Therapeutic Recreation

Guide to Success in Harm Reduction

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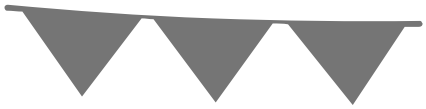

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Theories of Practice

Theories in practice guide and give meaning to what we see and experience in the workplace. The therapeutic recreation programming in a harm reduction setting can be based off the following theories to guide on the path of a successful program.

Self Efficacy Theory

This theory is based off the notion that the thoughts and beliefs that one has about themself, directly impact their success in related situations. Individuals with high self efficacy believe that they can accomplish tasks that challenge their abilities. An unfamiliar environment and perceived risk can increase the magnitude of the event.

Self efficacy can also be improved by viewing others take on challenges with success which provides a "transferred" sense of confidence experienced by the observers.

Self Determination Theory

Individuals' perception of their abilities can be influenced by autonomy, emotional needs and motivation. This theory states that strong interpersonal connections, experiences of success and feelings of control over ones' life can influence a person's desire to grow and change.

Role Descriptions

Recreation Therapist:

The Recreation Therapist assesses, plans, implements and evaluates residents in regards to recreation therapy. The goal for the recreation therapist is to use recreation and leisure to improve functions and create opportunities for residents to work towards a healthy leisure lifestyle and integrate into the community as able.

Key Responsibilities:

- Assesses each resident to determine their needs, interests and abilities within the facility and community
- Identifies goals and intervention plan and communicate with recreation team and other departments
- Provides and facilitates therapeutic recreation programming to residents with a trauma informed care approach
- Directs and assists Recreation Assistants with individual/group recreation programming
- Completes documentation including assessments, documenting on program participation and individual progress notes as needed.
- Assists in planning and coordinating of programs and resources

Recreation Assistant:

Reporting Recreation Therapist, the Recreation Assistant will be responsible for assisting with the delivery of therapeutic recreation programs and activities. The Recreation Assistant is also responsible for completing therapeutic visits with residents where mental health checks and support are provided.

Key Responsibilities:

- Provides and facilitates therapeutic recreation programming to residents with a trauma informed care approach
- Encourage residents to participate and engage in programming and ensure residents are attending programs related to their recreation goals
- Complete therapeutic visits with residents
- Complete documentation on program participation and individual progress notes as needed.
- Assist in the creation of posters and notices regarding activities and programs.
- Supervise community outings and assist with transportation as needed
- Ensure efficient delivery and safety of programs.

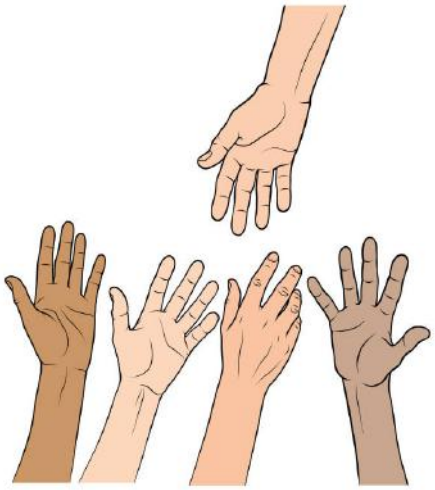
Harm Reduction and Therapeutic Recreation

Therapeutic Recreation in itself is a form of harm reduction. Therapeutic recreation aims to provide more educated, safe, or beneficial choices people can make when facing boredom, stress relief, isolation, distraction, social interaction and more!

Harm Reduction Principles in Therapeutic Recreation

Autonomy

Residents are always given the choice of what programming they are interested in attending. Residents are invited and encouraged to attend programming but ultimately they make the individual choice of what will benefit or interest them.



"Meet People Where They're At"

In recreation programming we meet people where they are at in multiple ways. We always bring the program to the proximity and location of where the residents are. We also provide a variety of programming which includes active and passive participation; programs with longer periods of time and shorter programs; programs with 1:1, small groups and large group. This variety in programs ensures a comfort level for all residents.

Individualism in Goals

When a new resident moves in, the recreation team meets with the resident to discuss personal goals and how that can be accomplished through recreation involvement. We can offer the resident a goal suggestion form which provides examples from each functional domain (emotional, social, physical, cognitive and spiritual), as well as general leisure goals, if the resident is experiencing difficulty identifying a goal.
These goals are discussed and re-evaluated at six months from admission and annually thereafter.

Educated and Informed Decisions

We ensure the resident is educated and informed about decisions regarding recreation programming. Examples of informing/ educating when inviting and encouraging participation:

- Giving proper notice for participation in programming
- Sharing the time and place of the program
- Sharing the group size (1:1, small group, large group)
- Explaining the programs format (any rules, norms of program)
- Explaining overall benefits of participating in the program
- Sharing the potential goals of the program and how that relates to residents' personal goals
- Explaining different levels of participation in the program (active vs. passive)

Accountability Without Termination

Therapeutic recreation recognizes that residents will experience cycles of participation patterns. Residents are monitored for participation through daily observation in and out of programming and documentation. When an observational change has taken place with a resident and a pattern of change is established, a formal or informal meeting with the resident can be scheduled. Based on changes with the resident, we may discuss changing their personal and recreation goals. This can include encouraging them to attend different types of programming, similar programs with different goals, changing goals to therapeutic visits to focus on mental health, etc. Goals and participation is understood and expected to be fluid. Residents are not considered "unsuccessful" if goals are altered.

Pragmatism

The recreation programs recognize efforts in many different forms. This means we encourage residents to attend programming but it is up to the resident how actively they feel comfortable in participating. Residents are welcome to come in and out of programs and do not need to stay the full duration of each program to be considered “successful”.

We set up our programs with an inner and outer circle. The inner circle is for residents who actively participate in the program. The outer circle is for residents who need time to warm up to the program, would prefer to observe to increase confidence prior to fully engaging, or for residents who just enjoy watching.

When the recreation team can determine the resident has been present for a minimum of 15 minutes throughout the duration of the program and has shown an observational amount of engagement, we consider the resident successful in that program. Mental health and cognition are always considered when determining engagement levels.

Rapport Building Strategies




Discovery Through Assessment

We begin an initial positive interaction with a resident through the completion of the recreation assessment tool. Through the sharing of stories, experiences, interests and preferences in the assessment process we are discovering what is important to the resident, what they enjoy conversing about, and strategies to motivate. As we move to the goal section of the assessment tool, we are establishing a collaborative relationship as we work to identify their personal goals and how we can work together to accomplish this through recreation programs. This process contributes to an open dialogue, a trusting environment and an initial comfort with the recreation team.

Recreation Participation Programming

If residents are unfamiliar to therapeutic recreation, they should be introduced through "Recreation Participation Programs". As referenced in the Leisure Ability Model, recreation participation programs refer to programs that promote enjoyment, freedom of choice and self expression. In these programs, the facilitator is not in an educator role but a supervisory one. These programs may include live entertainment, special/ holiday events, food socials, movies, etc.

These programs often allow residents to participate actively or passively and can help to build confidence in recreation or in group settings with little pressure. Recreation participation programs are often successful in the introduction to therapeutic recreation or "goal based programming" as they offer little chance of failure to participation.

Therapeutic Visits

Therapeutic visits are a 1:1 program that offers diversity and individualism to every resident. Therapeutic visits must be a minimum of 15 minutes to be considered successful.
Examples of Therapeutic Visits that were used throughout intervention:

- Hobby activities: looking at coin collections, working on car models, writing music
- Technology education: teaching skills to use ipad, cell phone, computer, tablets, etc.
- Employment preparation: Creating resumes/ cover letters, email etiquette, job interview role playing
- Physical Education: 1:1 targeted exercises for pain or stiffness, 1:1 walking with residents that typically use wheelchairs
- Education courses: Leisure education, values clarification, personality traits courses
- Games: Card games/ board games
  Assistance with grooming: assisting with hair, makeup, clothing, etc.
- Social Context: Conversations 1:1 to build rapport
- Mental Health check ins/ support

Informed Approach

Cadence: Facilitators need to be aware of the tone and inflection in their voice and how this can greatly impact the response of the resident when interacting and encouraging participation in programs. Residents have shown to be more receptive to a calm and neutral tone of voice. Pitches on the high end and low end of the spectrum have been noted to deter participation, possibly due to intimidation or negative perception from the resident.

Language: With tone and inflection in voice, we also need to be aware of the language we use with each resident. Ensure that conversations involve open and closed ended questions depending on the residents comfort with social interactions, and also a focus on the residents' needs and goals. When inviting a resident to a program, take into consideration the goals the resident has, or even the perception the resident may have on the language that is used. Example: You are inviting a resident to attend a cookie decorating program. The residents' goal is to attend programming for social interaction and increase sense of independence.
Incorrect: "We are decorating cookies, do you want to join?"
Correct: "A few of us are having a snack do you want to join? We have cookies and toppings so you can make it how you like."

Body Language: Always ensure an open body position when conversing with a resident such as arms uncrossed, shoulders facing the resident, palms open, etc. Never approach the resident from behind; approaching from the side so the resident is able to identify you before you approach is best. Maintain a healthy proximity from the resident that they are able to hear you but feel comfortable in their environment. Mirroring facial expressions throughout social interactions can help the resident feel heard and accepted.

Removing barriers: The dress of the worker should coincide with similar dress to the residents. Workers should be aware of how name brand clothing, fancy jewelry, expensive shoes, etc. can create a socioeconomic barrier between the resident.

Assessment

Assessments completed with residents in regards to recreation and leisure is called "Recreation Survey". This title was chosen as the word "assessment" can potentially have an intimidating or unapproachable connotation to it. Other strategies such as not using a clipboard, sitting beside the resident while completing the Recreation Survey, and explaining what you may be writing down during discussions, can assist with an open and trusting dialogue.

The Recreation Surveys were adapted from the Leisure Assessment Inventory (LAI) which measures leisure preferences, participation, interests and constraints. The Leisure Assessment Inventory was developed for older adults with developmental disabilities but also appropriate for older adults with moderate to no cognitive disability. This tool presents very flexible which is required with this population.

The format of the "Recreation Survey" is very similar to the LAI by determining interests in different domains, past, present and willing to try (or needing more education on it), also a section for comments for additional detailed information. It determines specific interests in the functional domains of physical, emotional, social, cognitive and spiritual leisure interests. The Recreation Survey was adapted from this tool as it is a very basic assessment that does not inquire intrusive questions but discovers information to begin leisure education, rapport building and success in the program.

The goal section of the Recreation Survey encourages discussions around participation levels and constraints they may face, without formal questioning found in the LAI. The process of the Recreation Survey assessment allows for open dialogue and casual conversation, which tends to be different from a typical medical setting assessment. Based on this conversation we are able to identify personal goals and develop them into SMART goals related to recreation and leisure.

Specific	Measurable	Attainable	Relevant	Time-Bound
Make sure your goals are focused and identify a tangible outcome. Without the specifics, your goal runs the risk of being too vague to achieve. Being more specific helps you identify what you want to achieve. You should also identify what resources you are going to leverage to achieve success.	You should have some clear definition of success. This will help you to evaluate achievement and also progress. This component often answers how much or how many and highlights how you'll know you achieved your goal.	Your goal should be challenging, but still reasonable to achieve. Reflecting on this component can reveal any potential barriers that you may need to overcome to realize success. Outline the steps you're planning to take to achieve your goal.	This is about getting real with yourself and ensuring what you're trying to achieve is worthwhile to you. Determining if this is aligned to your values and if it is a priority focus for you. This helps you answer the why.	Every goal needs a target date, something that motivates you to really apply the focus and discipline necessary to achieve it. This answers when. It's important to set a realistic time frame to achieve your goal to ensure you don't get discouraged.

Stages of Change in TR Goals

Pre-Contemplation

This is the earliest stage of change. People in this stage can be unaware that the situation or circumstance is problematic or are unwilling when it comes to changing it. The person may engage in little action to shift their perspective.

Therapeutic Recreation Recommendation: The resident should have goals created with therapeutic visits. Therapeutic Visits are implemented in a 1:1 setting and can be used to develop stronger rapport with the resident and further discover interests, past experiences and barriers they may face in regards to recreation or goal setting.

Goal Example: Resident will participate in therapeutic visits 1x per week to provide opportunities for meaningful social interaction and further explore leisure interests to promote healthy leisure and relationship building.

Contemplation

In the contemplation stage a resident begins to acknowledge that they have a problem and begin thinking about possible solutions. They may struggle to understand the problem, therefore may need education on problem solving. The person may or may not be ready to commit to change.

Therapeutic Recreation Recommendation: The resident should have goals to be a passive participant in programs. This may look like observing the program to learn more about the structure, benefits and goals, or gain confidence in group settings. Goals may also include trying one new program a week to increase leisure knowledge in order to 'tip the balance' in favour of making change.

Goal Example: Resident will attend one new program per week with active or passive participation in order to increase knowledge on leisure and discover recreation programming of interest.

Planning

In this stage the resident is ready to commit to change. They need to develop a plan that will work for them and make firm commitments to follow through with action.

Therapeutic Recreation Recommendation: The resident and Recreation Therapist should discuss a specific goal and plan for the resident that is individualized to their needs, interests and barriers. Once the resident can identify a goal, a SMART goal can be created in order for the resident to achieve that goal.

Goal Example: Resident will attend exercises 1x per week for minimum 15 minutes to increase lower body strength and endurance.

Action

In this stage the resident is currently implementing the plan they had created to reach the goal. The resident is beginning to see change and benefits from their action. This stage requires the most energy and time commitment.

Therapeutic Recreation Recommendation: It is important for the Recreation Therapist to schedule regular meetings with the resident to encourage and affirm action. The Recreation Therapist should also assist with any changes or adjustments with the goal or schedule to ensure consistency in participation.

Goal Example: Resident will increase attendance in exercises from 1x per week to 2x per week to increase motivation throughout the week.

Maintenance

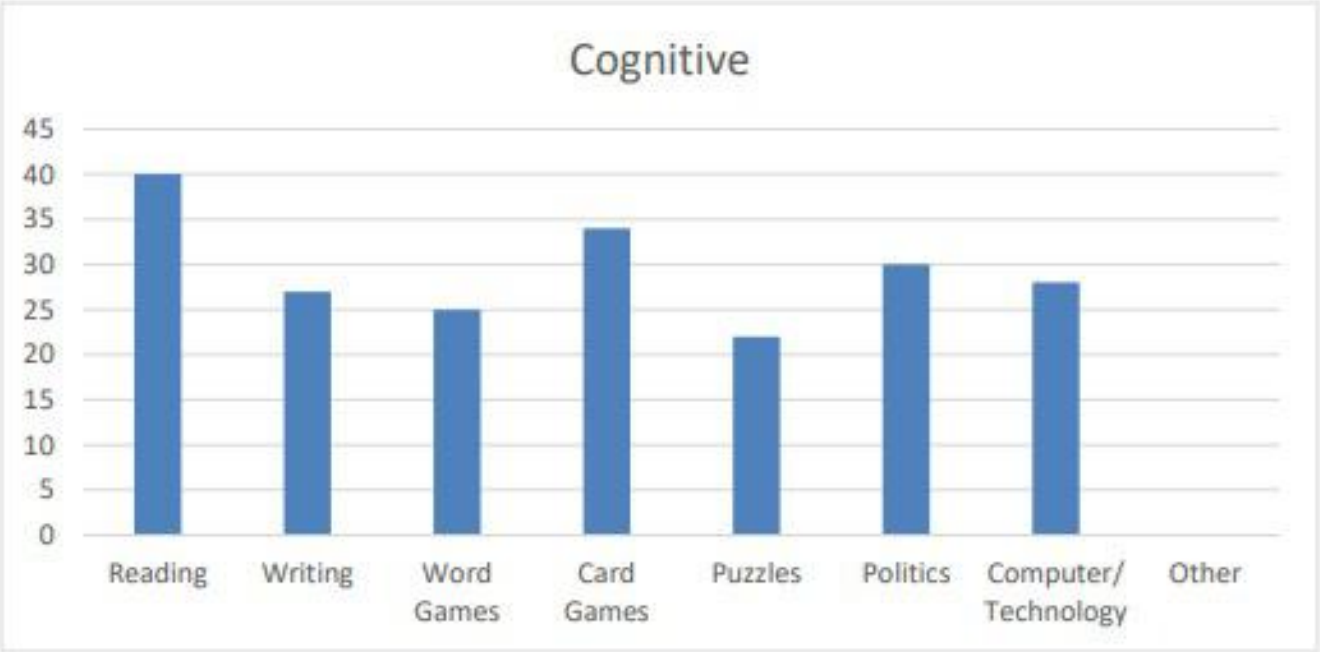
This is the final and most difficult stage. The resident aims to maintain the behavior that they have implemented without reverting back to past patterns.

Therapeutic Recreation Recommendation: The recreation department should pay close attention to the resident during the maintenance stage providing encouragement and guidance as needed. The resident may slip up during this stage and this is not to be considered a failure but an opportunity to guide the resident back on track with their goals. The Recreation Therapist can suggest alternative programs that can help meet goals to avoid the resident experiencing repetitiveness or boredom.

Goal Example: The goal of the resident may stay consistent from the action stage or need slight tweaking as they are maintaining.

Planning in Therapeutic Recreation

After assessments have been completed, the planning stage for implementation can begin. Using the results from the recreation surveys that were conducted, a pattern of interest/need can be established. Determine the results of the surveys by creating a graph that details most to least interest of the residents. Using this information we can optimize the time and resources to get the maximum residents involved.



From the information gathered from the resident and from observation of the environment and setting, we can begin to build programs based on the goals that residents had created. A program is a therapeutic intervention that has specific goals and outcomes. A program plan should be created for each program that is facilitated. A program plan outlines the description of the program, goals, objectives, ideal amount of participants, materials needed, procedure of implementation and can also include any risks and budget concerns. Program plans create consistency between facilitators and can be used to validate how each program works to meet resident goals.

Engagement begins with ensuring the residents are aware of what is offered and feel the environment is inclusive for participation.

Implementation

Advertisement

Monthly calendars are created which promote the programs that are offered on a daily basis and what time they are offered at. The monthly newsletter also has a specific section where big events or unique programs are outlined with a short description. The calendars and newsletters are passed out at the beginning of each month to residents interested. Both of these items are also posted in various locations around the building.

Location

Programs are offered in various locations around the building to ensure all residents feel comfortable to attend. This includes in lounge spaces on each floor of the building, in the main dining area, in the outdoor/ backyard space, and in the community. Therapeutic visits or small group programs can also occur in a resident room if desired. The most successful location for facilitated programs has been found to be in areas where residents can play different roles in the program. These are areas where they have the ability to be an active or passive participant, or they can also observe from the outside and join in when they feel more comfortable.

Set Up

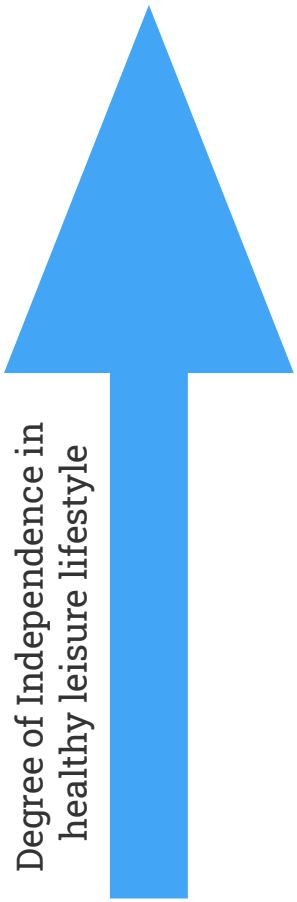
It is one of the most important steps for implementing a program to ensure the set up is ready prior to the beginning of the program. We want residents to feel comfortable and ready to begin when the program is commencing. For example this can look like setting up individual art stations with paint brushes, water, paper, etc., so residents are able to start as soon as they sit down.

Modifications

When setting up a program it is necessary to consider the skills and barriers that residents may experience. Always ensure that the resident is able to fully participate and provide adaptations to the program as required. A few examples of modifications are below:

- Providing a large font document for resident with visual impairment
- Using a pocket talker for resident with hearing impairment
- Allowing resident to come and go during a program if they have an attention disorder
- Providing a ‘smoking area’ during outdoor programs
- Providing diabetic friendly food options during a special event
- Using a range of easy to difficult questions during a trivia game

Motivation Approaches



Intrinsic Motivation – Participating in an activity for its inherent satisfaction or the ability to learn and explore to gain internal reward.

Extrinsic Motivation – Participating in an activity to gain an external reward or to avoid a consequence.

Amotivation – Little to no participation in activities due to lacking motivation to engage.

The following example shows how one goal can have multiple motivation strategies and how the wording of your approach impacts the response.

> A resident has created a goal of transitioning from using a wheelchair to walker by improving lower body strength. You approach the resident and invite them to attend the morning exercise program.

Advanced Intrinsic

Approach #1: Resident is already present when the programming is being set up and no invitation or encouragement is required.

This approach means the resident is ready and looking forward to the program. They understand the value and purpose of the program in relation to their goals.

Moderate Intrinsic

Approach #2: Exercises start in 10 minutes downstairs, are you coming today?

This approach can work for some people where they appreciate and respect the invitation so they are able to use their autonomy to make a decision for themselves.

Beginner Intrinsic

Approach #3: Exercises start in 10 minutes downstairs. I will see you down there.

Approach #4: Exercises start in 10 minutes downstairs. It is a short class today, and then you can come back to your room to relax again for the morning.

Approach #5: Exercises start in 10 minutes downstairs. Remember you created a goal of improving your leg strength so that you can back to using a walker? This is the first step to start that.

These approaches may be used for someone who may need more guidance in motivating themselves and appreciate a more direct and assertive invitation in order to motivate themselves to participate. They also may need reminders on why this program is important to them.

Extrinsic Motivation

Approach #6: Exercises start in 10 minutes downstairs. How about after the class is finished I will make you a cup of coffee to relax?

Approach #7: Exercises start in 10 minutes downstairs. Everyone who attends today is getting put in a draw for a free special lunch!

These approaches can be used if the person has not yet developed intrinsic motivation and attends program based on extrinsic motivation or rewards. Over time by attending the program and slowly removing extrinsic rewards, the resident may begin to be motivated intrinsically.

Amotivation

Approach #8: Exercises start in 10 minutes downstairs. Why don't you come and watch today so you can get a better idea of what we do?

Approach #9: Exercises start in 10 minutes downstairs. You should come try it today! It's a great way to get energy and boost your mood for the day.

Approach # 10: We're doing a fun group program downstairs, you should come join us! It gives you something to do if you're bored!

These approaches are used for residents who lack motivation and may need a creative way of encouraging them to attend programming. Use your expertise and rapport with the resident to cater the goals of the program to the specific resident.

It is imperative to know where each resident sits on the motivation scale in order to meet them with the most appropriate approach and encouragement. The goal is to transition the resident towards being intrinsically motivated for participation.

Evaluation

Evaluation of therapeutic recreation programs is important in advocating for the use and necessity. In this setting, three types of evaluation processes were used.

Individual Evaluation

After completing the initial assessment process and goal setting, a six month period is given before the goals are re-evaluated. This six month period gives opportunity for the resident to settle in to their environment (if the assessment took place at move in) or assists the resident in getting accustomed to participating in therapeutic recreation. At the six month interval the recreation therapist meets with the resident to discuss goals, interests and barriers and how that affect their goals moving forward. The goals can stay consistent or fluctuate with the residents needs. After the six month evaluation the resident will be re-evaluated annually or as needed.

Comprehensive Evaluation

Following the first year of implementation of the therapeutic recreation program, we implemented a comprehensive evaluation which asks all residents five questions about their experience with recreation in the facility, likes/dislikes and what recommendations they have for the service. Common themes can be found within the survey results and implemented into practice. This allows the recreation team to better understand the resident experience and how to alter it to best meet their needs.

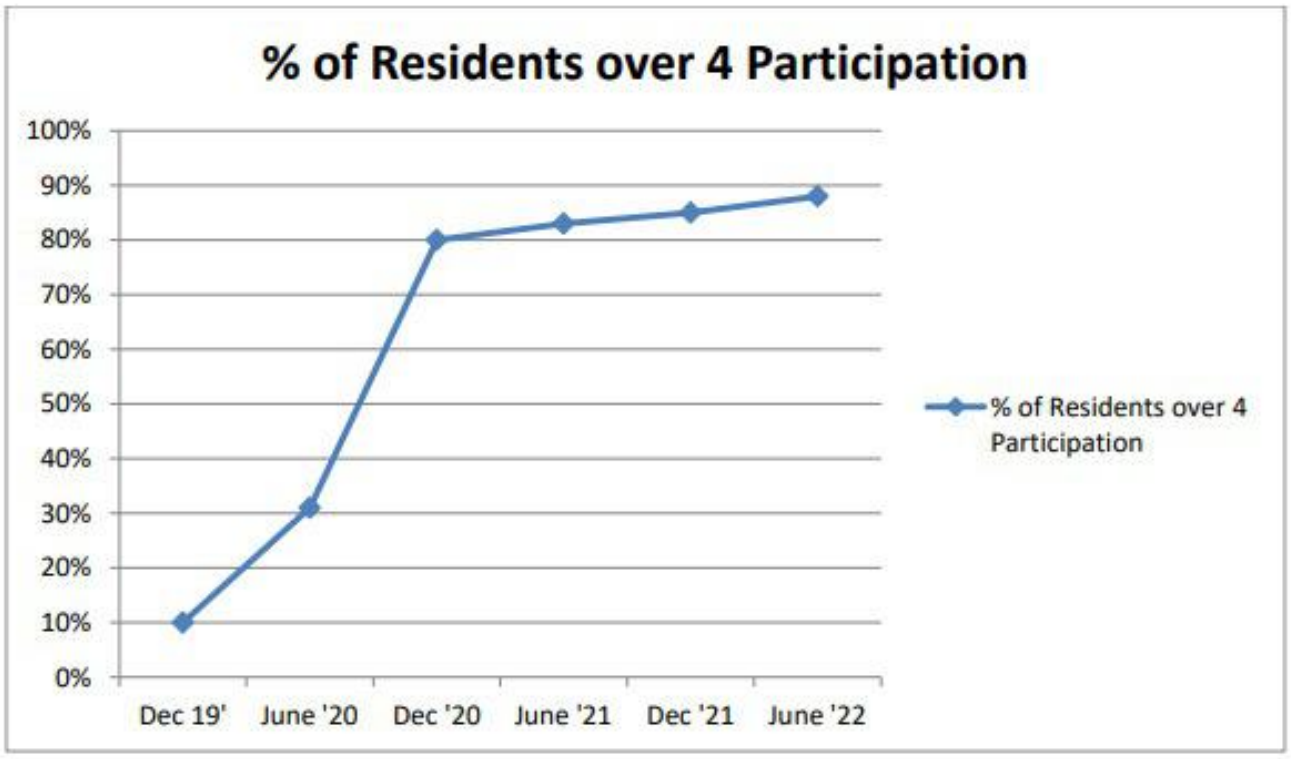
Specific Program Evaluation

Specific program evaluations are completed in order to validate that programs are meeting the goals and objectives that they set out to. These evaluations also help to create consistency between facilitators and streamline best care approaches. The recreation therapist implements this evaluation by observing the same program, facilitated by different recreation assistants and compares to the specific program plan. The evaluation includes questions such as:

- Number of residents attended/ Number of absent residents with goals in that domain
- Was the session implemented as designed
- Describe any changes or modifications implemented
- How effective was the program in meeting the goals and objectives
- Describe facilitator interaction with residents

Documentation

Residents are tracked for their total participation with recreation each month. The recreation team considers a resident "successful" for the month if they were able to reach 4+ counts with the recreation team between group program participation and therapeutic visits. The graph below shares the statistic from the beginning of the implementation of the therapeutic recreation program to the program wrapping up. Covid-19 did affect the ability for the recreation to interact with residents during several months of the project.



Group Program Statistics

Every interaction with residents is documented in hard copy templates by all recreation team members. In group programming, residents are tracked by attendance through active or passive participation. Residents can also be documented under the coding of refused or interested. Residents need to be engaged in the program for a minimum of 15 minutes to count as a participant.

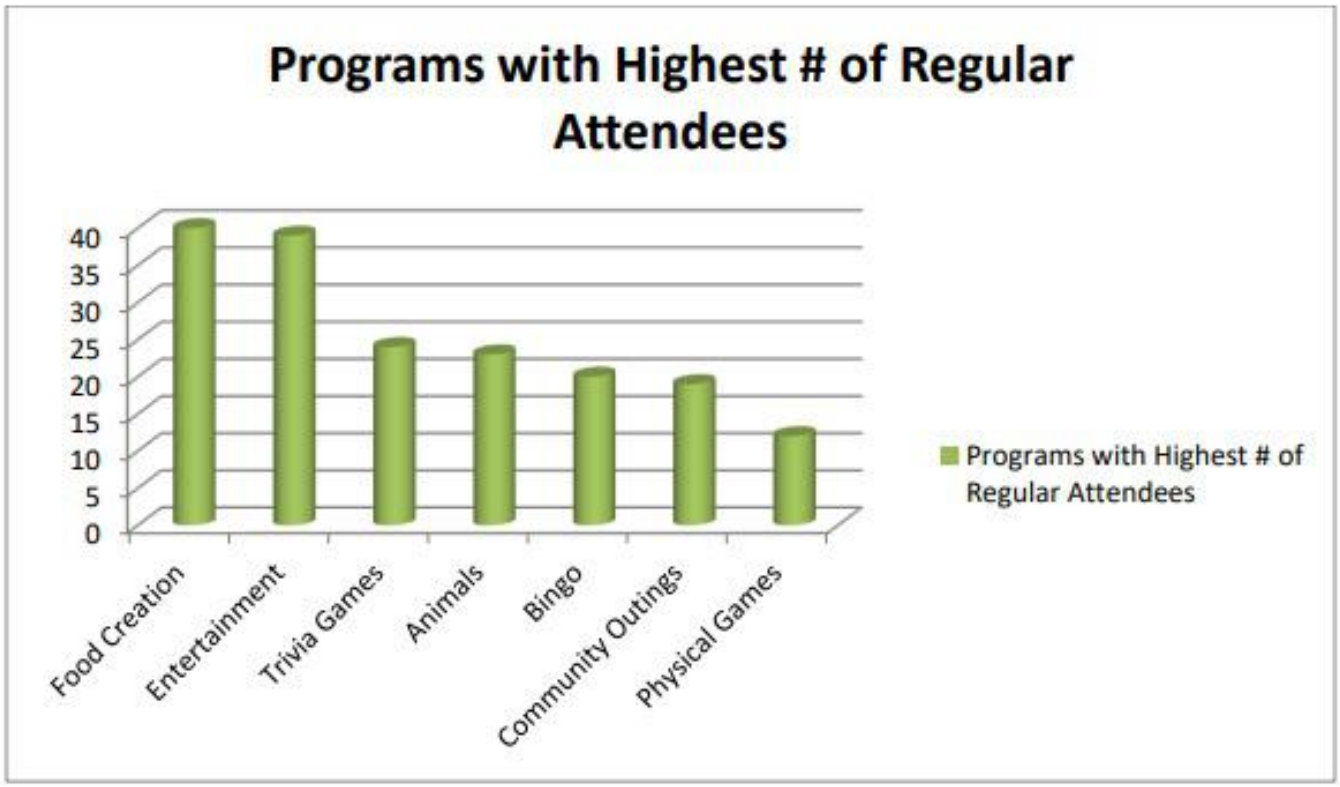
- Active Participation – Resident is physically and/or verbally responding to a program. Example: singing, talking, eating, hand clapping
- Passive Participation – Resident is alert and listening to the program but does not demonstrate physical or verbal responses to the program.
- Refused – Resident is invited and encouraged to engage in the program but declined to participate. This can show a pattern over time of residents' interests/ barriers they are experiencing and can help when resident evaluations are completed.
- Interested – Resident expressed an interest in attending the program but has other commitments to why they cannot attend. This helps the other team members to ensure they are encouraging this resident to attend next time the program is available.

Therapeutic Visit Documentation

When residents are engaging in therapeutic visits, the recreation team member documents their participation similar to that of group programming. A template is created to track participation. Residents are tracked by a check mark, a score of 0-14 or a refusal. Progress notes are also recorded, describing the interaction using narrative format.

- Check Mark – The resident is engaged in the therapeutic visit for a minimum of 15 minutes.
- '0-14' Score – The resident was not able to stay engaged for 15 minutes so a score of how many minutes the visit lasted is documented. This attendance does not get added to their monthly statistic score, as a minimum of 15 minutes is required to be considered therapeutic.

Program Success



References

Anderson, L., & Heyne, L. A. (2012). Therapeutic recreation practice: A strengths approach. Langara College.

Burlingame, J., & Blaschko, T. M. (1997). Assessment tools for recreational therapy. Idyll Arbor.

Dattilo, J. & McKenney, A. (2011). Facilitation Techniques in Therapeutic Recreation (2nd Ed). State College, PA: Venture Publishing.

Hawk, M., Coulter, R.W.S., Egan, J.E. et al. (2017). Harm reduction principles for healthcare settings. Harm Reduct J 14, 70. https://doi.org/10.1186/s12954-017-0196-4

Miller, W. R., & Rollnick, S. (2002). Motivational interviewing: Preparing people for change. Guilford Press.

Stumbo, N. J., & Wardlaw, B. (2011). Facilitation of Therapeutic Recreation Services: An evidence-based and best practice approach to techniques and processes. Venture Pub.