

COMMUNITY THERAPEUTIC RECREATION SERVICE

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Introduction

The past decade brought tremendous modification to the provision of health care and a concomitant change to the provision of therapeutic recreation service. Reduction in funding and profound changes to the way health care is delivered has caused many therapists to re-examine how they conceptualize and implement the services they provide to clients. One of the significant changes our field has realized is a shift from hospital to more community-based service. Many therapeutic recreation practitioners have found themselves working entirely in community settings, or at least having a greater portion of their time designated to working with clients who are no longer institutionalized. Finally, we find ourselves in the position of having to be more concerned with what happens to a client once they have been discharged from an institution, and in many cases we are working with clients who may have never been an "inpatient" or "resident". Individuals with a broad range of limiting conditions are spending less time in institutions and more time in the community and therapeutic recreation practice has to adapt to meet the needs of these "consumers".

Traditionally, therapeutic recreation service models have dealt with either strict clinical inpatient practice or with community reintegration and community development models, which make no reference to therapeutic or clinical functions which still may be necessary. The premise underlying clinical service models is that if the client receives adequate services from therapeutic recreation professionals, he or she will be ready for discharge from the institutional setting, and ideally the client will independently pursue quality, meaningful recreation and leisure. Community integration and community development models recognize that the community itself needs "cultivating" in order to foster the growth of opportunities for individuals with special needs and/or limitations. What is needed at this stage of our profession's development is a model which embodies elements from both clinical models as well as community integration and community development models.

A therapist working in a clinical setting can provide treatment, education and participation opportunities (Peterson and Gunn, 1984) to patients which will inevitably help prepare them for a life outside of the institution. Recreation professionals working with community integration models ensure that there is a range of services provided to individuals with special needs and that clients move through this continuum and eventually participate in generic recreation and leisure opportunities. What this author proposes is that both of these schools of thought address only half of the equation. Clinical practice has tended to forget that no matter how much and how well you work with a client, if there are severely limited opportunities for that person in the community; if there are still social, physical, financial and other barriers which impede that person's involvement in meaningful leisure and recreation; then we have not allowed that person to realize the goal of having a quality leisure lifestyle. Community development professionals work with communities to build opportunities, yet there is no reference to the fact that some individuals will continue to need "treatment" in varying degrees and that inclusion for all may be an ideal, but perhaps not a realistic goal.



Community Therapeutic Recreation Service Model

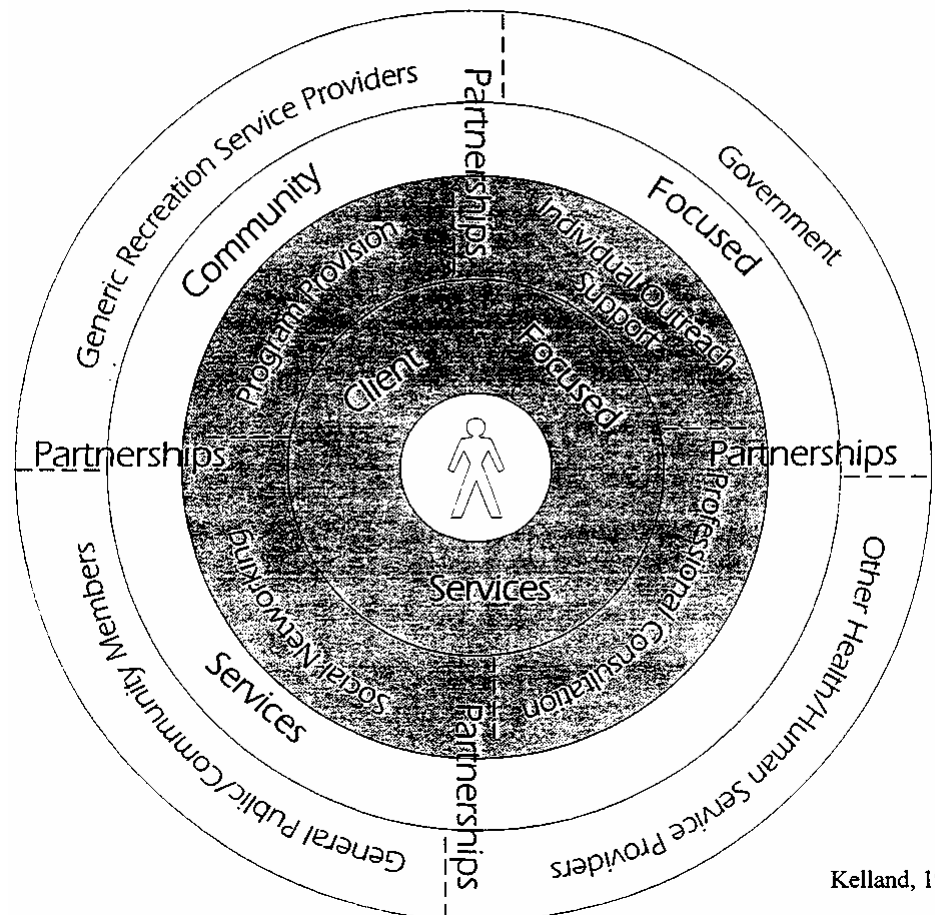
The Community Therapeutic Recreation Service Model (Figure 1) attempts to blend clinical and community integration service models. The model's underlying premise is that current clinical models of service do not adequately address the area of building community opportunities and that if the therapeutic recreation field is truly going to be successful in facilitating clients' healthy leisure lifestyles in non-clinical settings, than the scope of practice must expand. Therapeutic recreation practitioners cannot assume that if they get the client ready, the opportunities will be there, and generic recreation providers cannot assume that the "community" they serve, does not include individuals with special needs who have as much right to participate in community programs as their "temporarily abled" neighbor. These groups of professionals need to work together to bridge the gap between the institution and the community, The Community Therapeutic Recreation Service Model may provide the conceptual basis for this to occur.

Client and Community Focused Services

The model is divided into two broad service areas, client focused services and community focused services, recognizing that both the client and the community require professional attention in order to facilitate optimal involvement of clients- Client focused services are divided into four categories of service provision: 1) Program Provision, 2) Individual Outreach and Support, 3) Professional Consultation and 4) Social Networking. Community focused services are conceptualized with the idea that there are four categories of community entities with which therapeutic recreation professionals must liaise and partner with. These include- 1) Generic Recreation Service Providers, 2) Government, 3) Other Health and Human Service Providers and 4) General Public and Community Members.

Figure 1

Community Therapeutic Recreation Service Model



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Client Focused Services Program Provision

Part of the therapeutic recreation professional's role in a community setting is to provide programs when necessary — that is, when there is not a suitable program offered in a generic setting, or when a client needs further leisure education or treatment. For instance, a formal leisure education program with all of its desired elements may be entirely appropriate to offer to individuals living in community settings. Similarly, a more treatment oriented program, such as social skills teaching may also be necessary. Opportunities for general participation and enjoyment should also be provided if these opportunities are not available for the population in a generic environment.

One important guideline to consider when implementing programs for individuals living in the community, is that the professional has an excellent knowledge of the programs already available in the community for the population. Programs then should address specific client needs that cannot be addressed elsewhere. They should, as much as possible, act as a bridge to generic programs. To facilitate this, programs should be offered in community settings, should involve members of the public at some level (whether it be as an instructor, as a spectator or as a participant), and should mirror as closely as possible the recreation and leisure opportunities offered to their "temporarily abled" peers.

A continuum for program provision should be designed that provides for specialized segregated programs, as well as programs which allow for some level of integration. Services should not duplicate those offered in other settings, and they should assist clients in building the social network, and acquiring the skills and knowledge they need to pursue recreation and leisure opportunities in community and fully integrated settings, when possible.

Individual Outreach and Support

When a client moves to a community living situation, there is a substantial increase in both the number, range and the impact of the barriers he or she must face when trying to establish a healthy leisure lifestyle. Consequently, the therapeutic recreation professional's role in assisting a client in the community also becomes broader. Clients need assistance with problems which may not have ever been foreseen, prior to their move into the community. Transportation, finances, leisure partners, knowledge of community resources, motivation, fear and countless other barriers can mean the difference between successful participation and despair.

Individual outreach may consist of arranging a fee reduction for someone to go swimming at the local pool. It may consist of making home visits to ask why they have not made it out to any of the programs that have been arranged. It may consist of helping them do some grocery shopping, so that they can feel secure enough to start thinking about doing something fun. It may consist of riding the bus or giving them a ride to where they need to go to participate in an activity. Outreach may consist of having clients come to the office to receive individual leisure education in order to increase their ability to participate in community recreation opportunities. It could be as simple as a phone call to encourage or remind them about a program or event.

Individual outreach and support, is exactly as it is stated, very individual. What one client needs may be completely different than what another needs. The lines between disciplines may be more blurred in a community setting as the entire team works together to accomplish one goal — to keep clients in the community living as high a quality of life as possible.

Professional Consultation

As mentioned earlier, a treatment team works jointly towards one common goal. To accomplish this, members of the team must be in constant communication with one another. The therapeutic recreation



professional is no exception to this. They must not only give, but also receive a great deal of information from other members of the team. The receipt of information is of paramount importance in keeping up to date on a client's medical condition. Is someone responding well to a new medication?; is their diabetes under control?; are they experiencing more psychotic symptoms?; have they developed an ulcer?; are all questions which need answers if the therapeutic recreation professional is going to be able to work effectively and safely with clients.

The therapeutic recreation professional also requires information on other aspects of a client's well-being. Communication with other team members, such as social workers, occupational therapists, psychologists, nurses, physical therapists and others, helps to keep the therapeutic recreation professional informed about issues which will most certainly impact on clients' leisure lifestyles. Did they lose their job?; have they received a new pension and now have more discretionary income?; are they depressed about the break up of a relationship?; are they having to move to a new home?; are they experiencing a great deal of stress? These are the types of issues which therapeutic recreation professionals need to be informed of.

What one professional does with a client generally impacts on what another professional is doing. To be effective, professionals need to communicate with each other to ensure that each discipline is on the same page with a client and going in a similar direction, while at the same time taking into account the expertise of each discipline. Clients are multidimensional individuals and therefore teams must take a multi-disciplinary approach to treatment to assist clients in maintaining an optimal quality of life in the community.

Safety, both of the client and the therapist, becomes an even more important issue when working in a community setting. At any time, circumstances may change, which could result in an unsafe situation for the client, or for the therapist working with that client. If clients are on a medication which may increase their blood pressure and consequently put them at risk of a cardiac event if physical activity is too strenuous, then the therapist needs to know. Similarly, if an individual with schizophrenia is having delusional ideas about another client in an activity group, the therapist also needs to know. While in many facilities, there are static measures in place to assist with safety concerns, (such as alarms, observation windows, emergency responses and locked doors), what goes further in keeping both clients and staff safe is dynamic security which is maintained through effective and thorough communication.

Social Networking

"People identify social relationships more than anything else as making their existence more meaningful" (Klinger, 1977 in Hutchinson and McGill, 1992, p. 102). Generally, individuals with disabling conditions do not enjoy the same quality or quantity of friends and social relationships as their temporarily abled peers. Friends help people to deal with difficult situations, inspire one to reach beyond their limits, enhance the quality of a leisure experience and overall make life more worth living. Because people with disabilities have a more difficult time establishing and keeping social relationships or friendships, another role of the therapeutic recreation professional is to assist individuals with building and maintaining friendships.

Hutchinson and McGill (1992) describe the barriers persons with disabilities experience in making and developing relationships. These include such things as spending an excessive amount of time at home, having a limited range of social experiences, being overprotected and limited in their opportunities for spontaneous leisure, not having a wide social network, being surrounded by staff or volunteers, and an emphasis on participating in highly competitive recreational activities where competition and the disability are emphasized more than socialization and cooperation.

Hutchinson and McGill (1992) go on to explain that individuals with disabilities also receive fewer



supports for relationship building. Individuals with disabilities tend to be seen as not needing or not being capable of maintaining the same range and quality of relationships that "normal" individuals have. If therapeutic recreation professionals are going to be successful in facilitating healthy leisure lifestyles for individuals living in community settings, then they need to also enhance their skills in helping clients build friendships and expand their social network. This can be done in a variety of ways, but must be done strategically.

Most friendships develop because individuals share a common interest. By providing opportunities for Individuals to meet others who share a common leisure interest, friendships can be promoted. These opportunities should be provided in integrated or segregated settings, depending on the comfort level and functioning level of the individual with the special need. In some cases, familiarizing clients with their community and introducing them to the recreational opportunities available may be adequate to help build friendships. In other cases individuals may need to be formally taught social skills so that they have the ability to make friends and act in socially appropriate ways. It may even be as simple as introducing one client who enjoys playing crib to another with the same interest. Whatever the level and quality of intervention, therapeutic recreation professionals should assist their clients to the degree necessary to reduce their isolation and assist them in building a social network which provides for optimal health and happiness.

Community Focused Services

Generic Recreation Service Providers

As mentioned in the introduction, community based therapeutic recreation service must not only work with the individuals with disabilities, but it must also encompass the need to build community opportunities for individuals with special needs. While the premise behind generic recreation providers is that they provide recreational opportunities for those people living in their community, the reality is that the "community" is too often defined as people who do not have any special needs or limitations. Programs are generally not designed for people who have a range of abilities, functioning levels and behavior. For example the local leisure center, likely does not have within its programming repertoire, aquasizes which a person with a cognitive impairment could follow, swimming lessons for individuals with hemiplegia, or day camps for children with behavior disorders. Yet, within any community there will be people who have these types of limitations that could and should be programmed for. The Community Therapeutic Recreation Service Model, proposes that another function of the therapeutic recreation professional is to support the creation and operation of programs in generic recreation settings which meet the needs of individuals with special needs.

A large part of this function is the education of generic recreation providers as to how they can better program for individuals with special needs. Therapeutic recreation professionals are in an excellent position to suggest to generic recreation providers how to modify programs or facilities in order to promote successful physical and social integration. Therapeutic recreation professionals can act as a resource to teach what kinds of barriers our clients face when trying; to engage in recreation leisure opportunities at the community level, and what generic recreation operators can do to reduce these barriers. For example, offering programs at a reduced cost, may help a person with mental illness become involved. Inservicing staff about how to handle disruptive behavior in a positive way, may help the staff, general public and behavior disordered individuals cope more successfully with integration.

Using community facilities as part of a therapeutic recreation program is also imperative if we are going to show the community as a whole that individuals with disabilities exist, are not to be feared, and have human needs for recreation and leisure like anyone else. In addition, utilizing generic instructors for special needs programs is another form of reverse integration which can not only allow for much needed exposure and education, but also gives clients a quality service, which they too often are denied. Assisting individuals with special needs in establishing guilds or clubs based on leisure interests and then helping them to liaise with generic recreation providers for resources is another way of facilitating optimal community involvement.



In summary, therapeutic recreation professionals have to expand the sense of responsibility for providing recreation opportunities to generic recreation professionals. They need to be educated directly about barriers and needs and the principles of integration and normalization. Therapeutic recreation professionals have the knowledge, generic recreation providers have the resources. Put the two together and you have a wide range of opportunities for all members of a community.

General Public and Community Members

Another component of the therapeutic recreation service model is to educate and raise public awareness of the recreation and leisure needs of the disabled people in the population. If individuals with special needs are truly to become included as full participating members of their community, then many things have to change. The general public is largely ignorant of the needs of individuals with limitations. At best, they have neutral attitudes about their participation in community recreation and leisure opportunities, and at worst, they are fearful of, uncomfortable with and sometimes opposed to suggestions of integration. Naturally then, an important aspect of community therapeutic recreation service is educating the public and soliciting its validation of the principles of integration.

Education of the public can be done in numerous ways, both formally and informally. Formal opportunities such as inservices, presentations, taking professional students, getting involved in theme weeks and career days can all be done with a view to increasing the public's awareness of the needs of a specific population. Presenting at other disciplines or other profession's events is a good way of educating about leisure and recreation as well as promoting the profession as a whole. Too often, we tend to preach to the converted and we do not promote ourselves, our services and the needs of our clients to those who may have a great deal of impact on all of these.

Similarly, therapeutic recreation professionals also need to take advantage of more informal opportunities to educate the public. By working directly with group homes, caregivers and families of clients, we can help build opportunities for clients by heightening the awareness of what is needed. Families can be a tremendous resource, not only for assisting with the provision of necessary services, but also helping identify what services are needed. Families can also be very effective in an advocacy role. The job of the therapeutic recreation professional is to ensure that within this advocacy and needs identification, there exists an emphasis in the importance of leisure and recreation needs for individuals.

When the day arrives with an article in Time Magazine about therapeutic recreation service; when all therapeutic recreation professionals' and their clients' family and friends know exactly what it is they do for a living; when every high school career day has a booth representing therapeutic recreation; when there is a journal article in the International Journal of Nursing about the benefits of leisure and recreation for individuals with disabilities; when Mental Health Week has leisure as one of its annual themes; when there are therapeutic recreation professionals involved in the boards and service clubs of communities; when there are more student placements than students, when the local recreation center advertises programs for a broad range of abilities; we will have done a better job of educating the public. By increasing the scope and intensity of stakeholders invested in increasing leisure and recreation opportunities for individuals with limitations, we will improve the quality of life of the entire "community".

Government

Along with educating the public, there also exists a responsibility to inform all levels of government about the needs of special populations. Government action can be initiated in a variety of scales and at every level of government- Broad, coordinated action may be aimed at pursuing appropriate legislation, be it, to



bring in laws regarding accessibility, enacting bills which ensure registration of professionals, or similar legislative action which serves to improve the quality of service and the quality of life of individuals with disabilities.

Action may also be at a more local and direct level, and include such things as recommending to municipal parks and recreation departments that they implement sliding user fees scales in order to increase participation of those on a limited income in municipal activities. It may entail advocating for the inclusion of recreation services within the local board of health's mandate. It may involve sitting on the local recreation board to make suggestions with regard to enhancing recreation services for persons with disabilities.

There is much literature written about advocacy and legislative action which one can refer to and embrace and it is imperative the therapeutic recreation professionals do so. Some guiding principles which this author has found helpful in initiating governmental change at a practical level are as follows. Professionals need to be politically astute and follow the trends which government and society as a whole seem to be following. Currently, issues of human rights and community quality of life seem to be "hot" topics which professionals can use to their advantage when approaching any level of government. Using the right language, in the right circumstances, will get us heard more than using professional lingo which means little to the bureaucrat or politician. If "inclusion" is a more politically common term than social integration, then use the word "inclusion" when dealing with government.

Along with using the right language, it also is wise to market the services offered effectively. Recreation and leisure services are valuable commodities which need to be marketed and promoted like any other "product". While business may not be the forte of many recreation professionals, it may be useful to be cognizant of strategies used in business when attempting to get government attention, or the attention of the corporate community, which may also be a valuable resource.

It is also important to not give up on issues the first, second, or even the fourth or fifth time we meet with failure or disappointment. Like the clients we work with, professionals must remain determined and be adept at taking a different approach, taking issues to another level or another person, and to keep chipping away until we have met our objective. We cannot be humble and shy about the work we do, and downplay the role we have to play with clients. Sometimes going to the top will affect the change we seek, other times staying as far removed from the bureaucracy as possible, will keep us from harms way. If one is asked to sit on a committee or task force which may be somewhat outside the realm of recreation services, but may to some extent impact on services to individuals with disabilities or general recreation service, then people should take the opportunity to impact a leisure and recreation philosophy to a broader audience.

Other Health and Human Service Providers

A final group which needs to be informed about the work of therapeutic recreation professionals and the recreation and leisure needs of clients, is other health and human service providers. Often there is a reliance on other health professionals to refer a client to a recreation therapist for the first time. If allied health professionals are unaware of the services offered by therapeutic recreation, referrals may be lacking or inappropriate. This is even more important in a community setting where a therapist may have never worked with an individual as an outpatient, and may be unaware of the client's potential in terms of leisure and recreation participation or unaware of the client altogether. Recently, a nursing colleague of mine, who works in a community mental health clinic, told me that all too often, a visit to the clinic consists only of very basic inquiries, such as medications and social conditions. She stated, and I certainly agree, that all health professionals need to be educated as to the importance of lifestyle in clients' lives and that the question of "What do you do all day?", is as important as "What side effects are you having from your



medication?", and needs to be as frequently asked.

Therapeutic recreation professionals can empathize with clients somewhat, in that we both experience a certain level of devaluation. Clients feel, and are, devalued in society because they have a disabling condition, and therapeutic recreation professionals feel, and are, devalued because they deal with leisure, a socially undervalued commodity. The only way we can continue to combat this devaluation is to educate and show results and to be contributing, assertive members of our teams.

One practical method of educating other health professionals is inservicing. Inservicing could address the basics of what a therapeutic recreation professional can offer to clients. It may be research or outcome based, in order to demonstrate the efficacy of services provided. Having generic recreation professionals present to health professionals may increase their knowledge of community opportunities for clients and even for themselves. Inviting other health professionals to therapeutic recreation inservices is also a useful method of educating others as well as confirming to the presenter that his or her information has impact beyond the scope of the therapeutic recreation field. Generally with inservices, we need to think outside of the box, and remember that there can be much more to inservices than "TR's" teaching other "TR's".

Joint programming is another excellent means of expanding the knowledge and level of support for therapeutic recreation services. Collaborative programming with any other discipline — programs such as "community living skills" with the occupational therapist or relapse prevention" with the psychologist — not only demonstrate to other disciplines what our skills are, but they also are very effective with clients.

Similar to joint programming, is the idea of multi-disciplinary and even multi-agency alliances to effect changes in service delivery. In the city in which I live, we have established a committee which is comprised of a community nurse, a municipal parks and recreation professional, recreation therapists and recreation professionals from a number of hospitals and community health and advocacy agencies throughout the city, and client representatives, to address the lack of community programs for adults with mental health concerns. This committee does not "belong" to any one agency and therefore is not affected by the bureaucracy of any one agency. However, it has been able to access the resources of all the agencies involved to some degree and now the committee itself operates a number of community recreation programs for adults with mental health concerns which have been highly successful and very well attended. The committee has also been able to educate the other professionals on the committee as to the importance of recreation and leisure services, and these allied health professionals, in turn, educate others in their agencies in the same regard.

Creating awareness and understanding in other health professionals is an ongoing and imperative role of the community therapeutic recreation professional. Simple measures such as taking a few minutes in a conference to describe what you have done with a client, all the way to forming alliances and presenting at allied health conferences will all move us towards the goal of having others better understand what it is we do and the invaluable service we offer to clients.

Partnerships

Intertwined throughout the Community Therapeutic Recreation Service Model is the word "Partnerships". The longer one works in a community setting, the more one realizes the necessity for forming partnerships. As has hopefully become obvious throughout this article, partnering with others is an effective and very efficient way of accomplishing all of the goals associated with community therapeutic recreation service. Partnerships may be formed at the agency level, such as conducting joint programming or joint research with another discipline. They should also reach beyond the walls of a single agency, to include joint programming or joint research initiatives with other disciplines or therapeutic recreation professionals. We need to partner with generic recreation professionals in order to expand services offered to clients.



Implementing programs held in a community recreation facility, lead by a qualified leader, and co-lead or supported by a therapeutic recreation professional have proven to be effective in meeting the needs of those with limiting conditions.

Partnerships may involve writing joint grants to acquire government or private funding for a needed service. Professionals working for the department of health may partner with recreation professionals in municipal government, in order to conduct a needs assessment of a community. We may start with a partnership with a client or group of clients to assist them in implementing their own sports league. A partnership may be initiated whereby the local community association solicits volunteers from the mental health day program across the street to help with the day-to-day operations of the community center.

There is virtually an infinite number of partnerships which can and should be created when one is working in the community. Partnerships can be formed to address both the client focused services described in the model and community focussed services. There is nothing to be lost and everything to be gained from being creative and innovative in how we offer services to clients and improve the community opportunities available to them. An effective therapeutic recreation professional will seek out partnerships and advocate for the sharing of resources in every aspect of service delivery.

Summary

The Community Therapeutic Recreation Service Model recognizes first and foremost that communities, as well as clients, need to be worked with and developed, if individuals are truly to realize the goal of living a healthy leisure lifestyle in a community setting. The individual is at the center of the model, indicating that the model proposes a person-centered approach. Hutchinson and McGill (1992) highlight that the three major cornerstones to a person-centered philosophy is that the individual should be seen as:

1. a unique individual who is different from every other person.
2. a whole person, whose life and essence compose a total.
3. Having unexplored and unknown potential for growth, development, and decision-making, throughout his or her entire life.

Finally, the model supposes that partnerships should infiltrate the entire service delivery system in order to effectively activate the wealth of knowledge and resources that exist within a community and consequently improve the quality of life of its citizens with disabilities.

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