). A Master’s of Science (MS) degree with a specialization in mental health is also available as well as national specialty credentialing is also available. Credentialed recreational therapists are licensed to practice in several states, but not yet in Pennsylvania or New Jersey.

References:


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