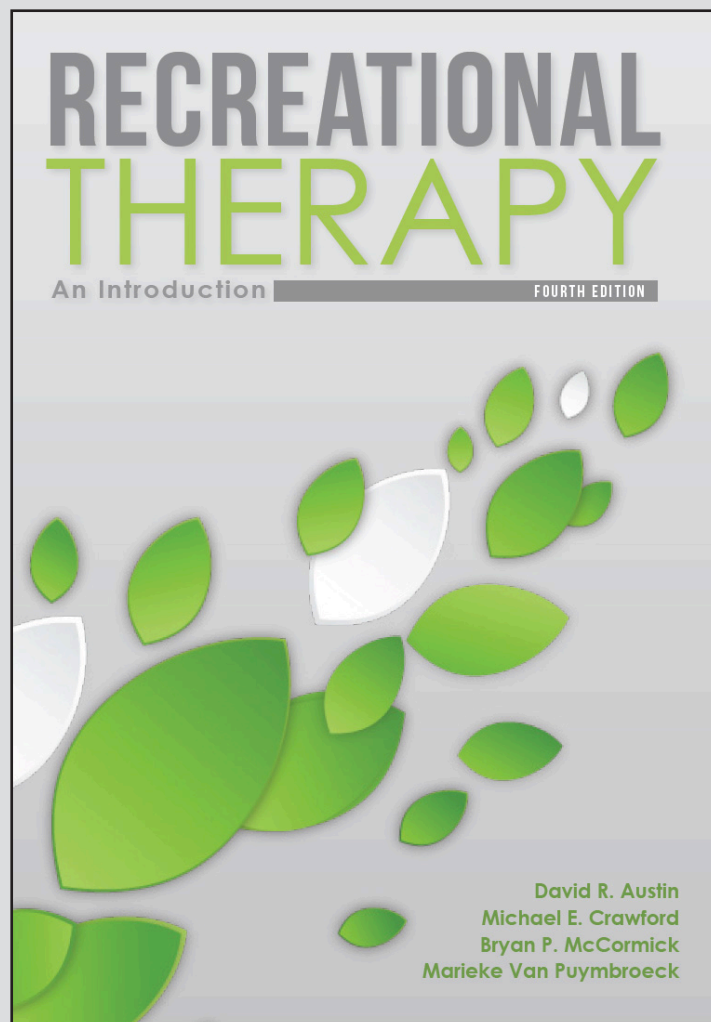


INSTRUCTOR'S GUIDE



SAGAMORE
P U B L I S H I N G

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SECTION 1

THEORETICAL REVIEW

1

INTRODUCTION AND OVERVIEW

CHAPTER OVERVIEW

The purpose of this chapter is to provide students with an introduction to recreational therapy and to offer an overview of its components. Recreational therapy is presented as a health care profession.

Key Terms

Recreational therapy, recreation, leisure, health, humanistic perspective, positive psychology, high level wellness, stabilizing tendency, actualizing tendency, kindred professions.

Suggested Learning Activities

1. Assign students to view the Recreation Therapy Video, *To Serve a Purpose*, which provides an introduction to recreational therapy, or view the video in class with the students. It is made available at no cost via streaming by the Indiana University Library. If students view the video outside of class, have them come to class with at least one question they have regarding the video. To view the video, type “Recreation Therapy Videos” into a search engine or go to <https://scholarworks.iu.edu/dspace/handle/2022/3378>.
2. Have students conduct brief interviews with two or more health professionals from such areas as medicine, nursing, social work, occupational therapy, and clinical psychology. They should ask what the health professionals feel is the defined area of expertise for RT. Students should bring their interview notes to class to share their findings with other students. During the discussion, compare the students’ results with the information in Chapter 1.
3. In small groups, have students discuss the concepts of self-determination and intrinsic motivation. Ask them to share information about personal experiences that have provided them with opportunities to experience self-determination and intrinsic motivation. Then have each group report on the highlights of the discussions. Finally, discuss with the class the importance of self-determination and intrinsic motivation for clients.
4. In class, ask students to write a definition of health. Then show a PowerPoint slide of the definition of health authored by Jones (2000) provided in the textbook and have the students discuss how their definitions agree or disagree with that of Jones. Be sure to discuss that Jones includes “the optimal management of chronic disease” in his definition and that this definition fits well with aging populations with chronic conditions that RTs serve in long-term care.
5. Have students prepare a one- to two-page double-spaced paper on the relationship between recreational therapy and inclusive recreation. On the day they turn in their papers, hold a discussion of what the students think about the two approaches and ask if they see them to be distinct.
6. In class, review Table 1.2, *Positive Psychology in a Nutshell*. Then discuss the points on the slide with the students. Do they understand the points on the slide? Is there one point that best captures positive psychology? Do they believe positive psychology provides a perspective on which to base recreational therapy practice?
7. Have students review the list of tenets of recreational therapy presented in this chapter. Ask them to pick the five they consider to be the most important and to bring that list to class. In class, tabulate the students’ rankings and then discuss why those might or might not be the most important tenets.
8. As a class, visit two or more agencies that have RT clinical services. Later, in class, discuss the types of services provided and the types of clients served.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. The textbook takes the position that
 - a. recreational therapy and inclusive recreation are the same.
 - b. recreational therapy and special recreation are the same.
 - c. recreational therapy differs from inclusive and special recreation.*
 - d. none of the above.
2. Recreation may be defined by
 - a. voluntary activity.
 - b. positive emotions such as fun and enjoyment.
 - c. being restorative.
 - d. all of the above.*
 - e. a and b but not c.
3. Central defining properties of leisure are
 - a. perceived freedom.
 - b. intrinsic motivation.
 - c. both a and b.*
 - d. neither a or b.
4. Research has shown that feeling a lack of control over aversive life situations produces
 - a. a lack of emotion.
 - b. a sense of helplessness.*
 - c. feelings of intrinsic motivation.
 - d. feelings of self-determination.
5. Modern views of health involve
 - a. physical functioning.
 - b. psychological and emotional functioning.
 - c. social and spiritual functioning.
 - d. intellectual functioning.
 - e. all of the above.*
 - f. a and b but not c and d.
6. The abbreviation for the WHO International Classification of Functioning Disability and Health is
 - a. WHOCOF
 - b. ICFDH
 - c. ICFWHO
 - d. ICF*
7. Humanistic psychology has been also termed
 - a. “third force” psychology.*
 - b. behavioral psychology.
 - c. psychodynamic psychology.
 - d. cognitive-behavioral psychology.
8. Like humanistic psychology, positive psychology emphasizes
 - a. pathology.
 - b. limitations to health.
 - c. human strengths and optimal functioning.*
 - d. instinctual drives.

9. Which of the following is directed toward maintaining the “steady state” of an organism?
- growth enhancement
 - negative functioning
 - actualizing tendency
 - stabilizing tendency*
10. This is used when clients demoralized by health issues need to be activated:
- prescriptive activities *
 - recreational activities
 - leisure activities
 - restful activities
11. The oldest conceptual model for therapeutic recreation is
- Self-Determination and Enjoyment Enhancement Model by Dattilo, Kleiber, and Williams.
 - Health Protection/Health Promotion Model by Austin.
 - Leisure Ability Model by Gunn and Peterson.*
 - Flourishing Through Leisure Model by Anderson and Heyne.
12. The term used to capture the full acceptance and integration of persons with disabilities into the recreation mainstream is
- recreational therapy.
 - diversional therapy.
 - special recreation.
 - inclusive recreation.*
13. What is the acronym often used for the recreational therapy process?
- RTP
 - APE
 - API
 - APIE*
14. Kindred professionals are
- medical doctors.
 - nurses.
 - social workers.
 - all of the above.*
15. To enter into practice physical therapists need
- an associate degree.
 - a bachelor’s degree.
 - a master’s degree.
 - a doctoral degree.*
16. Settings for recreational therapy are
- hospitals.
 - rehabilitation centers.
 - skilled nursing homes.
 - all of the above.*
17. The national professional membership organization for RTs in the USA is
- CTRA.
 - ATRA.*
 - NART.
 - NCTRC.

2

THE HISTORY OF THERAPEUTIC RECREATION: A HISTORY OF TWO PROFESSIONS

CHAPTER OVERVIEW

History should involve more than the memorization of dates or the presentation of a chronological list of events. The purpose of this chapter is to provide students with an understanding of the profession today by comprehending the events that have brought us to the current state of recreational therapy.

Key Terms

Treatment-with-care era, social welfare motive, “The Great Acceleration,” Hospital Recreation Section of the American Recreation Society, National Association of Recreational Therapists, Council for the Advancement of Hospital Recreation, National Therapeutic Recreation Society, professionalization, American Therapeutic Recreation Association, leisure orientation, therapy orientation

Suggested Learning Activities

1. In class, ask students what they see as the value of studying the history of recreational therapy. Relate their discussion to the information provided in the chapter regarding the value of studying the history of RT.
2. Assign students to view the Recreation Therapy Video, *History of Therapeutic Recreation: Parts I, II, III*, which is available at no cost via streaming from the Indiana University Library or view the video in class, stopping to discuss each part with the students. If students view the video outside of class, have them come to class with at least one question regarding each of the three parts. To view the video, type “Recreation Therapy Videos” into a search engine or go to <https://scholarworks.iu.edu/dspace/handle/2022/3378>.
3. Have the students view the Recreation Therapy Video, *Therapeutic Recreation History: The Formative Years*, which is made available at no cost via streaming from the Indiana University Library. This can be done in class or as an outside assignment. Then, in class, discuss how the issue of “recreation as therapy” and “recreation as an end in itself” goes back to the early days of recreational therapy. To view the video, type “Recreation Therapy Videos” into a search engine or go to <https://scholarworks.iu.edu/dspace/handle/2022/3378>.
4. Following the assignment of reading Chapter 2, give a pop quiz in class and ask students to identify the contributions of the following individuals to RT: Dr. Phillip Pinel, Florence Nightingale, and Dr. Benjamin Rush (all of whom are discussed within the chapter). Then following the quiz, ask students to provide their answers on each individual and discuss the contributions of that person. You may wish to use the PowerPoint slide for Taable 2.2, Early Leaders in the Treatment-with-Care Era, within your discussion.
5. In class, discuss what has been termed “The Great Acceleration.” Students should be asked to identify what events lead to the rapid growth in recreational therapy known as “The Great Acceleration” (e.g., American Red Cross Recreation Workers during WWI and WWII; VA Hospital recreation therapy programs established; RT established in state psychiatric hospitals and institutions serving persons with intellectual disabilities; the beginnings of the professionalization of TR).
6. In class, use a lecture/discussion to cover the “recreation as an end in itself” or “leisure orientation” versus “recreation as therapy” or “therapy orientation” positions that have been reflected by and within the professional organizations that have existed.
7. Ask students to write a one-page double-spaced statement as to whether they see themselves functioning as a health care professional that provides health-related therapeutic outcomes through recreational therapy.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. Which early cultures used recreation in health restoration?
 - a. Egyptian
 - b. Greek
 - c. Chinese
 - d. All of the above*
 - e. a and b but not
2. Who used recreation in rehabilitation and was known as the “Mother of Nursing”?
 - a. Pinel
 - b. Rush
 - c. Nightingale*
 - d. Crawford
3. This typified the playground movement.
 - a. Chicago field houses
 - b. Boston Sand Gardens *
 - c. Joseph Lee Memorial Playground
 - d. Central Park.
4. “The Great Acceleration” occurred following
 - a. The Civil War.
 - b. WWI.
 - c. The Korean War.
 - d. WWII.*
5. Its members believed in “recreation for all” and “recreation as an end in itself.”
 - a. HRS-ARS*
 - b. NART
 - c. NCTRC
 - d. RTI
6. Its members took a “recreation as therapy” position and were primarily from state psychiatric hospitals and state residential school for persons with intellectual disabilities.
 - a. HRS-ARS
 - b. NART*
 - c. NCTRC
 - d. RTI
7. Hallmarks of the professionalization of the field of therapeutic recreation are
 - a. a body of knowledge represented in the professional literature including textbooks.
 - b. the establishment of the credentialing body for therapeutic recreation.
 - c. both a and b.*
 - d. b and but not a.
8. The first conceptual model for therapeutic recreation that appeared in the 1970s was the
 - a. Health Protection and Health Promotion Model.
 - b. Leisure Ability Model.*
 - c. Positive Psychology Model.
 - d. Dynamic Practice Model.

9. What does ATRA stand for?
- a. American Therapeutic Recreation Association*
 - b. Association of Therapeutic Recreation Academics
 - c. Academy of Therapeutic Recreation and Activity Professionals
 - d. None of the above
10. The textbook suggests the history of TR is really the history of how many professions?
- a. two*
 - b. three
 - c. four
 - d. five

3

THE RECREATIONAL THERAPY PROCESS

CHAPTER OVERVIEW

The purpose of this chapter is to provide an introduction to the recreational therapy process (aka APIE or “a-pie process”) as an essential element in recreational therapy. The four phases of the recreational therapy process are: assessment, planning, implementation, and evaluation.

Key Terms

recreational therapy process, “a-pie” process, assessment, planning, implementation, evaluation, clinical reasoning, naturalistic observation, specific goal observation, standardized observation, objective data, subjective data, reliability, validity, interviews, open-ended questions, secondary sources, ICF outcome domains, interdisciplinary treatment plan, goals, objectives, evidence-based practice, individual intervention plan, facilitation techniques, goal directed

Suggested Learning Activities

1. On the day students are to have read Chapter 3, conduct a pop quiz in class to determine students’ understandings of terms found in the chapter. Possible items include (a) list the four phases in the recreational therapy process, (b) what are subjective data?, (c) what are objective data?, (d) define validity, (e) define reliability, and (f) what does EBP stand for?

Go over the items in class having students grade their own quiz paper. At the end of class, have the students turn in their graded quiz papers so you can evaluate how they performed.

2. Assign students to locate and prepare a one-page double-spaced paper on an article dealing with one of these topics: (1) assessment instrument(s), (2) clinical reasoning, or (3) evidence-based practice.

You can randomly assign the topics by having the students count off by 3s. Explain that their article does not have to come from an RT journal (e.g., *TRJ*, *AJRT*) but can come from related literature (e.g., nursing, physical therapy journals). The one-page paper should be headed with the complete reference (using APA style as is used in the textbook). The paper should summarize and analyze the article (i.e., students should indicate what they liked and/or didn’t like about the article.). They should bring their one-page paper to class (stapled to a copy of the article).

The instructor can randomly select students to present their summary and analysis in class, covering the three topics in order (i.e., first assessment instruments, then clinical reasoning, and finally evidence-based practice). As the students leave the classroom they should provide a copy of the one-page paper and the article to the instructor.

3. Ask students to work in groups to obtain assessment instruments used in recreational therapy by agencies in the city or region in which the university or college is located. Groups to which students might be assigned could be (a) psych/mental health, (b) substance use disorders, (c) nursing homes, (d) physical rehabilitation, (e) pediatrics, and so on.

Have each group bring the assessment instruments to class to present what they have obtained. Have students indicate if they believe the instruments are good ones to use with the population. Then place the instruments on reserve the library so that all current and future students can have access to them.

4. Invite RTs from two or three agencies to come to class to discuss how they employ the RT process at their agencies.
5. Have students write a one- to three-page double-spaced paper in which they rank in importance each of the characteristics of therapeutic activities listed in the chapter. Within their papers they should justify their ranking.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. The four phases of the recreational therapy process are
 - a. assessment, analysis, implementation, evaluation.
 - b. assessment, management, execution, accomplishment.
 - c. assessment, planning, implementation, evaluation.*
 - d. assessment, game plan, tactics, accomplishment.
2. What allows the identification of client problems/needs and strengths?
 - a. data collection
 - b. values clarification
 - c. clinical reasoning*
 - d. interventions
3. Standardized instruments for observation can be
 - a. norm-referenced tests.
 - b. criterion-referenced tests.
 - c. specific goal observations.
 - d. a and b but not c.*
4. This deals with whether an instrument produces consistent results.
 - a. confidence intervals
 - b. validity
 - c. reliability*
 - d. recognition
5. Secondary sources for assessment include
 - a. progress notes.
 - b. social histories.
 - c. client medical records.
 - d. all of the above.*
6. Data gained directly from the client is
 - a. subjective data.*
 - b. objective data.
 - c. exploratory data.
 - d. abilities data.
7. Two general categories under the ICF are
 - a. Health Care and Fitness Functioning
 - b. Medical Care and Social-cultural Care*
 - c. Social and Community Activities
 - d. Environment and Attitudes
8. Client strengths may include
 - a. recreational abilities.
 - b. personality traits or characteristics.
 - c. social support.
 - d. a, b, and c.*
 - e. a and b but not c.

9. These specify specific client behaviors related to reaching each sought outcome.
 - a. needs
 - b. goals
 - c. objectives*
 - d. verbalizations
10. EBP gives consideration to
 - a. research evidence from well-designed studies.
 - b. the clinical expertise of the recreational therapist.
 - c. client values and preferences.
 - d. a and b but not c.
 - e. a, b, and c.*
11. Facilitation techniques used in recreational therapy include
 - a. animal-assisted therapy.
 - b. aromatherapy.
 - c. reminiscence therapy.
 - d. a and c but not b.
 - e. a, b, and c.*
12. Characteristics of therapeutic activities
 - a. are goal directed.
 - b. have meaning and value to the client.
 - c. offer potential for pleasure and satisfaction.
 - d. a and b but not c.
 - e. a, b, and c.*

SECTION 2

AREAS OF PRACTICE

4 BEHAVIORAL HEALTH AND PSYCHIATRIC DISORDERS

CHAPTER OVERVIEW

This chapter provides an overview of the largest area of recreational therapy practice, psychiatric disorders, and behavioral health.

Key Terms

DSM-V, ICD-10, mental illness, delusions, hallucinations, schizophrenia, major depressive disorder, bipolar disorder, fear, anxiety, PTSD, bulimia nervosa, anorexia nervosa, personality disorders, recovery orientation, integrated care, behavioral activation, social skills training, WHODAS 2.0, EBP, Affordable Care Act

Suggested Learning Activities

1. Ask students to explore the coverage of the disorder of schizophrenia in the popular press (newspaper, magazines, blogs). What is the nature of this coverage? What does this coverage convey about this disorder? Have them bring their results to class for discussion.
2. Discuss in class: Why do you think that so few people with diagnosable psychiatric disorders seek treatment? What is the research behind this phenomenon?
3. Have students explore at least one online support or advocacy group about mental illness. Have them address these questions: What is their message? What have you learned from their information about the nature of mental illnesses or psychiatric disorders? Students should note their answers and bring them to class for discussion.
4. Have students find experimental studies on physical activity and depression in a scholarly journal and then prepare a two- to three-page double-spaced paper in which they address the following questions: What was the finding of the experiment(s)? What was the nature of the physical activity intervention? How could you translate this into an RT intervention? You may wish to have students report their findings in class.
5. Have students find experimental studies of social skills training and psychiatric disorders in scholarly journals and then prepare a two- to three-page double-spaced paper in which they address the following questions. What was the finding of the experiment(s)? What was the nature of the social skills intervention? How could you translate this into an RT intervention? You may wish to have students report their findings in class.
6. Ask students to explore the NIH toolbox (www.nihtoolbox.org) database and identify outcome measures appropriate for use with clients in behavioral health receiving RT services. Have them then come to class ready to report what they have found.
7. Have students conduct a literature review of the physical health consequences of serious mental illness and write a two- to four-page double-spaced paper in which they address these items: What are the key contributing factors? Design an RT intervention to address the physical health needs of this population.
8. Have students find an RT research study that was conducted with a population with a mental illness. Ask students write a one-page summary of the study identifying its strengths and weaknesses and bring these to class for discussion.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. What is the percentage of CTRSs working in the area of behavioral and mental health?
 - a. 10%
 - b. 28%
 - c. 35%*
 - d. 48%
2. Major classification systems of mental illness used today are
 - a. SAMHS and DSM-IV.
 - b. DSM-5 and ICD-10.*
 - c. CTRS and ICD-10.
 - d. SAMHS and CODA.
3. Symptoms of schizophrenia include
 - a. delusions and hallucinations.
 - b. disorganized thoughts and speech.
 - c. disorganized or abnormal motor behaviors.
 - d. all of the above.*
 - e. a and c but not b.
4. Beliefs that are relatively fixed and unchanging despite evidence to the contrary are
 - a. delusions.*
 - b. hallucinations.
 - c. psychoses.
 - d. neuroses.
5. This is the inability to experience pleasure.
 - a. alolia
 - b. avolition
 - c. avoidance
 - d. anhedonia*
6. A cognitive process that governs purposeful, goal-directed problem solving and planning is
 - a. processing speed.
 - b. working memory.
 - c. episodic memory.
 - d. executive function.*
7. With this disorder, a person experiences episodes of depression and mania.
 - a. fear disorder
 - b. anxiety disorder
 - c. bipolar disorder*
 - d. recurrent disorder
8. This involves recurrent binge eating.
 - a. bulimia nervosa*
 - b. anorexia nervosa
 - c. psychiatric nervosa
 - d. control nervosa

9. These are types of personality disorders.
- a. antisocial and borderline
 - b. narcissistic and obsessive-compulsive
 - c. avoidant and schizotypal
 - d. all of the above*
 - e. a and b but not c
10. Physical activity and exercise
- a. are widely employed by RTs but have little empirical evidence to support their use.
 - b. are not widely employed by RTs due to a lack of research evidence to support their use.
 - c. were found in research studies to be effective in reducing depression.*
 - d. should only be delivered as interventions by licensed physical therapists.

5

SUBSTANCE USE DISORDERS

CHAPTER OVERVIEW

Formerly known as substance abuse, the condition now called “substance use disorders” reflects the assumption that people who use different substances have different disorders with unique features that can range from mild to moderate to severe. A wide variety of RT programs across all behavioral domains are available to make a meaningful impact on clients with substance use disorders. Evidence exists to support the use of many recreational activities.

Key Terms

substance use disorders, addiction, depressants, stimulants, opioids/narcotics, hallucinogenics/psychedelics, relapse, community reinforcement, cognitive-behavioral therapy, family behavior therapy, matrix model, multi-systemic therapy, motivational interviewing and enhancement therapy, milieu therapy, therapeutic community, twelve-step support groups, leisure education, self-awareness, self-efficacy, self-rewarding recreation, CAGE Questionnaire, conceptual model, mindfulness, recovery

Suggested Learning Activities

1. In class, have students reflect on their own use of substances. Ask them to think about these questions: Do you regularly use drugs or alcohol? Do you consider this casual or risky use? What triggers your use? Would you like to change this behavior? Then if the students are comfortable, ask them to discuss their thoughts within a small group or with another student. Should students wish to discuss their thoughts, tell students they must observe confidentiality and not discuss what was revealed to them or who revealed it.
2. In small groups, have students discuss their attitudes toward different types of substance misuse. Ask them to include in their discussion if they believe some types of substances more acceptable than others.
3. Have students write a two- to three-page double-spaced paper on problems they see on campus or in the community with substance misuse and risky use. Include a segment on how RT could help address these problems.
4. Invite a panel of RT practitioners working in substance abuse treatment to class to discuss the needs and behaviors of clients and appropriate RT programming. Ask them what the rewards of working with this population are. Allow time for students to ask questions of the RTs.
5. Arrange a class visit to an RT program in a substance use disorders treatment facility. Following the visit ask students: What types of programs were offered? What did you observe when clients were participating in a program? What were the clients' involvement and response?
6. Have students conduct a personal or telephone interview an RT working in substance use disorders treatment. Ask the students to find out: Does he or she follow an RT conceptual model? What are the goals of the program? What types of interventions are offered and seem most successful? What particular challenges does s/he face with this population? The students should prepare a two- to three-page double-spaced paper on what they learned.
7. Have students debate on whether legalizing illegal drugs can deter risky use and channel resources into much-needed treatment services.
8. Have students participate in a class discussion on flow. When do they experience feelings of flow? Ask them to describe what they are doing and how it makes them feel.
9. Ask students to look through magazines and newspapers and watch TV shows and movies to see how drinking and substance use are portrayed in order to be ready to give examples for a class discussion on how the media influence our attitudes and behaviors.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. In 2012, it was estimated what percent of the American population age 12 or over had used an illicit drug, or a psychotherapeutic medication (such as a pain reliever, stimulant, or tranquilizer) for other than its intended use, in the previous month.
 - a. 3.2%
 - b. 5.2%
 - c. 7.2%
 - d. 9.2 %*
2. Nearly what proportion of all hospital costs are linked to substance use and addiction?
 - a. one-tenth
 - b. two-tenths
 - c. one-quarter
 - d. one-third*
3. Every day, the number of people in the U.S. who die of drug overdoses is
 - a. almost one-quarter as many as die from motor vehicle accidents.
 - b. is about one-half the number who die from motor vehicle accidents.
 - c. is equivalent to the number who die from motor vehicle accidents.
 - d. exceeds deaths from motor vehicle accidents.*
4. Of those with addiction, what percent have addiction involving multiple substances?
 - a. 7%
 - b. 10%
 - c. 17%*
 - d. none of the above
5. The United States has 5% of the world's population and consumes what percent of the world's prescription drugs?
 - a. 25%
 - b. 50%
 - c. 66%
 - d. 75%*
6. Approximately what percent of adults in the United States have reported that one or more of their close relatives has a drinking problem?
 - a. 13%
 - b. 33%
 - c. 43%
 - d. 53%*
7. The *DSM 5* allows clinicians to specify how severe the substance use disorder is, depending on how many symptoms are identified. Which of the following is correct?
 - a. Two or three symptoms indicate a mild substance use disorder.
 - b. Four or five symptoms indicate a moderate substance use disorder.
 - c. Six or more symptoms indicate a severe substance use disorder.
 - d. All of the above.*
 - e. a and b but not c.

8. Stimulants include
- amphetamines.
 - cocaine.
 - Ecstasy.
 - all of the above.*
 - b and c but not a.
9. People over 50 account for what percent of all admissions to drug treatment programs?
- 2%
 - 10%*
 - 50%
 - 80%
10. Substance use disorder is a condition that has a
- minimal rate of relapse.
 - low rate of relapse.
 - moderate rate of relapse.
 - high rate of relapse.*
11. This views all aspects of the treatment environment contribute to the client's care.
- Cognitive-behavioral therapy
 - Matrix model
 - Milieu therapy*
 - Twelve-Step Approach
12. This is increasingly being included as an essential component of treatment for by RTs in substance use disorder programs.
- leisure education*
 - balidation education
 - teminiscence therapy
 - cognitive stimulation therapy
13. The Benefits of Therapeutic Recreation Conference found which area or areas of RT practice essential in substance use disorders treatment?
- leisure education
 - physical fitness
 - social skills
 - stress management
 - all of the above*
14. The RT will likely assist clients in substance use disorders programs in
- identifying barriers to leisure participation.
 - improving ability to choose healthy alternatives to substance use.
 - developing a supportive social network.
 - all of the above.*
 - a and b but not c.

6

AUTISM

CHAPTER OVERVIEW

Autism Spectrum Disorder (ASD) is a complex condition affecting many individuals and families. The diversity that exists among individuals with ASD needs to be recognized as much as the acceptance of those with ASD. As recreational therapists, our client-centered and holistic approach to service delivery supports meeting the individual at his or her current level of functioning and allowing him or her a “voice” in their movement towards optimal functioning and fulfillment.

Key Terms

Autism Spectrum Disorder, ASD, autism, intellectual disability, IDEA, recreational therapy process, APIE, validity, reliability, evidence-based, ITP, IIP, IEP, assistive devices

Suggested Learning Activities

1. Have a recreational therapist who works with children with autism come into class to discuss his or her program.
2. For 10 minutes, have students to meet in class in discussion groups of three to five students to discuss the question: What are some characteristic-strengths of individuals with ASD that could be built upon in order to achieve outcome goal(s)? Then ask each group to report on their discussion.
3. Assign students to come to class ready to report on two common standardized assessment tools recreational therapists can use when working with some individuals with ASD. Then, in class, randomly call on students to report on the instruments they prepared to report on. As they report, students should write the names of their instruments on the board. Toward the end of class, ask the students to vote on which instrument they believe they would most likely employ with clients with ASD.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. ASD stands for
 - a. Activity-specific deficits.
 - b. activity severity disorder.
 - c. autism spectrum diagnosis.
 - d. autism spectrum disorder.*
2. This group experiences higher prevalence rates of ASD.
 - a. those of higher socioeconomic status
 - b. those of lower socioeconomic status
 - c. males*
 - d. females
3. When is ASD generally diagnosed?
 - a. in early childhood*
 - b. late in life
 - c. when children enter high school
 - d. when individuals are of college age
4. ASD
 - a. is not progressive in nature.*
 - b. gets worse over time.
 - c. tends to get worse in urban environments.
 - d. tends to get worse in rural environments.
5. The current edition of the *Diagnostic and Statistical Manual of Mental Disorders* is
 - a. 2nd
 - b. 3rd
 - c. 4th
 - d. 5th*
 - e. 6th
6. These are typical strengths of individuals with ASD.
 - a. exceptional visual learners
 - b. strong memory skills
 - c. exceptional spelling skills
 - d. all of the above*
 - e. b and c but not a
7. Common challenges faced by individuals with ASD include
 - a. hypersensitivity to sensory input.
 - b. reading social cues.
 - c. strict adherence to routines.
 - d. all of the above.*
 - e. b and c but not a.
8. The CDC has reported the prevalence of ASD to be
 - a. increasing.*
 - b. declining.
 - c. neither increasing or declining.
 - d. increasing in cold regions of the U.S.
9. Specific outcomes sought for individuals with ASD within recreational therapy are
 - a. increasing physical functioning.
 - b. increasing cognitive functioning.
 - c. identifying, overcoming, and removing environmental barriers to participation.
 - d. all of the above.*
 - e. a and b but not c.

7

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

CHAPTER OVERVIEW

Developmental disability is a large umbrella term encompassing intellectual disability and many other conditions. The complexity of ID/DD with over 200 causes, four major levels, and an unending combination of comorbidities and associated disorders means that individualized approaches to recreational therapy is absolutely necessary. With over one in six children falling under the ID/DD category, service is a large national priority.

Key Terms

Developmental disabilities (DD), intellectual disabilities (ID), idiopathic, CDC, ADHD, comorbidity, stigma, Rosa's Law, normalization, least restrictive environment (LRE), adult day care, treatment (therapy), leisure education, recreation participation, maladaptive behaviors, deficient behaviors, adaptations, partial participation, developmental ceiling, task analysis, activity analysis, environmental analysis

Suggested Learning Activities

1. Have students interview a person with an intellectual disability to determine the individual's leisure interests and desires. Then ask student to write a two- to three-page double-spaced report in which (a) the person is briefly described, (b) the person's leisure interests and desires are presented, and (c) potential ways in which the individual could meet his or her leisure interests and desires are discussed.
2. Ask the inclusion specialist from the local park and recreation department to come to class to discuss how persons with developmental disabilities are being served.
3. Have students use Google Scholar or a similar search engine to locate a research article on leisure or recreation and persons with intellectual disabilities published since 2005. Students should prepare a one- to two-page double-spaced critique of the article of their choosing. The critique should cover the questions: Is the article clearly written? Is the research question clearly stated? Are the results and conclusion easy to understand? Are implications for practice provided?
4. Have students interview the parents of an adult with severe and/or profound levels of ID/DD, noting their primary concerns for lifelong care and quality of life. Students should then write a two- to three-page double-spaced paper on what the parents' concerns were.
5. Have students conduct a brief interview/survey with 10 random people asking them if they can define what intellectual disabilities are and what developmental disabilities are. Also have students ask those interviewed if they know anyone or have a family member with ID/DD and how frequently and in what ways they relate to them. Students should bring their results to class to report.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. Intellectual disability originates before the age of
 - a. 28.
 - b. 25.
 - c. 18.*
 - d. 5.
2. Intellectual disability may result from
 - a. physical causes (e.g., cerebral palsy).
 - b. nonphysical causes (e.g., extreme environmental deprivation).
 - c. either a or b.*
 - d. none of the above.
3. Having an intellectual disability typically corresponds to an intelligence quotient (IQ) of
 - a. less than 75-85.
 - b. less than 65-75.*
 - c. less than 55-65.
 - d. none of the above.
4. Developmental disabilities represents a broad umbrella of specific conditions that include
 - a. cerebral palsy.
 - b. ADHD.
 - c. intellectual disabilities.
 - d. all of the above.*
 - e. b and c but not a.
5. Idiopathic means
 - a. very low IQ.
 - b. moderately low IQ.
 - c. having multiple causes.
 - d. of unknown cause.*
6. According to the CDC, the prevalence of developmental disabilities is
 - a. Increasing.*
 - b. decreasing.
 - c. neither increasing or decreasing.
 - d. difficult to determine.
7. Approximately what percent of individuals with DD present with at least one comorbidity?
 - a. 60%*
 - b. 50%
 - c. 40%
 - d. 30%
8. On the APA scale, this category includes roughly 85% of people with ID.
 - a. profound intellectual disability
 - b. severe intellectual disability
 - c. moderate intellectual disability
 - d. mild intellectual disability*
9. In October 2010, President Obama signed a bill that required the terms *mental retardation* and *mentally retarded* be stricken from federal records and replaced with the DSM-5 APA term intellectual disability. This bill is known as
 - a. Intellectual Disability Bill.
 - b. The Obamacare Bill.
 - c. Rosa's Law*
 - d. Lucy's Law.

10. Area(s) of service under the Leisure Ability Model include
 - a. treatment (therapy).
 - b. leisure education.
 - c. recreation participation.
 - d. all of the above.*
 - e. b and c but not a.
11. LRE stands for
 - a. leisure recreation education.
 - b. leisure rehabilitation education.
 - c. least required environment.
 - d. least restrictive environment.*
12. Sixty years ago, the vast majority of persons with ID/DD lived in
 - a. nursing homes.
 - b. group homes.
 - c. mental hospitals.
 - d. large custodial institutions.*
13. An expected result or condition that involves a relatively long period of time to achieve and that is specified in behavioral terms in a statement of relatively broad scope is
 - a. mastery criterion.
 - b. Objective.
 - c. Goal.*
 - d. complex behaviors.
14. The Principle of Partial Participation may involve
 - a. enhancing the performance of existing skills.
 - b. compensating for those skills that are missing and/or not likely to be acquired.
 - c. the use of individualized adaptations that may include environmental adaptation.
 - d. all of the above.*
15. This is a behavior therapy teaching technique(s).
 - a. shaping
 - b. prompting
 - c. punishing
 - d. all of the above
 - e. a and b but not c*
16. According to NCTRC, less than what percent of RTs work in the ID/DD field:
 - a. 2 %
 - b. 4 %
 - c. 8 %
 - d. 10 %*

8

SEIZURE DISORDERS

CHAPTER OVERVIEW

Seizures are caused by abnormal amounts of electrical discharge between cells in the brain. As a result of this, the body sites that are controlled by those brain cells will display spasms or muscle contractions. Epilepsy refers to recurrent seizures. Recreational therapy services are typically sought for assistance with a secondary diagnosis, concomitant psychopathology, or specific lifestyle modifications. Certain activity limitations may be recommended because of the individual's seizure history and the nature of the activity. Activity precautions can be instituted to allow individuals with epilepsy to participate in most activities.

Key Terms

seizure disorder, epilepsy, cultural/social stereotypes, idiopathic, partial seizures, simple partial seizures, complex partial seizures, generalized seizures, absence seizures, atonic seizures, akinetic seizures, tonic-clonic seizures, dual diagnosis, secondary diagnosis, social stigma, SUDEP, ketogenic diet, Vagus Nerve Stimulator

Suggested Learning Activities

1. Have students prepare a two- to four-page double-spaced paper that summarizes the history of seizure classification. Within the paper students should discuss pros and cons of the two different classification systems and state that they prefer.
2. In class, organize two debate teams. One team should take the stance that individuals with epilepsy should not participate in high-risk activities and the other team should advocate for the inclusion of people with epilepsy in high-risk activities.
3. In class, hold small group discussions of cultural/social stereotypes and social stigma related to epilepsy and how they may be overcome. Then have a student from each group share highlights of the discussion from his or her group with the entire class.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. Seizures are a symptom of epilepsy and epilepsy is defined as having
 - a. a seizure.
 - b. at least two seizures.*
 - c. at least four seizures.
 - d. none of the above.
2. Epileptic seizures result from temporary chemical imbalances in the brain that
 - a. bring about oxygen deficiency in the brain.
 - b. produce changes in the brain structure.
 - c. cause a rapid discharge of intercellular electrical activity.*
 - d. are of generally not well understood.
3. Prevalence estimates for epilepsy for the general population have consistently ranged from
 - a. 0.5 to 1.5%.*
 - b. 3.5 to 4.7%.
 - c. 4.7 to 6.5%.
 - d. 6.5 to 10%.
4. Negative cultural/social stereotypes about seizure disorders are
 - a. no longer a concern for people with epilepsy.
 - b. largely nonexistent in contemporary societies.
 - c. still in existence among laypeople.*
 - d. too often promoted by epileptologists.
5. If the cause of epilepsy is said to be idiopathic, it means the cause is
 - a. associated with an intellectual disability.
 - b. related to nutrition and diet.
 - c. unknown.*
 - d. None of the above.
6. This was referred to as grand mal under the old clinical classification system.
 - a. tonic-clonic seizures*
 - b. "jackknife" seizures
 - c. Gastaut seizures
 - d. photosensitive seizures
7. Individuals with epilepsy are commonly considered to be what level of risk for other psychological/psychiatric problems?
 - a. no more risk than anyone else
 - b. low level
 - c. moderate level
 - d. high level*
8. The incidence of bipolar affective disorder in epilepsy is
 - a. much less than the general population.
 - b. less than the general population.
 - c. comparable to the general population.
 - d. greater for persons with epilepsy than the general population.*

9. Possible anticonvulsant medication side effects are
 - a. drowsiness.
 - b. slowed mental processing.
 - c. weight gain.
 - d. all of the above.*
 - e. a and c but not b
10. Recreational therapists who work with clients with seizure disorders typically are focusing on
 - a. a secondary diagnosis (e.g., developmental disability, psychiatric disability).
 - b. the psychopathology associated with epilepsy (e.g., learned helplessness, anger, depression).
 - c. specific needs related to lifestyle modifications and restricted leisure activity choices.
 - d. one or more of the above.*
 - e. a or c but not b.
11. Area or areas that should be considered when RTs are assessing clients with seizure disorders include
 - a. stress reduction and relaxation training.
 - b. locus of control.
 - c. social skills.
 - d. leisure lifestyle.
 - e. all of the above*
12. Anti-epileptic drugs (AEDs) eliminate seizures in approximately
 - a. one in 10 patients.
 - b. one-fifth of patients.
 - c. one-half of patients.
 - d. two-thirds of patients.*

9

GERIATRIC PRACTICE

CHAPTER OVERVIEW

The purpose of this chapter is to provide an overview of current issues and trends in geriatric care, highlighting definitions used, the demographic shifts, and health-related conditions. A focus on the role health prevention and promotion in geriatric recreational therapy is provided.

Key Terms

acute and chronic conditions, ACE units, activities of daily living, ageism, assisted living, competencies, continuous care retirement community, dementia, demographics, older adults, gerontology, geriatrics, health prevention and health promotion, instrumental activities of daily living, medical home, long-term care

Suggested Learning Activities

1. Have students choose a chronic disease mentioned in Chapter 9 and develop a double-spaced one-page fact sheet on this disease.
2. Ask a recreational therapist working with residents of a nursing home or assisted living facility to come to class. Have each student come to class with at least one question prepared to ask the RT.
3. Have students talk with a recreational therapist who works in a nursing home or assisted living facility. Have students ask him or her what techniques, approaches, and interventions he or she uses to promote positive behavioral health for older adults who live with agitation, aggression, apathy, anxiety, or depression, and then prepare a two- to three-page double-spaced paper using the information gained from the RT.
4. In a two- to three-page doubled-spaced paper, have students compare two physical activity programs for older adults in two separate long-term care facilities. Discuss their observations. For example, were people actively engaged, how was attendance, and what might be some strategies to encourage more people to be involved?
5. Outside of class, students should review the Center for Disease Control, The State of Aging and Health (2013) and share their insights with the class.
6. In a paper of two to three double-spaced pages, have students discuss strategies on ways to encourage recreational therapy practitioners and students to gain competencies (knowledge, skills, and abilities) in geriatrics. The paper should state five reasons why these competencies are needed by practitioners today.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. The population of older adults in the United States is experiencing
 - a. no change.
 - b. little change.
 - c. growth in some regions, but overall the growth is small.
 - d. unprecedented growth.*
2. A term coined by Robert Butler to describe prejudice and discrimination against older adults is
 - a. ageism.*
 - b. geezer.
 - c. centenarian.
 - d. geriatric.
3. Health conditions that are generally incurable, worsen over time, and endure over many years are
 - a. acute illnesses.
 - b. burdensome illnesses.
 - c. chronic illnesses.*
 - d. deadly illnesses.
4. According to the National Nursing Home Survey, what percentage of adults living in long-term care facilities have mental health conditions?
 - a. 33.0%
 - b. 43.7%
 - c. 56.0%
 - d. 66.7%*
5. Dementia is an example of a cognitive disorder that affects
 - a. 1.5 Americans.
 - b. 2.5 Americans.
 - c. 5.5 Americans*.
 - d. 9.5 Americans.
6. Alzheimer's disease, the most common type of dementia, accounts for what percentage of all dementias?
 - a. 10 to 20%
 - b. 30 to 50%
 - c. 40 to 60%
 - d. 60 to 80%*
7. Research has shown older adults with chronic health conditions who received physical activity programs
 - a. showed significant change if they were in a nursing home but not in assisted living.
 - b. displayed little to no change in physical performance and functional mobility.
 - c. marginally increased physical performance and functional mobility.
 - d. significantly increased physical performance and functional mobility.*
8. A long-term care option that combines housing, support services, and health care as needed is
 - a. medical homes.
 - b. nursing homes.
 - c. assisted living facilities.*
 - d. old folks homes.
9. Bathing, dressing, transferring, toileting, grooming, and feeding would be covered under
 - a. ADL.*
 - b. BADL.
 - c. CDL.
 - d. DDL.

10. Using the telephone, preparing meals, managing finances, taking medications, doing laundry, doing housework, shopping, and managing one's own transportation would be considered under
- ADL.
 - IADL.*
 - IIDD.
 - ADLI.
11. Interventions that can be used to maintain or enhance physical functioning of older clients include
- tai chi and yoga.
 - exercise and dancing.
 - walking and gardening.
 - all of the above.*
 - a and b but not c.
12. Interventions that may offer an effective nondrug approach to pain management for older adults are
- yoga and tai chi.
 - aquatics and exercise.
 - relaxation training and meditation.
 - all of the above.*
 - a and b but not c.
13. According to the NCTRC data published in 2009, what percentage of Certificate Therapeutic Recreation Specialists (CTRS) work in geriatrics?
- 10%
 - 18%
 - 28%*
 - none of the above
14. Recreational therapists are not required to obtain gerontology or geriatric competencies by
- NCTRC.
 - CAAHAP.
 - COAPRT.
 - All of the above.*

10

PEDIATRIC PRACTICE

CHAPTER OVERVIEW

This chapter presents common pediatric health conditions that recreational therapists will face. RTs working in pediatric practice may work in a variety of settings, including hospitals, community support services, and specialty camps. The purpose of RT in this population is to encourage age-appropriate developmental function. This is accomplished through working to minimize health threats and encouraging adaptations to overcome limitations.

Key Terms

Visual and hearing impairments, ADHD, conduct disorder, oppositional defiant disorder, blood and immune system disorders, diabetes, cardiovascular and respiratory disorders, musculoskeletal disorders, cancer.

Suggested Learning Activities

1. Have students conduct an Internet search of children's hospitals in the U.S. Have students identify two hospitals with RT programs and compare the services they offer and the pediatric populations they serve.
2. Have students choose one of the health conditions identified in the chapter and write a one-page fact sheet identifying the functional impairments of the condition and potential RT interventions. Have students present their findings to the class and share their fact sheet with classmates.
3. Assign students to write a research paper that examines the long-term impact of a childhood illness. Have them identify recreational therapy interventions that could help children develop coping skills to deal with the potential long-term impacts.
4. Ask students to select one of the subsections listed in the *Trends and Issues* section of the chapter and develop a multipage review article applying the issue to pediatric RT practice.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. Visual impairment includes which of the following?
 - a. near sightedness
 - b. blindness
 - c. far sightedness
 - d. all of the above*
 - e. a and c only
2. Which of the following visual acuities indicates legal blindness?
 - a. 20/10
 - b. 20/20
 - c. 20/50
 - d. 20/100
 - e. 20/200*
3. A person who is legally blind cannot see anything at all.
 - a. True
 - b. False*
4. ADHD refers to
 - a. Activity Dysfunction Hyperplasia Disorder
 - b. Acquired Deficit Hypertrophy Delirium
 - c. Attachment Delusion Hysteria Deficit
 - d. Attention Deficit / Hyperactivity Disorder*
 - e. None of the above
5. This disorder is thought to result from severe abuse and neglect in young children and results in difficulties with initiating or responding to social connections and interpersonal relationships.
 - a. Tic Disorder
 - b. Reactive Attachment Disorder
 - c. Autism Spectrum Disorder
 - d. Oppositional Defiant Disorder
 - e. Conduct Disorder
6. Which of the following is an inherited bleeding disorder that interferes with the body's clotting mechanism?
 - a. Acquired Immune Deficiency Syndrome (AIDS)
 - b. Anemia
 - c. Sickle Cell Disease
 - d. Hemophilia*
 - e. none of the above
7. Type 2 Diabetes typically appears in childhood and results from the body's immune system destroying beta cells in the pancreas.
 - a. True
 - b. False*

8. Which of the following cardiovascular disorders may cause children to have difficulty breathing when participating in moderately active pursuits?
- a. rheumatic heart Disease and Kawasaki disease
 - b. Kawasaki disease and asthma
 - c. asthma and cystic fibrosis*
 - d. cystic fibrosis and rheumatic heart disease
 - e. rheumatic heart disease and asthma
9. Malignant neoplasm is the medical term for
- a. AIDS.
 - b. cancer.*
 - c. diabetes.
 - d. asthma.
 - e. spina bifida.
10. Which of the following is a form of cancer that originates in the blood system?
- a. leukemia*
 - b. lymphoma
 - c. neuroblastoma
 - d. osteosarcoma
 - e. rhabdomyosarcoma
11. Recreational therapy is considered a related service under the Individuals with Disabilities Education Act (IDEA).
- a. True*
 - b. False

11

PHYSICAL MEDICINE AND REHABILITATION PRACTICE

CHAPTER OVERVIEW

In physical medicine and rehabilitation (PM&R) settings, recreational therapists have a great deal of evidence from which to draw from to implement in practice. The recreational therapist in a PM&R setting will work with a number of different populations. By focusing on functional outcomes the recreational therapist can make a dramatic improvement in the client's life. Recreational therapist should utilize current best practices and procedures and be aware of the trends and issues that exist.

Key Terms

Physical medicine and rehabilitation (PM&R), cerebrovascular disease (CVA or stroke), traumatic brain injury (TBI), spinal cord injury (SCI), neuromuscular disorders, Parkinson's Disease, Amyotrophic, Lateral Sclerosis, Multiple Sclerosis, Lou Gehrig's disease

Suggested Learning Activities

1. Assign students to develop a disability portfolio on the physical health conditions discussed in the chapter. Have students provide a 5-minute presentation to classmates on the health condition.
2. Assign students to develop a disability portfolio on the physical health conditions that were not discussed in the chapter.
3. Have students explore rehabmeasure.org database and identify functional outcome measures appropriate for use in the PM&R setting and come to class ready to discuss their findings.
4. Invite a recreational therapist working in PM&R to come to class to discuss his or her work.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. Cerebrovascular disease causes
 - a. stroke.
 - b. CVA.
 - c. both a and b.*
 - d. neither a or b.
2. This impacts the right side of the body, as well as causes difficulty in language.
 - a. right CVA
 - b. left CVA*
 - c. either right or left CVA
 - d. none of the above
3. This is caused by an external force to the brain.
 - a. ICF
 - b. NIH
 - c. TBI*
 - d. GCS
4. Lou Gehrig's disease is
 - a. ALS.*
 - b. GCS.
 - c. ARB.
 - d. LGD.
5. PM&R research related to recreational therapy may be found in
 - a. *American Journal of Recreation Therapy*
 - b. *Therapeutic Recreation Journal*
 - c. *Annual in Therapeutic Recreation*
 - d. all of the above*
6. Behavioral objectives should contain
 - a. the action expected of the client.
 - b. the condition under which the action occurs.
 - c. criteria indicating how the action is to be completed.
 - d. all of the above.*
 - e. a and b but not c.

12

MILITARY SERVICE MEMBERS

CHAPTER OVERVIEW

Military service members represent a growing segment of the population, and while not all have sustained injuries related to their service, many have had life-changing experiences that may have resulted in some kind of physical or psychological injury. This chapter reviewed some of the more common combat-related injuries that have resulted from involvement in military conflicts, such as PTSD and BI.

Working with military service members, especially those who have experienced a combat-related injury, is simultaneously challenging and highly rewarding. Recreational therapists will be successful in their endeavors with this group if they are committed to understanding the complexities of combat-related injuries and the toll they take on the individual and their families and communities.

Key Terms

United States Armed Forces, injured service member, traumatic injury, physical injuries, blast injuries, polytrauma, amputation, BI, SCI, GWOT, post-traumatic stress disorder (PTSD), Agent Orange, age-related health conditions, empirical evidence, VA system, International Classification of Functioning, Disability, and Health (ICF), military sexual trauma (MST)

Suggested Learning Activities

1. Have students develop a disability portfolio on the physical or mental health conditions that were discussed in the chapter.
2. Have students explore the VA website (<http://www.va.gov/>) and identify and compare the various healthcare and other supportive programs for injured service members and their families. Based on their findings, have students write a two- to three-page double-spaced report highlighting two programs that they think would benefit injured service members the most and explain why they may be beneficial.
3. Have students volunteer with an event at a veteran support organization that programs for injured service members and write a reflection two- to three-page double-spaced paper identifying and explaining relevant concepts in the chapter that were observed during the experience.
4. Ask recreational therapists working for the VA system to come to class to discuss the recreational therapy program that they conduct.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. Today there is a population of approximately how many living American veterans of conflicts since World War II?
 - a. 1.4 million
 - b. 11.4 million
 - c. 11.6 million
 - d. 22.6 million*
2. Today, more than _____ American men and women are currently serving in active duty roles.
 - a. 200 thousand
 - b. 350 thousand
 - c. one-half million
 - d. a million*
3. Defined as a combination of injuries that affect at least two body regions, and in which one of the injuries was life threatening and resulted in multiple impairments or disability.
 - a. polytrauma*
 - b. closed and open BIs
 - c. concussive injuries
 - d. paralysis
 - e. none of the above
4. Impairment in all four extremities is
 - a. paresis.
 - b. paraplegia.
 - c. tetraplegia.*
 - d. ambulation.
5. Mental health conditions among service members serving in combat are a
 - a. rare injury.
 - b. infrequent injury.
 - c. prevalent injury.*
 - d. one of the above.
6. Found in Vietnam, the negative health impacts from exposure to this chemical include increased incidence of ischemic heart disease, diabetes, and birth defects in children.
 - a. pesticides
 - b. sarin gas
 - c. toxins in the smoke from oil well fires
 - d. Agent Orange*
7. This refers to environmental and behavioral factors, such as stress, smoking, and unhealthy lifestyle behaviors, that further contribute to the primary or biological aging process:
 - a. primary aging
 - b. secondary aging*
 - c. tertiary aging
 - d. antonym aging
8. Many injuries experienced by service members tend to lead to decreased social functioning, especially those with
 - a. CVA or stroke.
 - b. BI and PTSD.*
 - c. MST.
 - d. ICF.

9. Researchers Scherer, Grade, and Yancosek (2014) during a week-long adaptive kayaking program for injured service members reported improvements in
 - a. depression
 - b. anxiety
 - c. PTSD
 - d. social interaction
 - e. all of the above*
10. Many reliable and validated instruments available to recreational therapists are found in the book titled
 - a. *Assessment Tools for Recreational Therapy and Related Fields**
 - b. *Comprehensive Evaluation in Recreational Therapy*
 - c. *Functional Assessment of Characteristics for Therapeutic Recreation*
 - d. *Therapeutic Recreation Activity Assessment*

SECTION 3

PROFESSIONAL PRACTICE CONCERNS

13

MANAGEMENT, CONSULTATION, AND RESEARCH

CHAPTER OVERVIEW

Recreational therapists are committed to continually improving their clinical knowledge and skill. There are numerous opportunities for the recreational therapist, offered by both employers and professional organizations, for professional growth. The management of the department or agency in which one works will influence staff members' job descriptions, resources, and supervision. The consultation process is another arena in which an RT may have the opportunity to further develop. Finally, research is an essential tool for use in practice, and it is important that RTs understand the importance of research. This chapter covers management, consultation, and research.

Key Terms

code of ethics, ATRA, CTRA, NCTRC, management, resources, general supervision, clinical supervision, consultation, research, evidence-based practice, American Journal of Recreation Therapy, Therapeutic Recreation Journal, Annual in Therapeutic Recreation

Suggested Learning Activities

1. Invite two or more recreational therapy supervisors to class to discuss opportunities that entry-level recreational therapists have for professional growth.
2. Have students contact the professional organization for recreational therapy in their home state to request information on the costs and benefits of membership. Also ask that they request information on the organization's committees, including the titles and tasks of the committees and how the committees disseminate information to the members. Have students bring the information they have collected to report in class.
3. Have students work on the following problem in a small group. You are a recreational therapist working in a rehabilitation facility. Plans for a geriatric wing have been announced. Your department has the opportunity to hire a consultant who is knowledgeable in the area of gerontology to help plan a new program. Discuss some potential areas of foci for the consultation, the potential role of the consultant, and the process that you would most likely experience in this situation.
4. Ask a recreational therapy consultant to come to class to discuss the types of consultation and roles most frequently used by the consultant.
5. Have the students go through the EBP process from assessment to evaluation on a simulated case.
6. Have students prepare a two- to three-page double-spaced paper reviewing a research study that has been reported in *Therapeutic Recreation Journal*, the *American Journal of Recreation Therapy* or the *Annual in Therapeutic Recreation*. Papers should not only include a summary and analysis of the research methods and findings but students should evaluate the quality of the research and its possible value to practice.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. The responsibility that each recreational therapist has for maintaining and improving his or her clinical knowledge and skills is evident in
 - a. the ATRA Code of Ethics.
 - b. the standards of NCTRC.
 - c. neither a or b.
 - d. both a and b.*
2. It is “the act of getting things done through other people”.
 - a. facilitation
 - b. resource-based practice
 - c. management*
 - d. intervention
3. The purpose of clinical supervision is to
 - a. help develop the professional skills and strengths of the recreational therapist.
 - b. enhance client care via enhanced skills.
 - c. both a and b.*
 - d. b but not a.
4. Current professional membership organizations for RTs:
 - a. ATRA and CTRA*
 - b. ATRA and NCTRC
 - c. ATRA and NART
 - d. ATRA and NTRS
5. Undertaking work with a consultant typically involves a process with how many stages?
 - a. 2
 - b. 3
 - c. 5*
 - d. 8
6. A systematic and well-planned process that allows for gathering information about a phenomenon is
 - a. research.*
 - b. analysis.
 - c. feedback.
 - d. protocol.
7. Recreational therapists may stay informed of current research by
 - a. reading journals such as the *American Journal of Recreation Therapy*.
 - b. reading current RT textbooks that report research findings.
 - c. attending national and regional conferences where research is presented.
 - d. all of the above*

14

ISSUES AND TRENDS

CHAPTER OVERVIEW

This chapter provides an overview of both issues and trends that are likely to affect the profession of recreational therapy as well as the location and nature of practice.

Key Terms

temporary state of equilibrium, issues, trends, terminal degree, recreational therapy, professional preparation programs, philosophy, theory, practice, conceptual models, evidence-based practice, outcome measurement, positive psychology, strength-based approach, International Classification of Functioning Disability and Health (ICF), aging population, chronic conditions, persons with disabilities, community-based services, illness prevention, health promotion, health care reform, Patient Protection and Affordable Care Act (ACA)

Suggested Learning Activities

1. In class, ask students to describe the three periods in the development of recreational therapy outlined by Austin. Then ask students if they agree with the three periods.
2. In class, ask students to differentiate between the terms issues and trends. See how their concepts match with those presented in the chapter.
3. Ask students to prepare a two- to four-page double-spaced paper in which they agree or disagree with Kunstler and Stavola Daly who proclaimed that “our value to the public has not been clearly established in the world of practice or clearly articulated.”
4. Have students get together in small groups to discuss the problem of a shortage of PhD-prepared recreational therapy faculty. Ask them to discuss if they see the shortage as a critical issue and what they believe can be done to overcome the shortage of faculty. Following the group discussions, have a representative of each group report on the group’s discussion.
5. Using the references mentioned in the discussion of “Uniform and Rigorous Professional Preparation Programs” and any additional resources students can obtain, ask them to prepare a two- to five-page double-spaced paper in which they evaluate their university’s professional preparation program (i.e., curriculum) in recreational therapy (or therapeutic recreation). Ask students to conclude their papers with recommendations for improvements in the university’s professional preparation program.
6. Have students meet in small groups to discuss the meaning of the quote: “Theory becomes the lens through which practice is viewed” and then drawing upon one of the conceptual models, illustrate how propositions from that model can affect practice. Finally, have a representative of each group report highlights from their discussion to the entire class.
7. Place students in small groups in class and ask them to come up with a definition of positive psychology in their own words. After an adequate period of time for discussion, have someone from each group write the group’s definition on the board. Then compare and contrast the definitions. Which one do the class members think is best?
8. Have students prepare a two- to four-page double-spaced paper in which they discuss how the elderly population of the United States or Canada is growing and what implication they see for recreational therapy.
9. Have students apply the three principal forms of evidence in evidence-based practice in a selected population.
10. Assign students to small groups to explore and present on the implications of the Patient Protection and Affordable Care Act for recreational therapy. Discuss how the groups may have come to different conclusions.

EXAMINATION QUESTIONS

(* INDICATES CORRECT ANSWER)

1. Developing tendencies that take us in new directions are
 - a. problems.
 - b. concerns.
 - c. issues.
 - d. trends.*
2. It has been estimated in the United States about what percent of Certified Therapeutic Recreation Specialists (CTRSs) belong to the American Therapeutic Recreation Association?
 - a. 15%*
 - b. 25%
 - c. 35%
 - d. 45%
3. The supply of recreational therapy faculty with terminal degrees
 - a. is meeting current needs.
 - b. will meet projected needs.
 - c. is one of oversupply.
 - d. is not meeting current needs.*
4. At the highest rung of Smith and Liehr's "Ladder of Abstraction" is
 - a. philosophy.*
 - b. theory.
 - c. practice.
 - d. none of the above.
5. These provide a theory-base for the practice of recreational therapy.
 - a. diagnostic classifications
 - b. pathology explanations
 - c. conceptual models*
 - d. homeopathic medicine explanations
6. Three principal elements for this concept are (1) practitioner expertise or judgment; (2) client characteristics, needs and preferences; and (3) research findings.
 - a. NIH
 - b. APIE
 - c. ICF
 - d. EBP*
7. The elements of positive psychology and a strength-based approach are apparent in
 - a. the Reformulated Health Protection/Health Promotion Model.
 - b. the Flourishing Through Leisure Model.
 - c. the Leisure Ability Model.
 - d. a and b but not c.*
8. _____ developed the International Classification of Functioning, Disability and Health (ICF).
 - a. ATRA
 - b. NCTRC
 - c. NART
 - d. WHO*

9. The ICF departs from
 - a. the traditional medical model.*
 - b. the biopsychosocial model.
 - c. acknowledgment of the effect of the environment.
 - d. focusing on functioning rather than solely focusing on client's impairments.
10. By 2030, the number of older Americans is projected to
 - a. decline from today's 40 million to 22 million.
 - b. increase from today's 22 million to 40 million.
 - c. increase from today's 40 million to 72 million.*
 - d. neither decline or increase from today's population.
11. Which of the following trends in healthcare is likely to continue into the future?
 - a. evidence-based practice
 - b. integration of service providers
 - c. providing care in the least costly setting
 - d. focus on maintaining health
 - e. all of the above*