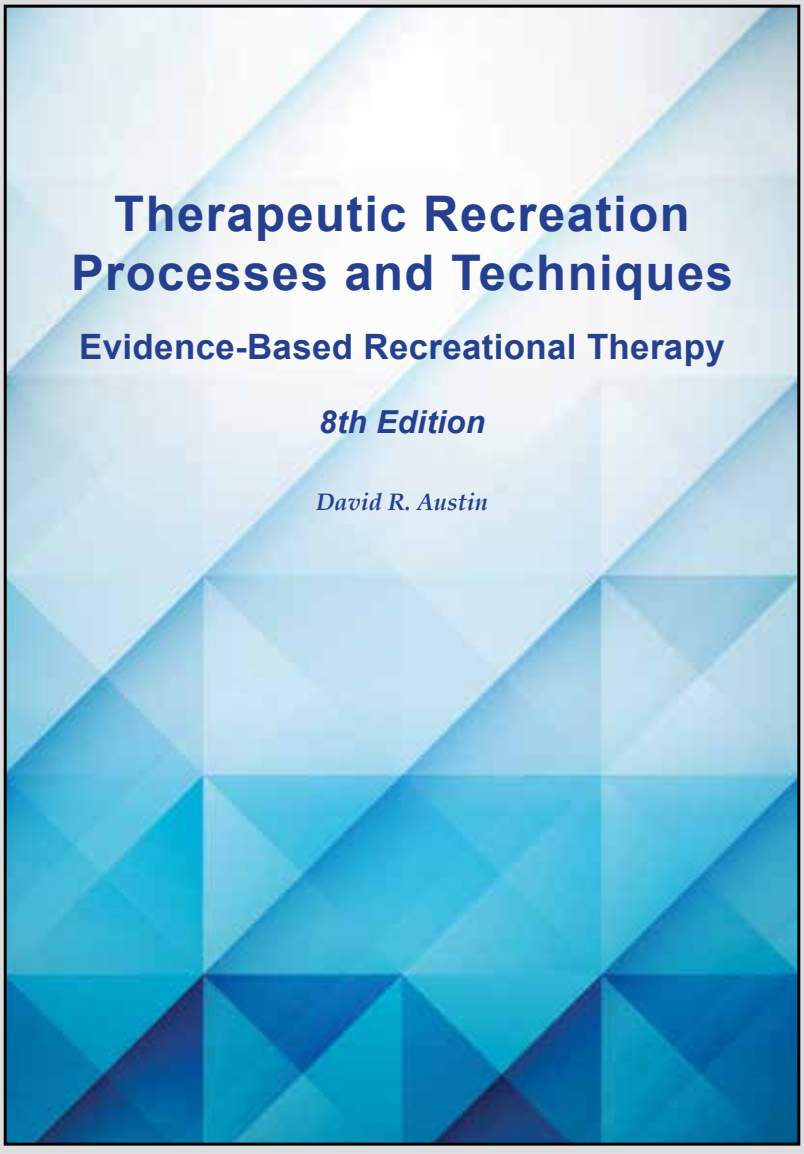
INSTRUCTOR'S GUIDE



SAGAMORE VENTURE

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NOTES TO INSTRUCTORS

A companion piece to *Therapeutic Recreation Processes and Techniques* is Austin's (2011) *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners* (Sagamore). You may wish to adopt *Lessons Learned* to be used in conjunction with *Therapeutic Recreation Processes and Techniques,* as numerous brief readings from *Lessons Learned* apply to the material in *Therapeutic Recreation Processes and Techniques* and have been found to stimulate student interest and class discussion. To assist instructors, this *Instructor's Guide* provides a number of suggested learning activities that employ readings from *Lessons Learned*.

Because the contents of the book are extensive, some universities use chapters from *Therapeutic Recreation Processes and Techniques* in several courses. For example, one university employs Chapter 6, "Communication Skills," in its Therapeutic Communications course. The contents of Chapter 3, "Facilitation Techniques," are often used within courses titled Facilitation Techniques in Recreational Therapy, because of the extensive coverage of facilitation techniques not available in other resources. Chapter 9, "Clinical Supervision," may serve as a primary resource in courses titled Clinical Supervision or may be a useful source of information in courses preparing students for internships. Additionally, the chapter on clinical supervision may have utility as a resource for universities offering training for agency internship supervisors or for agencies conducting training for their staff on the topic of clinical supervision.

Segments from chapters can also provide resources for courses. For example, the segments on group leadership and group processing may be resources for courses on leadership. For senior seminars, segments on advocacy, burnout, teamwork, conceptual models, and professional ethics offer readings for topics often covered in these seminars. Students seem to appreciate using the same book in several courses and typically retain their copy of *Therapeutic Recreation Processes and Techniques* as a resource to use within internships and in practice.

CHAPTER 1: BASIC CONCEPTS

Chapter Overview

This brief chapter provides an introduction to helping others and to the content and format of the book. The chapter acquaints students (who do not tend to read the Preface) to the content and approach of this book. It was designed to help students to (1) understand what makes a recreational therapist different from a layperson, (2) know what topics will be covered in the book, and (3) become aware of the format employed in each chapter.

Critical Concepts

1. This book goes beyond introductory textbooks in recreational therapy (RT) or therapeutic recreation (TR) that is necessarily "about" RT or TR. These books describe the profession and its clients. This book moves beyond that introductory level to embrace the "how" of practice.
2. Students need to understand that helping professionals must possess more than good intentions. They must develop the knowledge and skills necessary for successful practice, to enable clients to solve problems or meet needs in a better way than the clients could alone or with the help of family or friends. It is critical that emerging recreational therapists develop competencies to deliver quality services.
3. Topics covered in the book include (a) major theories of helping and therapeutic approaches related to these theories, along with coverage of other extensively developed therapeutic approaches (Chapter 2); (b) facilitation techniques that can be used as interventions (e.g., progressive relaxation training, animal-assisted therapy; Chapter 3); (c) conceptual models and the steps in the RT process including assessment, planning, implementation, and evaluation (Chapter 4); (d) characteristics of professional helpers and self-awareness (Chapter 5); (e) effective communication skills for group leadership and counseling (Chapter 6); (f) skills for leadership in working with individuals and groups (Chapter 7); (g) documentation, teaching–learning principles, motivating clients, teamwork, advocacy, the International Classification of Functioning, Disability, and Health (ICF), and understanding of social psychological processes (Chapter 8); (h) clinical supervision processes and techniques (Chapter 9); and (j) knowledge and skills related to health and safety considerations including the effects of psychotropic and anticonvulsant drugs (Chapter 10).
4. The format for each chapter is consistent throughout the book. Each chapter begins with a chapter purpose, key words, and objectives. Each concludes with reading comprehension questions.
5. The term *recreational therapy* is consistently employed throughout the book.

Key Terms

helping relationship, objectives, theory

Possible Learning Activity

Use the "Format for Chapters" PowerPoint slide to review the format followed for chapters within the book, specifically pointing out that each chapter has learning objectives and reading comprehension questions that will be helpful to the students.

Examination Questions (*Correct Response)

1. This book is primarily concerned with
   a. how to perform as a recreational therapist.*
   b. client characteristics.
   c. settings in which therapeutic interventions take place.
   d. learning about the general field of RT.
2. To be successful in helping relationships, the recreational therapist must
   a. approach the client from the perspective of a layperson.
   b. be competent in the processes and techniques of RT.*
   c. be a friend to the client.
   d. have had a problem similar to the client's problem.
3. Objectives at the beginning of each chapter of the textbook
   a. create a mystique that makes learning more difficult.
   b. focus on outcomes for the reader.*
   c. were written in terms of client treatment outcomes.
   d. are probably more harmful than helpful.

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore–Venture for instructors who have adopted the book.

CHAPTER 2: THEORIES AND THERAPIES

Chapter Overview

Emerging recreational therapists may understandably be overwhelmed and confused by the large number of theoretical perspectives and therapeutic approaches employed today. This chapter helps the reader grasp fundamental understanding of theories and therapeutic approaches with which the recreational therapist may come into contact.

Chapter 2 begins with a brief discussion of theories of practice and the concept that all recreational therapists formulate practice theories of their own. Even though the student may not have systematically analyzed his or her personal theory of practice, he or she is likely to have already begun to form beliefs and assumptions that will underlie his or her theory. Information within the chapter will assist students to understand theoretical perspectives that guide practice and will enable them to begin to formulate their own practice theory.

Following a short discussion of the eclectic approach, the chapter reviews major helping theories. These are the psychoanalytic, behavioral, humanistic or growth psychology, cognitive-behavioral, and positive psychology perspectives. The chapter outlines techniques related to each of these major orientations and gives implications for each for practice in recreational therapy (RT).

Following the discussion of major theories, the chapter discusses some of the most fully developed approaches to intervention. These include family therapy and multimodal therapy. As with the major theories, implications for RT practice follow the presentation on each approach. Finally, the chapter provides an overview of the constructivism, feminist therapies, multicultural, and ecological systems perspectives as additional considerations in the use of the major helping theories.

As a result of studying this chapter, students should possess a basic understanding of major theories and therapeutic approaches that they will encounter in the field. They should also begin to formulate personal theoretical notions that are in harmony with their abilities, beliefs, and interests.

Critical Concepts

1. Theory underlies practice. Theory provides a basis for action and directs methods used in practice. Recreational therapists need to comprehend theories they will encounter and begin to formulate their own theories of practice.
2. Recreational therapists often take an eclectic approach. This approach is characterized by the utilization of approaches and techniques drawn from several sources.
3. It is necessary for helping professionals to comprehend the major helping theories. These are the psychoanalytic approach, behavioral approach, humanistic or growth psychology approach, cognitive-behavioral approach, and positive psychology approach. Therapeutic interventions resulting from each major theory and implications of each theory for practice in RT should be understood by those engaged in RT practice.
4. While lacking the standing of the major orientations, the more fully developed therapeutic approaches of family therapy and multimodal therapy are also important. It is important for RT professionals to understand these approaches and implications for RT practice.
5. In addition to the major theories of helping and developed therapeutic approaches, more recent developments have questioned the universality of the major theories. The perspectives of constructivism, feminist therapies, multicultural, and ecological systems encourage students to consider individual differences in applying any theoretical foundation.

Key Terms

behavior therapy, behavior modification, eclecticism, ego defense mechanisms, classical conditioning, operant conditioning, psychoanalytic approach, principle of reinforcement, positive reinforcement, negative reinforcement, extinction, shaping, chaining, modeling, Premack principle, person-centered therapy, Gestalt therapy, rational emotive therapy, reality therapy, cognitive-behavioral therapy, transactional analysis, positive psychology, family therapy, multimodal therapy, constructivism, feminist therapies, multicultural perspective, ecological systems

Teaching Difficult Topics

You will likely be better grounded in some theories and therapies than in others. Alternatively, you could present videos on some of the theories or therapies. You could also have a member of the psychology department of the university or local clinical setting serve as a lecturer or resource person in the classroom. Still another approach, you could invite recreational therapists with expertise with particular theories or therapies to speak to the class. Finally, you could help students understand the influence of the major helping theories by having them evaluate a case from the view of the five major perspectives. Students can examine the case for (a) unresolved conflicts (psychoanalytic), (b) reinforcers of behavior (behavioristic), (c) blocks to self-actualization (growth), (d) problematic thought or reasoning (cognitive-behavioral), and (e) client strengths (positive psychology). Additional teaching suggestions follow in the Possible Learning Activities section.

Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set contains all figures and tables within each chapter. The second set outlines each chapter and was developed by the author. Class presentations for the use of the tables and figures and the author-developed slides are suggested in this *Instructor's Guide*. The author-prepared slides appear in the same order as the topics in the chapter.

Reviewing PowerPoint slides of tables in class. All tables in Chapter 2 are available, so you may select any to show in class. Look over the tables in Chapter 2 to see which ones you may wish to discuss in class. Table 2.1, on the five major helping theories, should be particularly useful, as it outlines each orientation discussed in the chapter. Table 2.1 has also been integrated within the slides that introduce the chapter.

Slide on introduction to eclecticism. An author-developed slide ("Eclecticism") covers eclecticism or the eclectic approach. Following this slide, you may also wish to employ the PowerPoint slide of Table 2.1 (Five Major Theories of Helping), which presents a synopsis of each of the major helping theories. The two slides introduce students to the concepts that RT takes an eclectic approach and that RT borrows from the major helping theories presented in the overview slide of Table 2.1.

Slides on Freud's psychoanalytic approach (6 slides). These slides review the psychoanalytic approach. Four offer introductory information on the psychoanalytic approach. Slide 1 is titled "Freud's Psychoanalytic Approach." Slide 2 is titled "Instincts vs. Society." The third slide is titled "Freud's Balance Model." Slide 4 introduces the id, superego, and ego. The final two slides ("Transference" and "Countertransference") cover transference and countertransference. (You could add Table 2.2, Freud's Stages of Psychosexual Development, to these slides.)

Slide of Erikson's stages of psychosocial development. Table 2.3 presents Erickson's stages of psychosocial development. You may wish to compare these to Freud's earlier developed stages of psychological development.

Slides used to review the behavioral approach (10 slides). After an introductory slide ("Behaviorism"), slides appear titled "Classical Conditioning," "Operant Conditioning," and "Positive and Negative Reinforcement." These are followed by slides on types of reinforcement techniques titled "Types of Reinforcement Techniques."

Slides to review humanistic psychology (17 slides). Following a slide to introduce humanistic psychology ("Humanistic Psychology"), 16 slides cover person-centered therapy (Carl Rogers), Gestalt therapy (Fritz Perls), and transactional analysis (Eric Berne).

Six conditions for change proposed by Rogers appear in Table 2.4.

Slides to review cognitive-behavioral approaches (4 slides). Following a slide to introduce the cognitive-behavioral approaches ("Cognitive-Behavioral Approaches"), three slides cover rational emotive therapy, reality therapy, and cognitive-behavioral therapy.

Slides to review positive psychology (5 slides). Five slides introduce key concepts in positive psychology. The first slide is titled "Three Components or Pillars of Positive Psychology." Slide 2 is titled "Fredrickson's Broaden-and-Build Theory of Positive Emotion." Slide 3 is named "Positive Traits." Slide 4 is called "Positive Institutions." The fifth slide is named "Similarities Between RT and Positive Psychology"). In conjunction with these author-developed slides, you may use the PowerPoint slide of Table 2.6, Positive Psychology in a Nutshell.

Slide listing related theoretical perspectives. A single slide ("Related Theoretical Perspectives") lists the related theoretical perspectives: constructivism, feminist therapies, multicultural perspective, and ecological systems.

Possible Learning Activities Using *Lessons Learned*

Possible assignments from readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners* (Austin, 2011; Sagamore Publishing):

A student assignment related to positive psychology could be Lesson 17 (pp. 35–37). Ask students to come to class ready to (a) describe the three pillars of positive psychology and (b) give examples of how recreational therapists may draw upon positive psychology to support their practice. (This assignment may be combined with the next suggested assignment involving an *American Journal of Recreation Therapy* article on positive psychology, listedin the Other Possible Learning Activities section.)

A student assignment related to the humanistic approach and RT could be Lesson 16 in *Lessons Learned* (pp. 33–34). Ask students to come to class ready to (a) identify the three major elements in Rogers' humanistic approach and (b) agree or disagree that Rogers has had a significant effect on RT.

A student assignment related to the learnings from the psychoanalytic and behavioral approaches could be Lesson 18 (pp. 38–39). Ask students to come to class prepared to point out how theory from the psychoanalytic and behavioral approaches may be applied in RT.

A student assignment related to the cathartic notion could be Lesson 44 (pp. 86–87). Ask the students to come to class ready to agree or disagree with the notion that aggression begets aggression.

Other Possible Learning Activities

Assigning a reading on positive psychology. A possible student assignment directly related to positive psychology could be the reading: Austin, D. R., McCormick, B. P., & Van Puymbroeck, M. (2010). Positive psychology: A theoretical foundation for recreation therapy. *American Journal of Recreation Therapy, 9*(3), 17–24. Ask students to come to class ready to (a) describe the three pillars of positive psychology and (b) give examples of how recreational therapists may draw upon positive psychology to support their practice.

Assigning a reading on how contexts have influenced RT. A possible student assignment could be the reading: Austin, D. R. (2005). The changing contextualization of therapeutic recreation: A 40-year perspective. *Annual in Therapeutic Recreation*, *14*, 1–11. Ask students to come to class ready to (a) agree or disagree with the contention that humanistic psychology has had the most impact on RT practice and (b) agree or disagree that positive psychology will strongly influence RT practice in the future.

Class discussion of the cathartic notion. Most students hold the "pet theory" of the cathartic notion that if you let clients punch a heavy bag, they will be less aggressive. However, as is clear from the information in Chapter 2, social learning theory has shown the cathartic notion does not hold up when scientifically tested. Results show that clients who behave aggressively are more aggressive, not less. Aggression begets aggression. Ask students if punching on a heavy bag is a good treatment for aggression. Many will probably say it is, since the cathartic notion is the

"person-on-the-street view" left over from psychoanalytic theory. Then ask them what research has shown about the cathartic notion so that they can understand that research has not supported it and, instead, has shown that allowing people to be aggressive only leads to further aggression. Hopefully, this discussion will display to the students that some of the "pet theories" they have held may not hold up to empirical evidence and that they need to critically examine their beliefs.

Assigning a paper on one of the five major orientations. You may wish to assign a 2–5-page paper, asking students to write about which of the five major orientations they personally favor and why. The orientations are psychoanalytic, behavioral, humanistic psychology, cognitive-behavioral, and positive psychology. An interesting follow-up might be to have a show of hands in class as to how many selected each orientation. Then use the show of hands to begin a discussion as to why most students selected a certain orientation.

Assigning an integrative paper. As an alternative assignment, have students write a 2–5-page paper in which they state two beliefs or concepts drawn from each of the five major orientations that they think they could apply in RT practice. This assignment allows students to examine all the orientations and better understand how RT is characterized by eclecticism.

Websites. There are a number of websites related to the major theories and therapies in Chapter 2. You might ask students to visit a website and to be ready to discuss in class the most important thing they learned as a result of their visit. A particularly good website is SimplePsychology (https://simplypsychology.org/). Students will find a listing of "Psychology Articles for Students" from which they can select from the A–Z Index. Under the A–Z Index, they will find articles such as "Behaviorist Approach," "Cognitive Behavioral Therapy," and "Psyche (Id, Ego, Superego)".

Examination Questions (*Correct Response)

1. Theory provides the recreational therapist
   a. concepts that sound impressive but have little to do with RT.
   b. with a basis for action in RT practice.*
   c. information too confusing to be helpful to an emerging recreational therapist.
   d. with little knowledge, because they are so diverse.
2. The eclectic approach
   a. is rarely followed in any of the action-oriented therapies such as RT.
   b. too often emphasizes having "one right answer" to treatment.
   c. is deterministic in its approach to human nature.
   d. utilizes approaches and techniques drawn from several sources.*
3. Three of the major theories of human behavior discussed in the textbook include all except
   a. the psychoanalytic approach.
   b. the processes approach.*
   c. the behavioristic approach.
   d. the humanistic psychology approach.
4. Sigmund Freud was the founder of the
   a. psychoanalytic approach.*
   b. processes approach.
   c. behavioral approach.
   d. growth psychology approach.

5. The primitive part of personality is
   a. the id.*
   b. the ego.
   c. the superego.
   d. the alter ego.
6. Resolution of sexual conflicts and sex-role identity is a critical task of the
   a. oral stage.
   b. anal stage.
   c. phallic stage.
   d. latency stage.
   e. genital stage.*
7. An example of sublimation is
   a. refusing to admit being frightened by another individual.
   b. forgetting threatening occurrences.
   c. releasing sexual urges through dance.*
   d. transferring emotions from the original object to a safer or less formidable one.
8. A term related to the release of aggression is
   a. neurotic.
   b. transference.
   c. countertransference.
   d. catharsis.*
9. Behavioral theory is grounded in
   a. the psychodynamic aspects of an individual.
   b. the principles of learning.*
   c. a philosophical view of the human condition.
   d. the developmental stages people pass through.
10. According to psychoanalysis, defense mechanisms are used to protect which personality division?
    a. id.
    b. libido.
    c. ego.*
    d. superego.
    e. pleasure principle.
11. As a practicing recreational therapist, you find it difficult to deal with a client. This client reminds you of a professor in college with whom you had difficulties. This situation is an example of
    a. transference.
    b. countertransference.*
    c. sublimation.
    d. repression.
12. Of the following, which is true in behavioral therapy?
    a. insight is a necessary element in behavior change.
    b. therapy should focus on behavior change and not attitude change.*
    c. the client should determine treatment goals.
    d. a good working relationship between the client and therapist is critical to bringing about behavioral change.

13. Individuals associated with classical conditioning include
    a. Pavlov and Thorndike.*
    b. Pavlov and Adler.
    c. Thorndike and Skinner.
    d. Erickson and Skinner.
14. Which of the following is *not* a key concept in behavioral therapy?
    a. behavior is learned through positive reinforcement.
    b. present behavior is stressed more than past behavior.
    c. emphasis is on action and experimenting with new behaviors.
    d. emphasis is on the role of insight in treatment.*
15. The process by which reinforcers are differentially applied to responses made toward approximating a desired behavior is known as
    a. extinction.
    b. modeling.
    c. chaining.
    d. shaping.*
16. The founder of person-centered therapy was
    a. J. B. Watson.
    b. Rollo May.
    c. Carl Rogers.*
    d. B. F. Skinner.
17. Congruence refers to the therapist's
    a. genuineness.*
    b. empathy for clients.
    c. judgmental attitude.
    d. positive regard.
18. Empathic understanding refers to the therapist's ability to
    a. accurately diagnose the client's central problem.
    b. objectively understand the dynamics of a client.
    c. like and care about the client.
    d. sense the inner world of the client's subjective experience.*
19. Gestalt therapy encourages clients to
    a. experience feelings intensely.
    b. stay in the here and now.
    c. pay attention to their own nonverbal messages.
    d. all of the above.*
    e. none of the above.
20. Rational emotive therapy is based on the assumption that human beings are
    a. innately striving for self-actualization or self-fulfillment in their interactions with others.
    b. determined strictly by environmental conditions.
    c. determined by strong unconscious sexual and aggressive drives.
    d. potentially able to think rationally but have a tendency toward irrational thinking.*

21. The view of human behavior underlying reality therapy is
    a. that we should take responsibility for our own needs.
    b. that we have a need to feel loved and to love others.
    c. that we need to feel worthwhile to ourselves and others.
    d. all of the above.*
    e. none of the above.
22. Cognitive-behavioral therapy was first used by Beck with clients with
    a. major depression.*
    b. compulsive behaviors.
    c. physical disabilities.
    d. few leisure skills.
23. These therapists help clients become aware of the interrelation of thought, feelings, and behaviors.
    a. cognitive-behavioral therapists.*
    b. psychoanalytic therapists.
    c. behavior therapists.
    d. feminist therapists.
24. Which theory assumes that if the therapist provides a stabilizing presence for the client, the client will eventually be able to be self-directed and achieve self-actualization?
    a. cognitive-behavioral.
    b. humanistic psychology.*
    c. behavioral.
    d. psychoanalytic.
    e. none of the above.
25. Which therapy considers (a) activating events, (b) beliefs, and (c) consequences of beliefs?
    a. rational emotive therapy.*
    b. play therapy.
    c. behavioral therapy.
    d. psychoanalytic therapy.
    e. none of the above.
26. Which is *not* a key concept in transactional analysis?
    a. strokes.
    b. rackets.
    c. free association.*
    d. games.
27. The ego state that works with facts and external reality is
    a. the Parent.
    b. the Adult.*
    c. the Child.
    d. the Grandparent.

28. Transactional analysis tends to stress
    a. cognitive factors.*
    b. getting in touch with feelings.
    c. aggression control.
    d. dealing with our primitive drives.
29. The application of family therapy in RT
    a. has had a long and rich history.
    b. has been relatively limited.*
    c. should be avoided unless there are no other means.
    d. should be attempted only within hospital settings.
30. This type of therapy operates within the framework of social learning theory but transcends behavioral traditions.
    a. reality therapy.
    b. multimodal therapy.*
    c. existential therapy.
    d. Gestalt therapy.
31. Positive psychology has been championed by
    a. Martin E. P. Seligman.*
    b. Johannes H. Schultz.
    c. Arnold A. Lazarus.
    d. John B. Watson.
32. The emphasis of positive psychology is very much on
    a. the development of human strengths and potentials.*
    b. making the subconscious conscious.
    c. understanding transactions.
    d. the cathartic notion.
33. Positive psychology builds on
    a. psychoanalytic traditions.
    b. behavioral traditions.
    c. humanistic traditions.*
    d. psychodrama traditions.
34. The three pillars of positive psychology are
    a. the id, ego, and superego.
    b. the child, parent, and adult.
    c. functional interventions, leisure education, and recreation.
    d. positive emotions, positive traits, and positive institutions.*
35. Positive psychology views people as
    a. self-serving and asocial.
    b. taking care of their own needs in egotistical ways.
    c. being social and moral individuals.*
    d. primarily reacting to positive reinforcers.

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore–Venture for instructors who have adopted the book.

CHAPTER 3: FACILITATION TECHNIQUES

Chapter Overview

Chapter 3 reviews a variety of facilitation techniques. Some such as relaxation techniques, bibliotherapy, cinematherapy, therapeutic community, and adventure therapy have been used primarily with clients receiving psychiatric care. Others such as remotivation, resocialization, sensory training, and reminiscence therapy have been used largely with clients who are elderly. Still others, namely, physical activities, horticulture therapy, humor, and values clarification, have been used with an array of clients in a number of treatment and rehabilitation settings. These techniques all have implications for practice in recreational therapy (RT).

Critical Concepts

1. It is important that emerging recreational therapists become acquainted with various facilitation techniques that are available to them. This chapter covers a wide range of techniques that may be employed as interventions in RT and provides evidence to apply in evidence-based practice.
2. Students need to understand the implications for RT practice of each facilitation technique in the chapter. They need to comprehend with which types of clients each technique might be appropriately employed.
3. Student may refer to the chapter for information on facilitation techniques in the implementation of programs.

Key Terms

breathing techniques, progressive relaxation training, autogenic training, mental imagery and visualization, Benson Technique, yoga, biofeedback, self-massage, physical activity, leisure education/counseling, values clarification, bibliotherapy, cinematherapy, horticulture therapy, therapeutic community, therapeutic use of touch, humor, adventure therapy, aromatherapy, qigong, tai chi, Pilates, aquatic therapy, processing assertiveness training, social skills training, animal-assisted therapy, cognitive rehabilitation, retail therapy, validation therapy, technology, creative arts, remotivation, sensory training, resocialization, sensory training, reminiscence therapy, life review, cognitive stimulation therapy

Teaching Difficult Topics

Due to the large number of techniques, you may not have in-depth knowledge of all of those within the chapter. Therefore, you may wish to invite practitioners into the classroom to discuss their use of techniques. Another approach, you could have students give in-class presentations on the various techniques. Additional teaching suggestions follow in the Possible Learning Activities section.

Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set contains all figures and tables within each chapter. The second set outlines each chapter and was developed by the author. Class presentations for the use of the tables and figures and the author-developed slides are suggested in this *Instructor's Guide*. The author-prepared slides appear in the same order as the topics in the chapter.

Slide to introduce relaxation techniques. You may wish to make the reading assignment of pages 44–64 for the day you cover relaxation techniques. As you begin discussion of relaxation techniques using the author-prepared slides, ask students if they agree with the Hadjistavropoulos and Asmundson's (2011) quote on the author-prepared slide. This should set the stage for discussion of relaxation techniques. You may follow this with a review of the slide of Table 3.1, Benefits of Relaxation.

Slides on relaxation techniques. An author-prepared slide lists all the relaxation techniques. You may wish to review the list, asking students if they can explain each technique. Then using the author-prepared slide "Relaxation Techniques: Which Are Best?" ask students if they favor some techniques.

Have students engage in relaxation training exercises. Following the discussion of the slides on relaxation techniques, you could have students take part in some of the relaxation technique exercises in the chapter appendix. Students typically enjoy doing relaxation exercises such as Progressive Relaxation Training. It is worthwhile to allow class time for students to engage in relaxation techniques such as Progressive Relaxation Training.

Slides on physical activity and exercise. The segment of the chapter on Physical Activity (pp. 68–92) is extensive, so you may assign it as a reading assignment and devote one class session to the topic. The first author-prepared slide ("Physical Activity and Exercise") asks students if they differentiate between the terms *physical activity* and *exercise*. The following two slides ("Physical Activity Defined" and "Exercise Defined") define the terms *physical activity* and *exercise*. Slide 4 ("Agree with Mobily?") asks students to address questions regarding RT and physical activity. The final author-prepared slide ("Research on Physical Activity for Chronic Conditions and Disabilities") outlines research on physical activity and chronic conditions and disabilities and then asks students whether they have seen such benefits. Finally, show students the slides of Tables 3.2 and 3.3. Showing Table 3.2, Recommendations of Physical Activity and Exercise for Older Adults in Long-Term Care Facilities, ask students if they think these are valid recommendations that should be followed. Showing Table 3.3, Recommendations for Physical Activity and Weight, ask students if they agree with the recommendations and if they would follow them personally.

Slide on Pilates. This slide ("Pilates") lists Joseph H. Pilates as the founder of Pilates. It also indicates that research has supported Pilates in rehab and that recreational therapists need to be certified in Pilates to lead it.

Slide on stretching and walking. This slide indicates stretching to be a research-based intervention and that walking has proven health benefits and is within the scope of service of recreational therapists.

Slide on aquatic therapy. This slide ("Aquatic Therapy") is packed with information on aquatic therapy: what it is, types of clients it is used with, and the fact that it is underused even though it has research support.

Slides on leisure education/counseling (2 slides). Use the slide "Components of Leisure Education/Leisure Counseling" to review the components of leisure education/counseling. You may wish to follow this slide with Table 3.4, McDowell's Levels of Counseling, to emphasize the similarities. Using the author-prepared slide "Physical Activity Counseling," ask students if recreational therapists should develop the emerging area of physical activity counseling.

Slides on the topic of values clarification (5 slides). The topic of values clarification can be reviewed using five slides. The first slide ("Values") provides a definition of the term *values*. The second slide offers a statement on values clarification. You can use the "Pie of Life" slide in conjunction with Pie of Life values clarification exercise on page 105. You can use the "20 Things I Love to Do" slide. The final slide is titled "I Learned Statements," which can be used following each values clarification exercise. Ask students to select one of the stems on the slide and to complete the statement.

Note: You may find the "I Learned Statement" slide to be useful to bring about in-class discussion following any exercise completed in class. You may also use it at the end of a class session to determine what the students got out of the class time.

Slides on a series of facilitation techniques (6 slides). Each of the slides raises questions for class discussion on these facilitation techniques: bibliotherapy, cinematherapy, horticulture therapy, therapeutic community, humor and laughter, and therapeutic use of touch.

Slide on aromatherapy. This slide defines and briefly introduces aromatherapy and then asks students to address the question, what implications for RT come out of the body of knowledge on aromatherapy?

Slides on adventure therapy (2 slides). One author-prepared slide, titled "Values Inherent in Adventure Therapy," offers a quick review the nature of adventure therapy. The second slide, "Processing (Debriefing) in Adventure Therapy," brings up the need for processing, or otherwise the activity may become diversional.

Slide on assertiveness training. This slide introduces assertiveness training and asks students, "What are the implications of assertiveness training for RT practice?"

Slides covering social skills training (5 slides). The area of the development of social skills is important for recreational therapists. The first author-prepared slide ("Social Skills") defines the term *social skills*. You might show the slide for Table 3.5, Illustrations of Social Skills, to display types of social skills. The second author-prepared slide ("Reasons for Attention to Social Skills") gives reasons why recreational therapists give attention to social skills. The next author-prepared slide ("Competency Areas in Social Skills Training") lists the competency areas in social skills training (SST). The following slide ("Social Skills and RT") presents information about social skills and RT. The final slide is on the future of social skills training in RT.

Slide on cognitive rehabilitation. This author-prepared slide ("Summary Statements on Cognitive Rehabilitation") gives bullet points regarding cognitive rehabilitation, to introduce students to this facilitation technique.

Slide on community integration. This author-prepared slide, "Community Integration," asks students to explain community integration programs and the role recreational therapists may play in them.

Slide on animal-assisted therapy. This slide ("Summary Points Animal-Assisted Therapy [AAT]") offers summary points on animal-assisted therapy (AAT), a popular intervention technique in RT.

Slides on intervening with technology (4 slides). The first author-prepared slide ("Video Games Show Promise as Interventions") presents information summarizing the use of video games as an intervention. Slide 2 ("Snoezelen Rooms") covers Snoezelen rooms (a term students will have likely heard but know little about.) Slide 3 ("Robotic Therapy") discusses robotic therapy, explaining its use and reports of therapeutic outcomes reported in the research. The final of the four slides ("Assistive Technology Devices") defines assistive technology devices and gives examples of low- and high-tech devices.

Slides on creative arts (2 slides). The first author-prepared slide ("Creative Arts/Music Listening") briefly presents information on music listening, stating research supports its use. Slide 2 ("Creative Arts") talks about expressive writing and journaling as techniques and then indicates that a great number of creative arts activities can be used in RT.

Slide on psychodrama. This slide ("Psychodrama") warns psychodrama should not be used by recreational therapists without extensive training, but states that recreational therapists can borrow elements from psychodrama, and asks students to identify concepts they can borrow from psychodrama.

Slide on retail therapy. This slide ("Retail Therapy") introduces the new concept of retail therapy, warning that while it is an intriguing area, it lacks the theory and research needed to support its use.

S*lides on facilitation techniques typically employed with older clients in long-term care facilities* (7 slides). The first two slides (both titled "Cognitive Stimulation Therapy (CST)") discuss the new approach of cognitive stimulation therapy (CST), which has largely replaced reality orientation. Slide 3 ("Validation Therapy") outlines validation therapy. Slides 4 and 5 describe remotivation therapy (RmT). Slide 6 ("Sensory Training") explains sensory training. Slide 7 explains the popular facilitation technique of reminiscence therapy. These facilitation techniques appear in the chapter in the same order as the slides and relate to use with older clients in long-term care, so the instructor may wish to make the reading assignment of pages 160–173 for the day the slides will be used in class.

Possible Learning Activities

Value clarification exercises. You could have students lead some of the exercises. For instance, you may employ the values clarification exercise titled "20 Things You Love to Do" (see author prepared slide). The Values Clarification

section includes two exercises: Pie of Life and Spending an Unexpected Free Day. Students may also lead these in class.

Exercises in the chapter appendix. The appendices in Chapter 3 include a number of class exercises. You may wish to use some of them in class. Appendix A includes relaxation techniques. Students could lead the breathing exercises and the progressive relaxation exercises. The Introduction to Progressive Relaxation Training section in Appendix A will be helpful to those leading the progressive relaxation exercises. Remind students to bring blankets or sleeping bags to class so they may lie on them to do the progressive relaxation exercises. The exercises can be done in a chair, but most students prefer to lie down when doing them. Students seem to like doing progressive relaxation. They particularly like doing them around midterm exam time!

Appendix B includes guided imagery exercises. Appendix C includes a Benson Technique exercise. Appendix D includes stretching exercises. Like the Progressive Relaxation Exercise, exercises from these appendices may be completed in class or be given as homework assignments for students to complete the exercises and report in class their reactions to them.

Student exploration of a technique. Ask students to select one facilitation technique they would like to know more about. Then ask them to investigate that technique by reading and critiquing two articles written on that facilitation technique. Suggest that they may wish to use two of the articles cited in the textbook discussion of the facilitation technique. Set your own criteria for the critiques. You could limit each critique to no more than one double-spaced page and have students include a brief description of the article, along with what the student liked about it and, if appropriate, any criticism of it. For graduate students completing the assignment, you may wish to ask them to critique original research articles and you may want to ask them to follow the criteria for reviewing articles found in the APA publication manual when doing their critiques. This assignment will help all students to learn to complete critical analysis of the literature, as well as to learn more about a facilitation technique.

Exploring technology. The use of technology is an emerging area in RT. Because students are often interested in video games and other types of technology, you could cover the use of technology in RT practice. One idea, use a speaker phone or interactive video so students hear from a leading researcher in the use of video games in therapy and rehabilitation, such as Professor Carmen Russoniello of East Carolina University. Another idea, determine if any of the students play Wii video games and would be willing to demonstrate them in class. You can probably come up with other ideas of your own for class activities using technology.

Demonstrations of facilitation techniques. One of the best activities for student learning about facilitation techniques is having recreational therapists demonstrate the use of facilitation techniques. You could have students go to agencies to view programs in action, or have a practitioner demonstrate the technique in class. Still another instructional means would be videoing programs at clinical centers that use techniques in the chapter. If using this approach, secure permission to video both from the agency and from the clients involved. Alternatively, have students attend professional conferences or workshop sessions where facilitation techniques will be presented. Of course, you could also have students make class presentations that demonstrate the various facilitation techniques.

Review PowerPoint of Table 3.1 in class. You can use the three PowerPoint slides on McDowell's Levels of Counseling (see Table 3.4) in the classroom. McDowell's model is good for helping students to understand the several levels of leisure counseling ranging from simple (i.e., Leisure-Related Skill Development Orientation) to relatively complex (i.e., Leisure-Related Behavioral Problems Orientation).

Examination Questions (*correct response)

1. As an area of leisure education/counseling component, self-awareness addresses
   a. learning new leisure skills.
   b. increasing community leisure resources.
   c. becoming aware of personal values.*
   d. developing social skills.

2. "Pie of life," and "Spending an Unexpected Free Day" are examples of exercises used in
   a. cinematherapy.
   b. bibliotherapy.
   c. stress reduction.
   d. values clarification.*
3. Which of the following involves reading materials such as self-help books, fictions, and poetry in therapy?
   a. cinematherapy.
   b. bibliotherapy.*
   c. stress reduction.
   d. values clarification.
4. Which uses movies for therapeutic purposes?
   a. cinematherapy.
   b. movie therapy.
   c. video work.
   d. all of above.*
5. The aim of which approach is to use social learning within a positive milieu to build clients' abilities to cope?
   a. horticulture therapy.
   b. therapeutic communities.*
   c. bibliotherapy.
   d. therapeutic touch.
6. Adams and McGuire (1986) found that patients in a long-term care facility who viewed humorous movies
   a. experienced reductions in their perceived pain.
   b. had significant improvement in affect.
   c. both a and b.*
   d. neither a nor b.
7. Which of the following has been termed the "most important" and "most fundamental" of our senses?
   a. smell.
   b. hearing.
   c. touch.*
   d. taste.
8. Who is usually associated with progressive relaxation training?
   a. Youngkhill Lee.
   b. Edmund Jacobson.*
   c. Albert Bandura.
   d. Michael Crawford.
9. Which of the following involves a series of mental exercises involving sensations of heaviness and warmth?
   a. autogenic training.*
   b. progressive relaxation training.
   c. social skills training.
   d. Benson Technique.

10. Herbert Benson's best-selling book is titled
    a. *Games People Play*.
    b. *Anatomy of an Illness*.
    c. *The Healing Heart*.
    d. *The Relaxation Response*.*
11. The use of devices to monitor physiological activities and provide measurement of them is termed
    a. autogenics.
    b. biofeedback.*
    c. imagery.
    d. self-regulation.
12. Haywood (1978) found that stress reduction takes place to a greater extent when the activity in which persons engage is
    a. done in the buoyancy provided by water.
    b. perceived to be a recreative experience.*
    c. done alone.
    d. led by a trained counselor.
13. Without debriefing or group processing, adventure therapy could
    a. serve as a metaphor for everyday situations.
    b. not require cooperation.
    c. become diversional.*
    d. not be fun for participants.
14. Which of the following uses smooth, continuous, nonstressful motions that may resemble ballet underwater?
    a. yoga.
    b. aquatic therapy.
    c. tai chi.*
    d. sensory training.
15. According to Austin, physical activity is beneficial to
    a. children.
    b. adults.
    c. older adults.
    d. all of the above.*
16. If people go through the motions of laughing, real laughter will follow according to
    a. biofeedback.
    b. laughter yoga.*
    c. Japanese shiatsu.
    d. aromatherapy.
17. Social psychology, social learning theory, and pedagogic procedures are the basis for
    a. biofeedback.
    b. social skills training.*
    c. animal-facilitated therapy.
    d. adventure/challenge therapy.

18. Research has found that music listening
    a. increases agitated behaviors of those with dementia.
    b. decreases agitated behaviors of those with dementia.*
    c. causes depression among patients recovering from stroke.
    d. decreases verbal memory for patients recovering from stroke.
19. A system of low-impact exercises directed toward building strength without "bulking up" the muscles
    a. progressive relaxation exercises.
    b. Benson Technique.
    c. Pilates.*
    d. Zahourek's exercises.
20. To have therapeutic value, physical activities
    a. must be vigorous.
    b. must be aerobic activities.
    c. can be performed at a moderate level.*
    d. should be performed in the water.
21. A population that seems to particularly benefit from tai chi is
    a. males.
    b. females.
    c. young children.
    d. older adults.*
22. As part of intervention using technology, Snoezelen rooms provide a
    a. therapeutic environment with video games.
    b. virtual environment.
    c. multisensory environment.*
    d. computer learning space.
23. Has been criticized for being applied in a depersonalized and mechanical fashion, being confrontational, and reducing clients' self-esteem.
    a. retail therapy.
    b. reality orientation.*
    c. cognitive stimulation therapy.
    d. life review.
24. An intervention for people with dementia that provides a range of enjoyable activities offering general stimulation for thinking, concentration, and memory, typically in a small group setting:
    a. aromatherapy.
    b. cognitive stimulation therapy.*
    c. reminiscence therapy.
    d. therapeutic community.
25. Complementary therapies are employed
    a. in place of conventional medical approaches.
    b. along with conventional mainstream medicine.*
    c. to complement clients and make them feel better about themselves.
    d. none of the above.

26. Included under the term *moving meditation* are
    a. yoga.
    b. tai chi.
    c. qigong.
    d. all of the above.*
    e. b and c, but not a.
27. Reminiscence therapy
    a. is also known as "life review."
    b. focuses on intrapersonal functions.
    c. is widely accepted for use with clients with dementia.*
    d. b and c, but not a.

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore–Venture for instructors who have adopted the book.

CHAPTER 4:
THE RECREATIONAL THERAPY PROCESS

Chapter Overview

Chapter 4 has two main goals. These are to (a) help students understand concepts and models that underlie recreational therapy (RT) practice and (b) assist students in gaining a thorough orientation to the RT process (sometimes termed the therapeutic recreation process or APIE process) and its component parts.

The chapter begins with a discussion of the humanistic perspective and the concept of high-level wellness. It follows with a section on the meaning of health and the motivational forces of the stabilizing and actualization tendencies. It reviews the place and importance of the RT process with each component. The chapter gives particular attention to completing strength-based assessment and to the proper formulation of behavioral objectives in preparing individualized intervention plans. It devotes an extensive segment to activity analysis.

A major section of the chapter focuses on theoretical thinking and the RT process. Within this discussion, the chapter emphasizes the relationship of theory to practice. Next, it explains how RT conceptual models provide theory to direct practice. This is followed by detailed coverage of the systematic evaluation of conceptual models. To illustrate the systematic evaluation process, the chapter evalutes the Health Protection/Health Promotion Model. Within this evaluation, it draws specific theoretical propositions from the Health Protection/Health Promotion Model. This is followed with a review of the major conceptual models for RT. The chapter concludes with an extensive presentation on evidence-based practice.

Critical Concepts

1. It is important that emerging recreational therapists comprehend the humanistic perspective and how it is reflected within RT.
2. Similarities between high-level wellness and RT are highlighted.
3. The motivational forces of the stabilizing and actualizing tendencies are discussed in relationship to health.
4. RT is defined and the importance of the RT process is emphasized. The four phases in the RT process help define the field of RT. The phases are assessment, planning, implementation, and evaluation.
5. The history of the RT process is reviewed, and each phase is presented in detail with particular attention given to strength-based assessment and the proper formulation of behavioral objectives in individualized intervention plans.
6. It is critical that recreational therapists have a solid understanding of client assessment, because it forms the foundation for all that is to follow in the delivery of RT services. Knowing procedures and knowing techniques of assessment are necessary competencies for emerging recreational therapists.
7. The planning phase in the RT process contains a four-step procedure: (1) setting priorities, (2) formulating goals and related behavioral objectives, (3) determining strategies or actions to meet the goals, and (4) selecting methods to evaluate progress made by clients toward the goals.
8. Recreational therapists need to develop skills in writing objectives and preparing individualized intervention plans.
9. Activity analysis is a means to breaking down and examining a given activity to understand its component parts.
10. During the implementation phase, the strategies developed during the planning phase are employed.
11. Implementation often demands teamwork on the part of an interdisciplinary team.
12. The evaluation phase is the final phase in the RT process. It allows the recreational therapist and client to judge the effectiveness of the client's program.
13. The importance of the client and recreational therapist working together throughout the RT process needs to be emphasized.
14. The relationship of theory to RT practice is established.
15. The foundation for RT practice rests on conceptual models for RT.

16. Terms are discussed to provide a foundation for the understanding of RT conceptual models. Included are *philosophy, concepts, theory,* and *model*.
17. Specific illustrations of how theory influences RT practice are listed.
18. A system to systematically evaluate conceptual models is outlined.
19. The Health Protection/Health Promotion Model is evaluated using the systematic evaluation process.
20. Conceptual models provide specific theoretical propositions that guide practice. Specific theoretical propositions drawn from the Health Protection/Health Promotion Model are presented.
21. Ramifications of theory from the Health Protection/Health Promotion Model for practice are outlined.
22. Major conceptual models developed for RT are presented.
23. The concept of evidence-based practice is delineated as a basis for determining clinical interventions.

Key Terms

humanistic perspective, high-level wellness, holistic medicine, stabilizing tendency, actualization tendency, leisure education, treatment, special recreation, prescriptive activity, health protection/health promotion, recreation, leisure, intrinsic motivation, assessment, diagnosis, casual observation, skilled observation, naturalistic observation, specific goal observation, standardized observation, reliability, validity, Maslow's hierarchy, general objectives, goals, needs list, strengths list, goals set, specific objectives, plan, evaluation, activity analysis, referrals, protocols, evidence-based practice

Teaching Difficult Topics

This is a critical chapter for students preparing to do RT. This chapter not only prepares the student to understand the premises behind RT interventions, but also offers means by which students can develop skills in applying the four-step RT process. Students should emerge from the chapter with some comprehension of RT conceptual models, as well as with fundamental understanding of the four phases of the RT process.

Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set contains all figures and tables within each chapter. The second set outlines each chapter and was developed by the author. Class presentations for the use of the tables and figures and the author-developed slides are suggested in this *Instructor's Guide*. The author-prepared slides appear in the same order as the topics in the chapter.

Review the PowerPoint slides of tables and figures in Chapter 4. Tables and figures in the chapter are available on the PowerPoint slides supplied by Sagamore–Venture. These are often great aids to instruction. The figures displaying the Health Protection/Health Promotion Model and the RT Process may be especially helpful. Look over these tables and figures to see which you may wish to review in class. Some tables and figures may be used with the slides, as suggested below.

Slides introducing recreational therapy (7 slides). Slide 1 ("Following in the Footsteps of Rogers and Maslow") introduces the idea that RT takes a humanistic perspective that embraces certain concepts (e.g., holistic view, seeing people as capable of change, seeing people as being self-actualizing, and taking a strength-based approach), as originated by Rogers and Maslow. Slide 2 ("RT Takes a Strength-Based Approach That Comes Out of the Humanistic Perspective") indicates that recreational therapists should follow Rogers' and Maslow's humanistic strength-based perspective. Slide 3 ("Positive Psychology: An Extension of Humanistic Psychology") indicates that recreational therapists should embrace positive psychology that extends humanistic psychology, and like humanistic psychology, positive psychology takes a strength-based approach. Slide 4 ("High-Level Wellness of Dunn [1961] and Ardell [1971]") indicates high-level wellness centers on not only the absence of physical illness but also psychological and environmental wellness and too was influenced by humanistic psychology. Slide 5 ("Influenced by Humanistic Psychology, Along With High-Level Wellness and Positive Psychology") explains the influences of humanistic psychology, high-level wellness, and positive psychology and that recreational therapists help clients strive for health protection and health promotion. Slide 6 ("Stabilizing and Actualizing Tendencies") explains health protection is motivated by the stabilizing tendency and health promotion is motivated by the actualizing tendency. Slide 7 ("RT Assists Clients to Achieve Health Protection and Health Promotion Through the RT process") covers that the RT process is the means by which clients achieve health protection and health promotion.

Slides introducing the RT process and its importance (4 slides). Slide 1 ("4 Phases of the RT Process") lists the four phases of the RT process (aka APIE Process). Three slides follow titled "Reasons Why the RT Process Is Important." It is critical that students know why the RT process is important, so it is a good idea for you to review these slides in class.

Slides to introduce assessment and its relationship to clinical reasoning and RT diagnosis (7 slides). Slide 1 ("Assessment") introduces assessment as the basis for RT interventions. Slide 2 ("Areas of Assessment Identified by NCTRC") lists seven areas for assessment. Slide 3 ("Gathering of Assessment Data") explains that assessment data are collected and then scrutinized through clinical reasoning to arrive at an RT diagnosis. Slide 4 ("What Is Clinical Reasoning") provides definitions of clinical reasoning. Slide 5 ("Clinical Reasoning Explained") explains that clinical reasoning is a process of clinical thinking to develop understandings of forces related to the client's clinical situation as a basis for clinical interventions. Slide 6 ("Clinical Reasoning Produces an RT Diagnosis") indicates the RT diagnosis derives knowledge or information about what is causing the difficulty or interfering with the client's desires, to determine the client's needs. Slide 7 ("Clinical Reasoning Illustrated") provides examples of the results of clinical reasoning in the case of Ms. Mullins, a case presented in the chapter.

Slides covering client assessment (10 slides). These author-prepared slides introduce types and methods involved in client assessment in RT. Slide 1 ("Major Methods of Client Assessment") lists the two major methods of client assessment: observing and interviewing. Slide 2 ("Observational Methods of Assessing Clients") lists observational methods for assessment. Slide 3 ("Two Types of Standardized Observations") introduces two types of standardized observation. Slide 4 ("Standardized Assessment Instruments Need to Be:") states standardized instruments need to be valid and reliable. Slide 5 ("Validity and Reliability") describes validity and reliability. Slide 6 ("Purposes of Interviews by Recreational Therapists") reviews the purposes of interviews in assessment. Slide 7 ("Secondary Sources of Information") lists secondary sources of information. Slide 8 ("Guidelines for Assessment") presents general guidelines for assessment. Slides 9 and 10 (both titled "Areas Included in Holistic Assessment") go over areas included in holistic assessment.

Slides on strength-oriented assessment (9 slides). Slide 1 ("Strength-Oriented Assessment") sets the tone for introducing strength-oriented assessment. It reads, "Exploring *what's strong* to supplement traditional digging for *what's wrong*." Slide 2 ("Client Strengths") lists the three general areas of client strengths. The remainder of the slides illustrate examples of strengths under each area.

Slides of areas for leisure assessment (2 slides). Two slides (both titled "Areas for Leisure Assessment") list areas for leisure assessment indicated by Kunstler and Stavola Daly.

Slides of objective information and subjective assessment data (2 slides). Students need to know the difference between objective and subjective information. These slides ("Objective Information" and "Subjective Assessment Data") define these terms.

Slide of the steps in the planning phase. This slide ("Steps in the Planning Phase") lists the four steps within the planning phase of the RT process. You can use it to introduce students to the planning phase of the RT process.

Slide on Maslow's needs hierarchy. Maslow's needs hierarchy is a means to set priorities in the planning phase of the RT process. This slide ("Maslow's Needs Hierarchy") lists the five levels in Maslow's needs hierarchy.

Slides on the guidelines for writing goals and objectives (6 slides). A critical area for students is learning how to write goals (i.e., objectives stated in general terms or "large objectives") and objectives (i.e., specific behavioral objectives). The first slide is titled "Gronlund's Rules of Stating Objectives." Slide 2 is titled "Conditions in Behavioral Objectives." Slide 3 is titled "Criteria in Behavioral Objectives." The fourth slide lists Mager's three characteristics of useful objectives. Slide 5 is titled "SMART" and Slide 6, "RHUMBA." These slides provide guidelines or rules on how to state goals and objectives. As you go over the slides, remind students that each goal will have several specific behavioral objectives under it that recreational therapists can use to assess if the goal has been achieved. Following the review of these slides, you might drill students in class to practice writing goals and objectives.

Slide on common elements in individual intervention plans. This slide lists the elements in an individualized intervention plan that is discussed on page 223. As a follow-up to this slide, you could review the PowerPoint slide for Table 4.5, RT Individualized Intervention Plan (pp. 224–226). The table shows an example of an individualized intervention plan for a client.

Slide on evidence-based practice. Recreational therapists need to follow the concept of EBP when making decisions about and planning the specific interventions to assist clients in reaching their goals. EBP has typically been described as clinical decision making involving the best available evidence and the expertise of the practitioner and preferences of the client. Explain that EBP is introduced here because it is an important consideration in planning—but an extensive explanation of EBP appears near the end of the chapter.

Slides on activity analysis (2 slides). Two slides (both titled "Activity Analysis") introduce the topic of activity analysis, which is a part of the planning phase of the RT process. Slide 1 provides a definition of activity analysis. The second slide lists the four areas for which activity analysis is conducted. You may remind students that pages 218–219 of their textbook lists questions to complete an activity analysis under each of the four areas. Students may also have to examine possible activities to determine if they are adaptable, useful, and practical—pages 219–220 provide helpful questions to guide their analysis.

Slide on formative and summative evaluation. Students need to understand the terms *formative evaluation* and *summative evaluation*. This slide ("Formative and Summative Evaluation") defines those terms. This is a good time to show Table 4.7, Evaluation Tasks Performed by Recreational Therapists, which lists evaluation tasks identified by NCTRC.

Slides on the introductory information on theoretical thinking and the RT process (4 slides). These slides introduce students to the relationship between theory and practice. Slide 1 ("3 Rungs on the 'Ladder of Abstraction'") shows an image of the three levels of abstraction. Slide 2 ("Conceptual Models Provide All Three") shows the three levels, giving brief descriptions of each. Slide 3 ("'Ladder of Abstraction'") defines terms that are often confusing for students: *philosophical*, *theoretical*, and *empirical*. Slide 4 is titled "Conceptual Models Provide RT Theory." This slide informs students that RT theories are represented in RT conceptual models (e.g., Leisure Ability Model, Health Protection/Health Promotion Model). Following these slides, you could review the PowerPoint slide of Table 4.8, Ways That Theory Influences RT Practice. Table 4.8 lists ways that theory that flows out of RT conceptual models affects practice in RT.

Slides to review theoretical propositions drawn from the Health Protection/Health Promotion Model (4 slides). Before reviewing these slides sharing the title "Theoretical Propositions Drawn From the Health Protection/Health Protection Model," you could review Figure 4.3, Health Protection/Health Promotion Model, to acquaint students with how an RT conceptual model may appear and to briefly review its contents. Another idea, show the RTV video on the Health Protection/Health Protection Model in class prior to reviewing the theoretical propositions or have students view it prior to coming to class. Information on the video and streaming is provided under the Other Possible Learning Activities section. The four slides list the theoretical propositions that come out of the Health Protection/Health Promotion Model and implications for RT practice. These propositions should illustrate to students how theory impacts practice. The theoretical propositions are taken from a list on pages 242–243.

Slides on the conceptual models for RT (11 slides). Slide 1 ("Conceptual Models for RT") lists the titles of conceptual models developed for RT. The next seven slides present each of the conceptual models, briefly describing them beginning with the Leisure Ability Model. The final two slides list "Commonalities Among Conceptual Models for RT." These last two slides hopefully show students that although each conceptual model represents a different theoretical perspective, a number of common themes run through the majority of RT conceptual models.

Slides on evidence-based practice (8 slides). The critical importance of evidence-based practice (EBP) is widely acknowledged within RT. This series of slides introduces students to EBP and its importance in practice. Slide 1 ("Evidence-Based Practice [EBP]") provides a definition of EBP. Slide 2 ("3 *E*s in EBP") presents evidence, expertise, and expectations as the three *E*s. Slide 3 ("Evidence in EBP Directs Recreational Therapists") describes how EBP moves recreational therapists away from traditional approaches to approaches based on evidence. Slide 4 ("EBP also involves the Recreational Therapist and the Client") indicates that the intervention to be employed, the RT must

have the expertise to use it, and the client must be a willing participant. Slide 5 ("Evidence Extends Beyond Research Evidence") explains other types of evidence may be used when scientific evidence is not available. Slide 6 ("5-Step Process for Implementing EBP in RT") lists a five-step process for implementing EBP in RT proposed by RT professors Youngkhill Lee and Bryan McCormick. Slide 7 ("Evidence in Textbook") indicates chapters where evidence is cited. Slide 8 ("Summary: Evidence-Based Practice [EBP]") lists elements in EBP. Finally, Slide 9 ("Rationale for Adopting EBP") provides a quote that summarizes the necessity of employing EBP in RT.

Possible Learning Activities Using Lessons Learned

Possible assignments from readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*:

A student assignment related to the RT process could be Lesson 3 in *Lessons Learned* (pp. 6–7). Ask students to come to class ready to interpret what Jerry O'Morrow meant when he joked the APIE process was "A-pie in the sky."

A student assignment related to a philosophy of practice could be Lesson 5 in *Lessons Learned* (pp. 12–14). Ask students to come to class prepared to argue for or against the need for every recreational therapist to be able to articulate a philosophy of practice.

A student assignment related to the concept of health promotion as an aspect of RT could be Lesson 2 in *Lessons Learned* (pp. 4–5). Ask students to come to class ready to explain the concept of health promotion and to argue for or against recreational therapists having a responsibility to help clients to strive for health protection (i.e., treatment and rehabilitation) and health promotion (i.e., optimal health or wellness).

A student assignment related to the concept of a strength-based approach in RT could be Lesson 7 in *Lessons Learned* (pp. 17–18). Ask students to come to class ready to explain in their own words what is meant by a strength-based approach and to provide examples of strengths they possess.

A student assignment related to the concept of a strength-based approach in RT could be Lesson 8 in *Lessons Learned* (pp. 19–20). Ask students to come to class ready to explain what is meant by clients having strengths in terms of traits they possess and resources available to them. Further, they should be prepared to discuss how the uncovering of client strengths during assessment may be helpful to clients.

A student assignment related to individualized intervention plans could be Lesson 13 in *Lessons Learned* (pp. 28–29). Ask students to come to class prepared to explain why a therapist-directed one-size-fits-all approach is not valued in RT.

Other Possible Learning Activities

Have students view and discuss videos on RT conceptual models from the Recreation Therapy Video (RTV) Project. The videos on the Health Protection/Health Promotion Model and the Leisure Ability Model cover the conceptual models as originally contrived. Note that the Health Protection/Health Promotion Model was reformulated in 2011 to include positive psychology as a theoretical perspective and to better include services to clients with chronic conditions.

In *TR Models: Health Protection/Health Promotion* (20 minutes), Dr. David Austin is interviewed about his model. In *TR Models: Leisure Ability Model* (21 minutes), Dr. Carol Peterson is interviewed about her model. You may wish to view and discuss each of these videos with your students in class. Each video begins with learning objectives. As you preview the videos, you may wish to note the specific learning objectives for the videos. These videos can be streamed online at no cost from the IUScholarWorks Repository, a service of the Indiana University Libraries and Indiana University Digital Library Program. Go to https://scholarworks.iu.edu/dspace/handle/2022/3378, where you can click on the title of the video. That will take you to the Web page for the video, where you simply click on the address to view the video.

Student critiques of a conceptual model. You may assign students a 2–5-page paper in which they select one of the RT conceptual models and then critique it. You can impose the systematic evaluation approach in the chapter to guide their critiques, or you may leave the format up to each student. No matter the approach, the students should describe the model and state what they particularly like or dislike about the model.

Student preparation of an individualized intervention plan. Have the students complete an RT individualized intervention plan. This may be done for a case study that you supply or one that the student develops. Prior to students completing the individualized intervention plan, you may wish to drill in class on the parts of the plan. Give particular attention to the writing of behavioral objectives because this skill takes students some time to develop. Inexperienced instructors are often surprised to discover that it takes a great deal of time in class to drill students in the writing of objectives. Students typically confuse outcome and process objectives. A strong recommendation is for you to schedule several class periods to drill on writing goals and objectives.

Note: A number of the Reading Comprehension Questions at the end of the chapter are appropriate to use to direct class discussion.

Examination Questions (*Correct Response)

1. Those embracing the humanistic perspective
   a. take a holistic view of the person.
   b. believe both children and adults are capable of change.
   c. see people as not just reacting to the external world but being in dynamic interaction with the environment.
   d. a and b, but not c.
   e. a, b, and c.*
2. The motivational force directed toward protecting us from biophysical and psychosocial harm is the
   a. actualizing tendency.
   b. biopsychosocial tendency.
   c. stabilizing tendency.*
   d. flow tendency.
3. The RT process is applicable
   a. only in hospital settings.
   b. only in community-based settings.
   c. only in long-term care settings.
   d. in all RT settings.*
4. The first step in the RT process is
   a. assessment.*
   b. evaluation.
   c. implementation.
   d. planning.
5. The primary purpose of RT assessment is
   a. to correctly label or categorize the client.
   b. to determine client strengths, interests, and expectations.
   c. to identify the nature and extent of the client's problems or concerns.
   d. a and b, but not c.
   e. b and c, but not a.*

6. Deals with the question of whether an instrument yields reproducible results
   a. content validity.
   b. construct validity.
   c. reliability.*
   d. morbidity.
7. Assessment information gathered directly from the client is
   a. objective data.
   b. subjective data.*
   c. directive data.
   d. developmental data.
8. The lowest level on Maslow's needs hierarchy includes
   a. physiological needs.*
   b. social needs.
   c. self-esteem needs.
   d. self-actualization.
9. A standardized assessment instrument in which a client's score is compared to a fixed standard is characteristic of which scoring strategy?
   a. norm-referenced.*
   b. criterion-referenced.
   c. selective-referenced.
   d. specific-referenced.
10. For assessments, validity is related to
    a. the degree to which an instrument is based on past performance.
    b. the degree to which an instrument measures what it is supposed to measure.*
    c. the degree to which an instrument is valued by the client.
    d. the degree to which an instrument consistently produces similar results.
    e. none of the above.
11. Prioritizing client needs in goal setting and developing an outline for action are characteristic actions of which phase of the RT process?
    a. planning.*
    b. evaluation.
    c. documentation.
    d. assessment.
    e. implementation.
12. All of the following are components of behavioral objectives, except
    a. action/performance.
    b. norms.*
    c. criteria.
    d. conditions.
13. Which is a better written specific behavioral objective?
    a. The client will attend self-esteem class three times per week.
    b. Make at least one positive comment about herself when asked by the recreational therapist during self-esteem group.*

14. The acronyms SMART and RHUMBA are helpful for
    a. diagnosing clients.
    b. completing activity analysis.
    c. writing behavioral objectives.*
    d. selecting Latin dance music.
15. A recreational therapist interacting with a client to teach him an activity skill finds that the client is not able to follow the rules of the activity and asks her to repeat the rules many times. The therapist has not appropriately analyzed the activity for this client in terms of which domain?
    a. physical.
    b. cognitive.*
    c. social.
    d. affective.
16. Fitness and endurance are concerns for the
    a. affective domain.
    b. psychomotor domain.*
    c. cognitive domain.
    d. social domain.
17. Clinical pathways work best
    a. in facilities where a great number of clients have the same problem.*
    b. with clients who have several diagnoses or who encounter complications.
    c. when recreational therapists put aside their own clinical judgments.
    d. only in isolated circumstances.
18. Making a referral is appropriate when
    a. the client's needs exceed the boundaries of the recreational therapist's training and capabilities.
    b. the therapist is not able to make progress with a client.
    c. there are irresolvable personality differences between the therapist and the client.
    d. all of the above.*
    e. none of the above.
19. Ways in which theory influences RT practice
    a. identifies clients appropriate for RT.
    b. defines which data to collect for assessment and evaluation.
    c. outlines actual and potential problems for consideration.
    d. all of the above.*
    e. a and b, but not c.
20. Which term refers to the thoughtful and rigorous structuring of interrelated concepts derived from philosophical beliefs to provide a systematic view of a phenomenon?
    a. reciprocity.
    b. confidentiality.
    c. research.
    d. theory.*

21. They offer an image or visualization of the components that make up a discipline, such as RT.
    a. facilitation techniques.
    b. clinical definitions.
    c. conceptual models.*
    d. worldviews.
22. Interventions under the Health Protection/Health Promotion Model include
    a. prescriptive activities.
    b. recreation activities.
    c. leisure activities.
    d. all of the above.*
    e. b and c, but not a.
23. Theoretical propositions drawn from the Health Protection/Health Promotion Model include
    a. persons are motivated toward health through the stability and actualization tendencies.
    b. RT can assist a wide spectrum of clients, including those with chronic conditions, along the illness–wellness continuum.
    c. social support often plays a prominent role in the maintenance and improvement of health.
    d. all of the above.*
    e. a and b, but not c.
24. EBP stands for
    a. Enthusiasm-Based Programs.
    b. Evaluation-Based Practice.
    c. Explicitly Based Procedures.
    d. Evidence-Based Practice.*
    e. None of the above.
25. Components of EBP include the
    a. best possible evidence available.
    b. therapist's expertise and experience.
    c. client's preferences and values.
    d. all of the above.*
    e. a and c, but not b.

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore–Venture for instructors who have adopted the book.

CHAPTER 5: HELPING OTHERS

Chapter Overview

This chapter clarifies the role of the professional helper and discusses characteristics of helping professionals, paying particular attention to the development of self-awareness. Students are encouraged to use introspection and interpersonal communications to better know themselves. The chapter appendix contains exercises and questions that you may use to enhance students' self-awareness. The chapter also contains information on professional ethics and cultural diversity. It concludes with a discussion of burnout as a potential problem for helping professionals.

Critical Concepts

1. Helping relationships share similarities with friendships, but professional helping relationships differ from social relationships.
2. The goal of the helping relationship is not resolving problems for clients but assisting clients through a cooperative effort to prevent or relieve problems and maximize their growth.
3. Recreational therapists must possess characteristics of effective helpers.
4. Recreational therapists need to pursue self-awareness, which should include understandings of their sense of self, personal needs, values, and basic philosophy.
5. Issues related to professional ethics need to be understood by those entering into the practice of recreational therapy (RT).
6. Understanding cultural diversity is a growing concern in RT.
7. Understanding burnout and how to prevent it and deal with it are important to successful practice in RT.

Key Terms

self-awareness, self-concept, physiological needs, safety needs, love and belonging needs, self-esteem needs, self-actualization, value-free professional, professional ethics, client autonomy, confidentiality, privacy, social-sexual relations, professional competence, burnout, diversity, cultural competence, multiculturalism, cultural diversity

Teaching Difficult Topics

Having students complete self-awareness exercises in and out of class often helps them gain insights. Some are provided in the textbook. You may assign students a brief self-awareness paper as a culminating exercise. Do not be surprised when students are defensive or do not readily enter into self-awareness activities. Gaining self-awareness is a lifelong process and can be difficult for some individuals. Give time in class to the discussion of ethical issues and burnout if possible, to ensure that students understand these topics. You can use case studies when teaching information on professional ethics and burnout. Additional teaching suggestions follow in the Class Presentations Using PowerPoint Slides, Possible Learning Activities Using *Lessons Learned,* and Other Possible Learning Activities sections.

Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set contains all figures and tables within each chapter. The second set outlines each chapter and was developed by the author. Class presentations for the use of the tables and figures and the author-developed slides are suggested in this *Instructor's Guide*. The author-prepared slides appear in the same order as the topics in the chapter.

Slide titled "Do You Agree With These Statements?" to introduce students to the nature of the helping relationship. This slide relates to the material on page 262, where the nature of professional helping is discussed in the Professional Helping section.

Slide on characteristics of effective recreational therapists. This slide is titled "The *Sine Qua Non* of the Helping Relationship in RT." You could review the five characteristics and then ask students if they agree that these are the essential characteristics that recreational therapists need to be effective.

Slide of questions for self-examination. The content of this slide ("Questions for Self-Examination") was taken from the list of questions posed by Brill and Levine (2002) as means for those in helping professions to address to better understand themselves (p. 265). It should be brought out that each student needs to personally explore these questions and may use the contents of Chapter 5 to help them in the process of self-discovery.

Slides on values (2 slides). It is important that students begin to examine their value systems. Slide 1, "Values," defines values. Slide 2 ("Knowing Our Values Is Important for Those in RT") provides two quotes on the importance of helping professionals knowing their values. Following the review of these two slides, you could go over the PowerPoint slide for Table 5.1, Examples of the Professional Values of Recreational Therapists.

Slide on beliefs that form a basis for a philosophical base for human service. To help students examine their basic philosophies of helping, this slide, titled "Seven Beliefs That Form a Basis for a Philosophical Base for Human Service" covers the seven beliefs that Brill and Levine (2002) believe form the overall philosophical base for human service. You may wish to ask students if they subscribe to the listed beliefs. You could place students in small groups for discussion of the beliefs and then have each group report highlights from their discussions to the entire class.

Slide on ethics. The terms *professional ethics* and *code of ethics* are defined on this slide ("Ethics"). You can use this slide to introduce the concept of ethics. Then you could review the PowerPoint slide for Table 5.2, Ethical Principles, with students.

Slides on the therapeutic relationship (2 slides). Slide 1 ("What Is a Therapeutic Relationship?") poses the question of what constitutes a therapeutic relationship, for student discussion. Slide 2 ("Generalizations About the Therapeutic Relationship") provides an answer to Slide 1 that you may review following the students' responses to Slide 1.

Slides to introduce the topic of diversity and cultural competency (5 slides). Slide 1 ("Diversity in American Society") presents data to highlight diversity in America. Slide 2 ("Diversity in Canada") presents data to highlight diversity in Canada. Slide 3 ("Culture Defined") defines the term *culture*. Slide 4 ("Diversity Defined") defines diversity. Slide 5 ("Cultural Competence Explained") presents the concept of cultural competence.

Further discussion of cultural competency. At this time, you could show Table 5.3, Ethnic Background of CTRSs, and ask your students, Were you aware of the percentages in each category? and What implications may this have on cultural competence of recreational therapists?

Slides on the concept of burnout (6 slides). The topic of burnout is especially important for emerging recreational therapists, as they are most apt to encounter burnout. Slide 1, titled "Burnout—What Is It?" introduces the topic of burnout. Slide 2 ("RT Burnout Researcher's Description of Burnout") further describes burnout from the perspective of an RT burnout researcher. Slide 3 should get the students' attention—it is titled "Young People—Beware of Burnout!" Slide 4 ("Signs of Burnout Discovered by Research on Staff Working With Campers With Disabilities") gives signs of burnout identified during a study of camp staff who were working with campers with disabilities. Slide 5 is titled "One Description of Signs of Burnout." This slide contains a quote that further delineates the signs of burnout by personalizing what happens to someone when burnout occurs. The final slide ("Ways of Preventing Burnout") asks students to discuss ways to prevent burnout (which are presented in the book on pages 286–288).

Possible Learning Activities Using Lessons Learned

Possible assignments from readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners:*

A student assignment related to self-awareness could be Lesson 36 in *Lessons Learned* (pp. 70–71). Ask students to come to class prepared to address whether those entering RT need to be reasonably satisfied with themselves before assuming roles as helping professionals. Students should also be ready to discuss how knowing their strengths and limitations will be useful to them as recreational therapists.

A student assignment related to the characteristics of effective recreational therapists could be Lesson 6 in *Lessons Learned* (pp. 15–16). One of the characteristics of effective recreational therapists listed in the textbook is a strong belief in recreation and leisure experiences. Ask students to come to class ready to discuss the importance of recreation and leisure in general, as well as in their own lives.

A student assignment related to confidentiality in professional ethics could be Lesson 32 in *Lessons Learned* (pp. 62–63). Ask students to be prepared for a class discussion of confidentiality and why it is important to maintain.

A student assignment related to sexual conduct in professional ethics could be Lesson 66 in *Lessons Learned* (p. 130). Ask students to come to class prepared to discuss ways they would handle romantic or sexual advances by clients, when they complete their internships.

A student assignment related to burnout could be Lesson 33 in *Lessons Learned* (pp. 64–65). Ask students to come to class ready to explain the concept of burnout and ways to prevent burnout from occurring.

Other Possible Learning Activities

Class discussion of characteristics of effective recreational therapists. Discuss with the students if they believe the five characteristics proposed for effective recreational therapists are valid. Ask them if they would add any characteristics to the list.

A PowerPoint slide that lists the characteristics is provided in the set of slides developed by the author.

Class discussion on values. Discuss with students what is meant by values. Then listen to popular music in class and analyze it to determine the values it reflects. Ask students if the music reflects their personal values.

Complete the Who Am I? exercise in class. In dyads, have students complete the Who Am I? exercise in the chapter appendix. Then ask students to share with the rest of the class what they learned or relearned about themselves.

Complete a dyad exercise in class using the Self-Examination Questions. In dyads, have students discuss the Self-Examination Questions in the chapter appendix. This will take some time, as both students go through the extensive list of self-awareness questions. Then ask students to share with the rest of the class what they learned or relearned about themselves.

Complete the Collage exercise in the chapter appendix. Have students complete the exercise in class or as a homework assignment. You will need to bring in materials for this exercise if it is to be completed in class, or you could have students bring in materials. Review the exercise to see what is needed.

Self-discovery paper. As an out-of-class assignment, using the Self-Examination Questions in the chapter appendix, students should prepare a 3–5-page paper discussing what they discovered about themselves through reviewing the list of self-examination questions.

View a video on professional ethics. View the Recreation Therapy Video (RTV) Project video titled *Professional Ethics* (38 minutes). RTV videos can be streamed online from the IUScholarWorks Repository, a service of the Indiana University Libraries and Indiana University Digital Library Program. Go to https://scholarworks.iu.edu/dspace/handle/2022/3550, where you can click on the title of the video. That will take you to the Web page for the video,

where you simply click on the address to view the video. You can watch the video in class and discuss it (learning objectives appear at the beginning and end of the video), or assign students to view the video prior to class and then discuss it in class.

Review the PowerPoint slide on ethical principles. Review the PowerPoint slide on ethical principles taken from Table 5.2. Discuss each ethical principle with the students.

In-class discussion of burnout. Following an instructor-led class discussion of what burnout is, have students discuss burnout in small groups. Ask them if they have experienced burnout themselves or have observed others who have burned out. After about 10 minutes of discussion, have someone from each group report on their group discussion.

Examination Questions (*Correct Response)

1. The role of the helper in a helping relationship is to
   a. actualize him- or herself.
   b. resolve problems for the client.
   c. give help to the client.*
   d. experience personal gain.
2. Maslow's highest need is
   a. physiological.
   b. belonging.
   c. self-esteem.
   d. self-actualization.*
3. Thinking about how you view yourself, your needs, and your actions is one way to become self-aware. This process is termed
   a. introspection.*
   b. exospection.
   c. psychoanalysis.
   d. self-talk.
   e. none of the above.
4. Informed consent is an issue related to
   a. client autonomy.*
   b. confidentiality.
   c. social-sexual relations.
   d. competence and training.
5. Only using therapeutic techniques in which you have been trained is an example of which ethical principle?
   a. confidentiality.
   b. client autonomy
   c. professional behavior.
   d. professional competence.*
6. Respecting clients' freedom for self-direction is an example of which ethical principle?
   a. confidentiality.
   b. client autonomy.*
   c. professional behavior.
   d. professional competence.

7. Respecting clients' rights to control access to information about them is an example of which ethical principle?
    a. confidentiality.*
    b. client autonomy.
    c. professional behavior.
    d. professional competence.
8. "Do no harm" refers to
    a. confidentiality.
    b. nonmaleficence.*
    c. risk management.
    d. principle of beneficence.
9. An attempt to avoid thinking and acting according to your own monocultural orientation is
    a. confidentiality.
    b. client autonomy.
    c. risk management
    d. cultural diversity.*
10. A subjective sign of burnout
    a. susceptibility to illness increases.
    b. physical fatigue.
    c. self-medication increases.
    d. depression is felt.*
11. Those most likely to burnout are
    a. lazy individuals.
    b. superstars.
    c. young people.
    d. a and b, but not c.
    e. b and c, but not a.*
12. Burnout
    a. was first mentioned in the literature in the 1970s.
    b. is not as prevalent today as in the 1970s.
    c. today is a serious problem among helping professionals.
    d. a and b, but not c.
    e. a and c, but not b.*
13. Therapeutic relationships involve
    a. a collaborative relationship.
    b. an affective bond.
    c. a commitment to the relationship.
    d. all of the above.*
    e. a and b, but not c.

14. Cultural competence therapists
    a. do not ever hold prejudice toward any group.
    b. accept responsibility for prejudices (e.g., racism, sexism).
    c. deal with prejudices in a nondefensive way.
    d. a and c, but not b.
    e. b and c, but not a*

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore–Venture for instructors who have adopted the book.

CHAPTER 6: COMMUNICATION SKILLS

Chapter Overview

This chapter is directed toward the development of effective interpersonal communication skills. Without effective communications, the recreational therapy (RT) process is doomed to failure. This chapter explains the process of communication and provides guidelines to improve communication. It also covers listening and other counseling skills. It gives attention to leader communication in performance situations and to conducting client interviews. Finally, it provides a section on communication with clients with specific needs.

Critical Concepts

1. Effective communication skills can be used not only in therapeutic communications with clients but also in all parts of our lives.
2. The communication process involves five elements: communicator, message, medium, receiver, and feedback.
3. Four factors influence successful verbal communication: the presentation of material, the speaker's attitude, voice tone and volume, and the speaker's and receiver's ability to listen.
4. Four major skills are involved in effective listening: attending, paraphrasing, clarifying, and perception checking.
5. There are 14 major verbal responses for helping professionals to employ.
6. Effective communication in success–failure situations demands appropriate approaches from leaders.
7. Understanding nonverbal communication is a critical skill for helping professionals, because approximately two thirds of communication is nonverbal.
8. Following guidelines may help the recreational therapist to communicate with persons with specific needs (e.g., clients with visual or hearing impairments).
9. Understanding the interview and techniques for doing interviews is a basic skill for the recreational therapist.

Key Terms

communication skills, effective listening, nonverbal communication, message, medium, receiver, feedback, mental set, paraphrasing, minimal verbal response, checking out, clarifying, probing, reflecting, interpreting, confronting, informing, summarizing, self-disclosing, focusing, making observations, closed questions, attribution theory, interviewing

Teaching Difficult Topics

It is important that students have the opportunity to learn and try out communication skills as they study this chapter. It will take a large amount of drill for students to establish effective communication skills. In fact, the chapter could form the basis for an entire course on therapeutic communication, as students require a great amount of knowledge and time to hone their skills. Students may use a number of exercises within the chapter and in the chapter appendix to develop and practice their communication skills. Videos on communication are available at no cost via streaming through the Indiana University Library. Titles include *Therapeutic Communication, Nonverbal Communication, Effective Listening,* and *Feedback in Learning and Performance Situations*. Teaching suggestions follow in the Class Presentations Using PowerPoint Slides, Possible Learning Activities Using *Lessons Learned,* and Other Possible Learning Activities sections.

Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set contains all figures and tables within each chapter. The second set outlines each chapter and was developed by the author. Class presentations for the use of the tables and figures and the author-developed slides are suggested in this *Instructor's Guide*. The author-prepared slides appear in the same order as the topics in the chapter.

PowerPoint slides of the tables in Chapter 6. The tables in the chapter are available on PowerPoint slides from Sagamore–Venture. You will likely want to review some of them in class. Several of the tables are mentioned in the slides. Others are recommended for use with activities listed in the Other Possible Learning Activities section.

Slides that introduce the topic of communication (2 slides). Slide 1 ("Communication") defines the term *communications*. Slide 2 ("5 Elements in Communication") presents the five elements in communication. Following the review of these slides, you may wish to show the RTV video *Therapeutic Communication* to introduce the unit on communications in RT. The content of the video is best portrayed as important to gain an overall concept of therapeutic communications and not to learn specific techniques, which will be taught by other means. Information on using the video is presented in the Other Possible Learning Activities section.

Slides on effective listening (2 slides). Slide 1 ("Effective Listening") identifies the nature of effective listening. Slide 2 ("Effective Listening Is an Active Process That Begins With 4 Basic Skills") lists the four basic skills involved in effective listening: attending, paraphrasing, clarifying, and perception checking.

Slides on attending (6 slides). This series of slides familiarizes students with attending behaviors. Slide 1 ("Attending") describes the concept of attending. Slide 2 ("4 Primary Means of Attending") lists the four primary means of attending. Slides 3 ("Attending – Eye Contact"), 4 ("Attending – Posture"), 5 ("Attending – Gestures"), and 6 (Attending – Verbal Behavior") review each of the four primary means of attending in detail.

S*lides on paraphrasing* (2 slides). The second basic skill in effective listening is paraphrasing. Slide 1, titled "Paraphrasing," describes paraphrasing. Slide 2 ("Paraphrasing Example") offers an example of paraphrasing.

Slides on clarifying (2 slides). The third basic skill in effective listening is clarifying. Slide 1 ("Clarifying") describes the clarifying response. Slide 2 ("Clarifying Examples") provides examples of clarifying responses.

Slide on perception checking. This slide describes and provides an example of perception checking.

Slides to review additional verbal techniques (13 slides). Slide 1, "Additional Verbal Techniques," lists a dozen verbal techniques that recreational therapists may employ in therapeutic communications. Each remaining slide describes one of the verbal techniques, beginning with the technique of probing and ending with facilitative questions and statements. Following the final slide on facilitative questions and statements, you may wish to review the PowerPoint slide of Table 6.5, Facilitative Questions and Statements, which gives examples of statements that recreational therapists may use.

Slide of guidelines for feedback. This slide ("Guidelines for Feedback") relates to the discussion of feedback given in success–failure situations (see pp. 312–313). The guidelines come out of research conducted by Bullock and his colleagues.

Slides on nonverbal communication (6 slides). Our nonverbal communications may account for as much as two thirds of our communications, so nonverbal communications are critical in therapeutic communications. Slide 1, "Nonverbal Communications," describes nonverbal communications and points out that as much as two thirds of our communications are nonverbal. Slide 2 ("Do You believe in This Old Adage?") asks students to react to the old adage, "It's not what you say, it's how you say it that counts." Slide 3 ("Examples of Nonverbal Behaviors") lists examples of nonverbal behaviors. Slides 4, 5, and 6 cover cultural differences in nonverbal communication in terms of eye contact, body language, and personal space.

Slide on research that men and women differ in their communication patterns. You may use this slide ("A Great Surprise! Research Has Found That Men and Women Differ in Their Communication Patterns") following the three slides on cultural differences in nonverbal communication, stating that there are also differences between men and women in the ways they communicate. Note the Happy Faces on the slide to reflect nonverbally that it is "a great surprise" that men and women differ.

Slides on interviewing (2 slides). The final section covers the Interviewing: A Form of Communication section in the book (see pages 324–327). The of the subheadings are The Setting and Phases. Slide 1 ("The Setting for an Interview") covers the setting of an interview. Slide 2 ("3 Phases of an Interview") describes the three phases of an interview. Following the use of these slides, you could review the PowerPoint slide of Table 6.19, Techniques for the Productive Interview.

Possible Learning Activities Using Lessons Learned

Possible assignments from readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*:

A student assignment related to therapeutic communication could be Lesson 54 in *Lessons Learned* (pp. 105–106). Ask students to be prepared to discuss in class that therapeutic communication skills are not arcane abilities limited to professionals such as psychiatrists and clinical psychologists, but skills every recreational therapist must possess.

A student assignment related to listening skills could be Lesson 55 in *Lessons Learned* (pp. 107–108). Ask students to come to class ready to attack or defend the statement that "most people lack the skills to listen effectively" and then to discuss the nonverbal behaviors to enhance effective listening and the use of the minimal verbal technique in effective listening.

Other Possible Learning Activities

Introduce the topic of therapeutic communication by showing the video Therapeutic Communication *in class.* A good way to introduce the topic of therapeutic communication is to show the RTV video *Therapeutic Communication* (46 minutes). Do not be so concerned with the students gaining specific information from watching the video. Instead, you could use the video to "set up" the unit on therapeutic communication by presenting general concepts about what it is and how important it is. RTV videos can be streamed online from the IUScholarWorks Repository, a service of the Indiana University Libraries and Indiana University Digital Library Program. Go to https://scholarworks.iu.edu/dspace/handle/2022/3378, where you can click on the title of the video. That will take you to the Web page for the video, where you simply click on the address to view the video.

Show Effective Listening *video in class.* Show the RTV video *Effective Listening* (41 minutes) in class. Have students pay attention to the learning objectives at the beginning of the video. Use these as a basis for your class discussion following watching the video. RTV videos can be streamed online from the IUScholarWorks Repository, a service of the Indiana University Libraries and Indiana University Digital Library Program. Go to https://scholarworks.iu.edu/dspace/handle/2022/3378, where you can click on the title of the video. That will take you to the Web page for the video, where you simply click on the address to view the video.

Using Appendix A. Have students prepare a 2–4-page double-spaced paper following the questions in Appendix A, Communication Style Analysis. Ask your students to bring the paper to class, but before they turn in their papers, have them discuss their answers in small groups. Then ask each group to report briefly on what stood out to them.

In class, use Attending Exercises. Use the Attending Exercises in Appendix B. For a classroom exercise, have students complete the dyad exercises first and then have them do the exercise suggested by Egan in groups of four.

In class, complete the Paraphrasing Exercises. Have students complete the Paraphrasing Exercises in groups of three in class. Have the students review Appendix B for this exercise.

In class, complete Clarifying Exercises. Complete the Clarifying Exercise in Appendix B. This is a small group exercise. In class, use Appendix C, Verbal Response Identification Exercise, to give an oral quiz, asking the students to identify each response on a piece of paper. Then go over the answers, discussing why the response matched the answer.

In class, have students complete several of the exercises in Appendix E. Assign the exercises Portraying Feelings, Identifying Feelings, and Nonverbal Canceling.

In class, do the Shoulder Massage exercise in Appendix E. This exercise is one students generally react well to. Make sure you process it with the students.

Use the "SOLER" PowerPoint slide (Table 6.3) to review SOLER and to complete an in-class exercise. Use the "SOLER" PowerPoint slide to go over attentive listening techniques. Have students work in groups of three to briefly try out the behaviors suggested by the SOLER acronym. Assign two to talk about "the importance of therapeutic communication" and have the third student serve as an observer. After 3 to 5 minutes, have the observer report to the others if they used the behaviors suggested by SOLER. Then have the observer talk with one of the other students and repeat the exercise.

In class, use the PowerPoint slide of Table 6.2. Use the PowerPoint of Table 6.2 in class to review the list of verbal techniques. Ask students to define each of the verbal techniques listed on the PowerPoint slide.

Complete the Verbal Response Identification Exercise in class. You could use the Verbal Response Identification Exercise in Appendix C with your class. Before class, write the 10 types of helpers' responses on the board. In class, have students write down the numbers 1 through 10 on a sheet of paper. Then read each of the 10 verbal exchanges (i.e., client–helper) to the students and ask them to identify the type of verbal response employed by the helper. Then go over the answers with your students.

In class, review the PowerPoint slide of facilitative questions and statements. Using the PowerPoint slides of Table 6.5, in class go over the facilitative questions and statements in the table. After covering the definition and examples of each type (e.g., observe), ask the students to come up with an example of a question or statement for that type.

Review the PowerPoint slide "Barriers to Therapeutic Communication" and then conduct an in-class exercise. In class, review the PowerPoint slides for Table 6.7, Barriers to Therapeutic Communication. Then have students get together in groups of two or three to discuss occasions when they encountered barriers to communication or created barriers by their own statements. After about 5 minutes, ask groups to share with the rest of the class some of the barriers they discussed.

Show and discuss the video Feedback in Learning and Performance Situations *in class.* After having the students read the Communication in Success–Failure Situations section outside of class, show the RTV video *Feedback in Learning and Performance Situations*. Have the students pay attention to the learning objectives at the beginning of the video. Use these as a basis for your class discussion following watching the video. RTV videos can be streamed online from the IUScholarWorks Repository, a service of the Indiana University Libraries and Indiana University Digital Library Program. Go to https://scholarworks.iu.edu/dspace/handle/2022/3378, where you can click on the title of the video. That will take you to the Web page for the video, where you simply click on the address to view the video.

Show and discuss the video Nonverbal Communication *in class.* Show the RTV video *Nonverbal Communication* (28 minutes) in class. Have students pay attention to the learning objectives at the beginning of the video. Use these as a basis for your class discussion following watching the video. RTV videos can be streamed online from the IUScholarWorks Repository, a service of the Indiana University Libraries and Indiana University Digital Library Program. Go to https://scholarworks.iu.edu/dspace/handle/2022/3378, where you can click on the title of the video. That will take you to the Web page for the video, where you simply click on the address to view the video.

Complete a role-play of an interview in class. An excellent classroom activity is having students role-play an interview between an RT and a client. Have a third person serve as an observer to note what he or she thinks were strengths and weaknesses in the interviewer's techniques and then share these with the participants and other class members. Students can exchange roles and then repeat the exercise. The PowerPoint Slide "Techniques for a Productive Interview" (Table 6.19) can be used in class to prepare students for this assignment. The person observing the interview can use information from the slide to guide his or her observations.

Conduct a video interview exercise. Conduct the Interview Exercise in Appendix F. This can be done either in or outside of class.

Cover communications with clients with specific needs with a role-play exercise. Using Tables 6.9 to 6.18, assign small groups of students (e.g., 2 or 3 students per group) to each role-play communications between an RT and a client(s) for each type of client with a specific need. Remind students who are role-playing clients to never represent the clients in a way that makes fun of them. The role-play should be 3 to 5 minutes in length. Each group role-playing should attempt to best represent the tips provided for a recreational therapist communicating with the specific client group. First, have other students comment on the use of the communication techniques displayed by each role-play. Finally, allow students completing the role-play to comment on their performance.

Examination Questions (*Correct Response)

1. The behavioral effects of interpersonal communication are
   a. syntactics.
   b. semantics.
   c. pragmatics.*
   d. symbolatics.
2. A good rule to follow is
   a. use big words because they will gain you credibility.
   b. use simple terms and as few words as possible.*
   c. speak very loudly if you wish to be remembered.
   d. use technical vocabulary when speaking with clients.
3. Good attending skills involve
   a. eye contact.
   b. a forward lean.
   c. gesturing.
   d. verbal responses.
   e. all of the above.*
4. The use of "mm-mm," "Yes," or "I see" is
   a. a minimal verbal response.*
   b. paraphrasing.
   c. clarifying.
   d. reflecting.
5. Which of these deals with the affective part of the message?
   a. checking out.
   b. clarifying.
   c. reflecting.*
   d. interpreting.
   e. none of the above.

6. Approximately what portion of our face-to-face communication is nonverbal?
    a. 25%.
    b. 33%.
    c. 50%.
    d. 66%.*
7. Which of these assists clients in setting priorities in dealing with problems?
    a. closed questions.
    b. confronting.
    c. focusing.*
    d. informing.
8. Which of these provides open-ended questions or broad openings?
    a. reflecting.
    b. informing.
    c. self-disclosing.
    d. facilitative questions and statements.*
9. Which of these is an example of nontherapeutic communication?
    a. Tell me about yourself.
    b. Now, Honey, it will work out.*
    c. To what degree do you feel that way?
    d. What did you feel at the time?
10. Which group tends to use direct eye contact?
    a. Latinos.
    b. Euro-Americans.*
    c. Native Americans.
    d. African Americans.
11. An acronym for attentive listening is
    a. RELAX.
    b. FOCUS.
    c. SOLER.*
    d. PROB.
12. When you are having a conversation with a person who uses a wheelchair
    a. stand back from them at least 3–4 feet.
    b. get as close to them as possible.
    c. It is usually best to seat yourself at eye level with them.*
    d. speak more loudly than usual so they will hear you clearly.
13. When communicating with clients with severe visual impairments:
    a. speak directly to the person, not through an intermediary.
    b. do not shout or speak louder than necessary.
    c. do not worry about using words such as *look* and *see*.
    d. all of the above.*
    e. a and b, but not c.

14. When communicating with older clients
    a. do not use condescending language and do not treat the client like a child.
    b. communicate with them on the same level you would any adult learner, as clients who are older are capable of learning new information and skills.
    c. be sensitive to life changes such as hearing loss, memory problems, grief, and loss that may affect older adults' ability to cope.
    d. all of the above.*
    e. a and c, but not b.

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore–Venture for instructors who have adopted the book.

CHAPTER 7: BEING A LEADER: GROUP LEADERSHIP SKILLS

Chapter Overview

This chapter provides a basic understanding of the leadership process in recreational therapy (RT). The chapter begins with a discussion of leadership and its basis. It reviews types of groups and structures, as well as considerations for selecting therapeutic activities. An extensive section covers leader concerns and strategies such as anxiety as a new leader, modeling behaviors, coping with conflict in a group, dealing with difficult group members, and doing coleadership. The chapter also provides a section on group dynamics. An important segment of the chapter covers group processing principles and practices. The chapter concludes with a discussion of principles for group leadership.

Critical Concepts

1. Group leadership is the primary focus of this chapter.
2. The basis for the leader's influence and power comes from expert power, referent power, legitimate power, reward power, and coercive power.
3. Recreational therapists benefit from the norm of reciprocity.
4. The three leadership styles include autocratic, democratic, and laissez-faire.
5. Various factors influence the choice of leadership style.
6. Avedon listed eight diverse roles that the recreational therapist may assume as a leader: controller, director, instigator, stimulator, educator, advisor, observer, and enabler.
7. Dealing with dependency is a concern for recreational therapists.
8. Both acting independently and the ability to be interdependent can be valued.
9. Clients join RT groups to satisfy needs.
10. A variety of program structures for RT have been employed: informal lounge programs; clubs; special interest groups; classes; leisure counseling groups; adventure therapy groups; leagues, tournaments, and contests; special events; and mass activities.
11. Some elements provide group members with a sense of "groupness." True groups share a "sense of groupness."
12. Participating in RT groups has many advantages for clients.
13. Group leaders must consider a number of factors when selecting therapeutic activities. In activity selection, the group leader must consider the therapeutic benefits that may be derived from group activity participation.
14. Groups pass through stages of group development.
15. Evaluation of group dynamics, as well as progress of group members, is an ongoing process.
16. Group leaders must learn to analyze task functions, social-emotive functions, and nonfunctional behavior.
17. Members assume roles to accomplish the work of the group to meet group goals (task roles), promote the processes of group building or group development (maintenance roles), or meet their own needs (self-oriented roles).
18. Group leaders must consider a number of special concerns and strategies including anxiety as a new leader, integrating new group members, modeling behaviors for clients, appropriately employing self-disclosure, dealing with conflicts with clients, coping with "difficult" members, dealing with members who only look toward the leader, dealing with monopolizing behavior, gaining client participation, not permitting physically aggressive behavior, dealing with transference and countertransference, terminating groups, engaging in coleadership, and working within a system.
19. A number of factors affect the group climate.
20. There are three phases in conducting RT groups.
21. Leaders must learn the extensive techniques involved in conducting group processing.
22. Some principles of group leadership will prove helpful to RT group leaders.

Key Terms

direct program leadership, expert power, referent power, legitimate power, reward power, coercive power, autocratic leadership, democratic leadership, laissez-faire leadership, overjustification effect, controller, director, instigator, stimulator, educator, advisor, observer, enabler, task functions, social-emotive functions, nonfunctional behavior, debriefing, group processing

Teaching Difficult Topics

It is important for students to begin to think of themselves in leadership roles. To fully comprehend their leadership with groups, students will need to analyze their performance in actual leadership situations or in role-plays. The information within the chapter can be extremely helpful in this process. You may need to review the material on evaluating groups, leader concerns and strategies, selecting activities, group processing, and principles for group leadership because of the complexity of the information for students who have likely never fully appreciated the importance of these topics. Teaching suggestions follow in the Class Presentations Using PowerPoint Slides, Possible Learning Activities Using *Lessons Learned,* and Other Possible Learning Activities sections.

Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set contains all figures and tables within each chapter. The second set outlines each chapter and was developed by the author. Class presentations for the use of the tables and figures and the author-developed slides are suggested in this *Instructor's Guide*. The author-prepared slides appear in the same order as the topics in the chapter.

Review the PowerPoint slides of the tables and figures in Chapter 7. The tables and figures in the chapter are available on PowerPoint slides supplied to instructors by Sagamore–Venture. You may want to review some of them in class. Several of the tables are mentioned in the slides. Others are recommended for use with activities listed the Other Possible Learning Activities section.

Slide "Leadership Is...." This slide introduces the topic of leadership in RT, providing a quote that defines leadership. You may wish to have students react to the quote in terms of how well it captures the concept of leadership.

Slide on three leadership styles. This slide ("3 Leadership Styles") lists the three leadership styles: autocratic, democratic, and laissez-faire. You may wish to put up the slide and then have students describe each leadership style. You may wish to follow up the discussion of the leadership styles with a review of the PowerPoint slide for Figure 7.1, Continuum of Leadership Styles. Focus the discussion of Figure 7.1 on how the leader's abilities and personality, client needs and characteristics, and environment in which leadership occurs all influence the leadership style.

Slide reviewing Avedon's eight leadership roles for recreational therapists. This slide is titled "Avedon's 8 Leadership Roles for Recreational Therapists." Page 344 of the textbook covers Avedon's eight diverse roles that recreational therapists may assume. This slide lists the names of the eight roles.

Slide on RT groups and structures. The slide is titled "RT Groups and Structures." On pages 346–347, the textbook discusses RT groups and structures. This slide reviews the groups and structures.

Slides on considerations in activity selection (5 slides). Guidelines for selecting activities have been found in the literature. These slides present the views of two sources on considerations in activity selection. The first slide is titled "Considerations in Activity Selection Suggested by Posthuma." She proposes three questions the leader needs to consider. Slides 2, 3, 4, and 5 (all titled "Considerations for Activity Selection from Schwartzberg, Howe, and Barnes") present considerations put forth by Schwartzberg, Howe, and Barnes.

Slide covering the four stages of group development. Tuckman's terms of "forming, storming, norming, and performing" are useful for students learning the stages of group development. This slide ("4 Stages of Group Development") reviews those terms.

Slide covering group functions. The activities of group members can be examined by means of analyzing the functions members perform. This slide ("Group Functions") lists eight functions (pp. 353–355) that group leaders may analyze.

Slide of group roles. Another way for group leaders to examine a group is assessing the roles that members assume. This slide ("Group Roles") lists three major categories of group roles. They are task roles, maintenance roles (or group-building roles), and individual roles (or self-oriented roles). The book lists the specific roles under each category on pages 355–357.

Slide on the phases in conducting RT groups. This slide ("Phases in Conducting RT Groups") was developed from the discussion on pages 368–369 and lists the three phases in conducting RT groups: warm-up, experience, and wrap-up.

Slides on group processing (7 slides). The first slide ("A Basic Tenet") reminds students that the emphasis in RT is always on the client, not the activity. Slide 2, titled "Group Processing," describes group processing. Slide 3 ("Group Processing Techniques") lists group processing techniques. Slides 4 ("Stages in Group Processing") and 5 ("Cowan and Gibson's 4 Stages in Group Processing") list stages in group processing put forth by two sources. Slide 6 ("Framework Often Used for Conducting Group Processing") lists What? So What? Now What? Slide 7 ("Additional Frameworks for Conducting Group Processing") lists the 5-Question Model and the Experiential Learning Cycle.

Slides on five principles of group leadership (5 slides). The chapter concludes with a discussion of principles for group leadership (pp. 379–380). Each slide (all of which are titled "Principles for Group Leadership") contains one of five principles initially put forth by Hansen and colleagues. You could use these principles to conclude the discussion of being a leader.

Possible Learning Activities using Lessons Learned

Possible assignments from readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners:*

A student assignment related to the anxiety experienced by a new recreational therapist doing group leadership could be Lesson 19 in *Lessons Learned* (p. 40). Have students react to Austin's account of his personal experience as a new recreational therapist and what he learned as a result.

A student assignment related to group dynamics could be Lesson 23 in *Lessons Learned* (pp. 46–47). Ask students what they think about Austin's account of his shortcomings as a young recreational therapist in regard to group dynamics. What do the students feel about their personal adequacy in terms of the knowledge of group dynamics? Is their knowledge still formulating?

A student assignment related to the benefits of RT group participation for clients could be Lesson 20 in *Lessons Learned* (pp. 41–42). Ask students to discuss Professor McCormick's studies on social support and men with severe and persistent mental illness as related to benefits derived from participation in RT groups.

A student assignment related to group processing could be Lesson 21 in *Lessons Learned* (pp. 43–44). Ask students if they were as amazed as Austin by the intern's use of debriefing. Were they surprised that the group of men with intellectual disabilities and mental illnesses were able to engage in group processing successfully? Follow up by asking if the students believe processing should be done with most RT groups.

A student assignment related to client nonparticipation could be Lesson 22 in *Lessons Learned* (p. 45). Ask students if they agree with Austin's suggested techniques to stimulate discussion. Have they seen any of these techniques used by instructors in their classes?

A student assignment related to the overjustification effect could be Lesson 58 in *Lessons Learned* (pp. 113–114). Ask students to briefly explain Lepper, Greene, and Nisbett's classic study on the overjustification effect. Then have them explain how the overjustification effect can be thought to be "counterintuitive."

Other Possible Learning Activities

In class, conduct a review of sources and examples of power for recreational therapists using the PowerPoint slide for Table 7.1. Review the types of power that leaders may possess, using the PowerPoint slide for Table 7.1, Sources and Examples of Power for Recreational Therapists. Then have students get together in dyads to evaluate which of the types of power they believe recreational therapists are most likely to possess. Finally, have students tell the class their selections.

In-class review of developing closeness by achieving trust. Use the PowerPoint slide of Table 7.2, Developing Closeness by Achieving Trust, to review means to build trust. Ask students to evaluate which items are most important to building trust in their estimation.

In-class discussion of the stages of group development. Have students get together in dyads. Ask them to identify the groups to which they now belong (e.g., RT club, church groups, etc.). Then ask the students to pick out one group and analyze which stage of development it is in. Finally, have students volunteer to share their discussion with the class.

In-class review and discussion of advantages of RT groups. Go over the PowerPoints for Table 7.3, Advantages of Recreational Therapy Groups. Then have students get together in small groups to evaluate the advantages and select what they believe are the five most important advantages of employing RT groups. Have groups report their "top 5," recording these on the board as they do. Then examine the list to see how much agreement there is on the most important advantages of RT groups.

Reading assignment and student class reports on special concerns and strategies for group leaders. Assign the students to read the Special Challenges and Strategies for Group Leaders section (pp. 357–366). At the same time, assign one, two, or three students (depending on the size of the class) to give a 2–3-minute report on one of the 14 challenges that confront group leaders: (1) Anxiety as a New Leader, (2) New Group Members, (3) Modeling, (4) Self-Disclosure, (5) Conflict With Clients, (6) "Difficult" Group Members, (7) Members Only Looking Toward the Leader, (8) Group Members Who Monopolize, (9) Nonparticipative Behavior, (10) Physical Aggression, (11) Transference and Countertransference in Groups, (12) Termination, (13) Coleadership, and (14) Working Within the System. Following each report, you may wish to amplify on any important points or bring out any that may have been neglected by the report.

In-class lecture/discussion on group processing. Using material from the textbook, introduce the term *processing* and the concept of group processing. Review processing techniques. Go over the seven stages used during group processing activities. Discuss the basic leadership approach in processing.

In class, role-play a group activity and process it. Have two students colead an activity in class with 4–6 other students serving as participants in the activity—and have the leaders process the activity using the debriefing technique of What? So What? Now What? Afterward, ask the other students who viewed the activity and debriefing to critique how it went. Then have the two leaders and participants react. Allow enough time for this role-play, as it will perhaps take up to 45 minutes.

In-class lecture/discussion on the frameworks for debriefing groups. Using the textbook material as a basis for the lecture/discussion, cover (a) What? So What? Now What?, (b) the 5 Question Model, and (c) the Experiential Learning Cycle.

In-class review of guidelines for giving feedback. Use the PowerPoint slide for Table 7.4, Guidelines for Giving Feedback, to review tips for giving feedback.

Assign students to rank the principles for group leadership and then discuss the results in class. Ask students to come to class with a ranking for each of the principles for group leadership and to be prepared to defend their position as to which is the most important, second most important, and so on. Then before class, write the five principles on the board. When students arrive, have them go to the board and record their ranking for each principle (i.e., 1 for the highest ranked principle, 2 for the second highest ranked, etc.). Tally the results and then have students discuss why they ranked the principles as they did.

Examination Questions (*Correct Response)

1. Which of these powers is gained by the identification or closeness others feel for the leader?
   a. expert power.
   b. referent power.*
   c. legitimate power.
   d. reward power.
   e. coercive power.
2. An explanation as to why clients tend to like recreational therapists
   a. the norm of reciprocity.*
   b. the norm of therapeutic enterprise.
   c. transference.
   d. countertransference.
   e. both c and d.
3. An open and permissive style
   a. autocratic leadership.
   b. democratic leadership.
   c. personality leadership.
   d. laissez-faire leadership.*
4. Turning play into work would be an example of which of these?
   a. overjustification effect.*
   b. coercive power.
   c. sensitivity training.
   d. protective rehearsing.
5. Posthuma stipulated that the group leader needs to address
   a. what is the purpose in using the activity?
   b. is the purpose congruent with the goals of individual members and the group as a whole?
   c. what outcomes can be expected as a result of participation in the activity?
   d. all of the above.*
   e. a and b, but not c.
6. According to Tuckman, the stages of group development are
   a. assessment, planning, implementation, and evaluation.
   b. formulation, harmonizing, active participation, and termination.
   c. group identification, commitment to the group, cohesion, and termination.
   d. forming, storming, norming, performing.*
7. Roles that group participants take that promote the process of group building or group development are called
   a. task roles.
   b. maintenance roles.*
   c. self-oriented roles.
   d. aimless roles.

8. A task role would be the
   a. information giver.*
   b. harmonizer.
   c. supporter.
   d. recognition seeker.
9. Support provided by others in an RT group is termed
   a. socialization.
   b. social support.*
   c. transcendence.
   d. none of the above.
10. Group processing's approach may be termed
   a. lecturing.
   b. explaining.
   c. directive.
   d. nondirective.*
11. A group processing technique used prior to beginning the activity is
   a. preloading.
   b. reframing.
   c. no loading.
   d. frontloading.*
12. When individuals in a group feel threatened, they may react with
   a. lack of eye contact.
   b. body tenseness.
   c. perspiration.
   d. any of the above.*
   e. b and c, but not a.
13. Clark advised that at the indication of aggression by a group member, the leader should
   a. ignore it so it will not be reinforced, and it will go away.
   b. immediately say something such as "No touching in this group."*
   c. ask "What is going on here!"
   d. meet aggression with aggression.
14. Group members who unconsciously project feelings associated with a significant other from the person's past to the group leader are experiencing
   a. ambivalence.
   b. transference.*
   c. countertransference.
   d. none of the above.

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore–Venture for instructors who have adopted the book.

CHAPTER 8:
SPECIFIC LEADERSHIP TASKS AND CONCERNS

Chapter Overview

This chapter covers major leadership tasks and concerns. They are (a) individual client documentation; (b) incident report documentation; (c) the recreational therapist as teacher; (d) motivating client change; (e) teamwork; (f) advocacy; (g) International Classification of Functioning, Disability, and Health (ICF); and (h) understanding transactions with clients or social psychology applications in recreational therapy (RT).

Critical Concepts

1. Charting is the written documentation completed by the helping professional on a client.
2. There are a number of purposes for charting.
3. Two common methods of charting are source-oriented records (or narrative records) and problem-oriented records.
4. Various methods of charting, PIE (problem-intervention-plan) charting, charting by exception (CBE), and computer-based charting are also introduced.
5. There are a number of guidelines to follow in writing progress notes.
6. Certain types of information should be contained in progress notes.
7. The incident report as a means of documenting the circumstances surrounding an event.
8. A number of basic teaching–learning principles are listed in the chapter.
9. A stage model for motivating client change is presented.
10. The concept of teamwork is described.
11. Advocacy is presented and discussed in terms of (a) case advocacy, (b) self-advocacy, (c) internal advocacy, (d) community advocacy, (e) legislative advocacy, and (f) professional advocacy.
12. The International Classification of Functioning, Disability, and Health (ICF) is presented.
13. Understanding leader transactions with clients is covered in a discussion of social psychological phenomena including self-concept, learned helplessness, the self-fulfilling prophecy, labeling, loneliness, social learning theory, self-efficacy, and attributional processes.

Key Terms

source-oriented records, problem-oriented records, SOAP, database, problems list, initial plan, progress notes, incident reports, cognitive skills, affective skills, motivation, teamwork, ICF, psychomotor skills, self-concept, social comparisons, playing a role, social distinctiveness, self-esteem, self-handicapping, self-reported handicap, learned helplessness, reactance, self-fulfilling prophecy, self-efficacy, response-outcome expectancy, attributions, self-serving bias, social learning, fundamental attributional error

Teaching Difficult Topics

Most leadership behaviors require a great deal of drill before they are learned. Drill will particularly be required of students for them to learn to write progress notes. Two other major areas within the chapter will similarly take time for the students to grasp because of the number of teaching–learning principles and because of the complexity of information on understanding transactions. A video on documentation and behavioral observation may be obtained from the Indiana University Library. Additional teaching suggestions follow in the Class Presentations Using PowerPoint Slides, Learning Activities Using *Lessons Learned,* and Other Possible Learning Activities sections.

Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set contains all figures and tables within each chapter. The second set outlines each chapter and was developed by the author. Class presentations for the use of the tables and figures and the author-developed slides are suggested in this *Instructor's Guide*. The author-prepared slides appear in the same order as the topics in the chapter.

Review the PowerPoint slides of the tables in Chapter 8. You may wish to use the PowerPoint slides of the three tables in Chapter 8.

Slides on charting (11 slides). The first slide ("Charting") describes charting and what it involves. Slide 2 ("Reasons for Charting") lists the reasons for charting. Slide 3 ("Types of Charting") lists the types of charting. Slide 4 ("Each Agency Will Adopt a Specific Charting System") explains that each agency will have its own charting system, so students should not worry about being able to use all of the systems available. Slides 5 ("Narrative Charting") to 11 ("Charting by Exception [CBE]") describe different charting systems.

Slides on writing a progress note (2 slides). These slides may be used in class for students to review. The first, "How Not to Write a Progress Note," offers an example of a poorly written note. You could ask students to point out failings in this poorly written note. For the second slide, "What Is Better About This Note?" you could have students describe what they see as improvements in this note from the first one.

Slides on effective progress note writing (8 slides). The specific guidelines for charting presented on pages 388–390 appear in a series of slides that you may review in class. The first slide is titled "Effective Progress Note Writing: Conciseness." The final one is titled "Effective Progress Note Writing: Record Date and Time, and Sign Each Entry."

Slide on incident reports. This slide ("Incident Reports") describes incident reports and their purpose.

Slide on principles in the teaching–learning process. This slide ("Principles in the Teaching–Learning Process") informs students of the importance of principles involved in the teaching–learning process and indicates that 22 principles are listed in the book (pp. 395–398).

Slides on the transtheoretical model (2 slides). Slide 1 ("Transtheoretical Model [TTM]") explains the TTM is a stage model. Slide 2 ("Stages of the Transtheoretical Model") lists the five stages of the TTM.

Slides on motivational interviewing (2 slides). Slide 1 ("Motivational Interviewing") explains motivational interviewing and its relationship to TTM. Slide 2 ("MI Techniques Are Based on the 4 Guiding Principles Known as the Acronym RULE") explains what RULE stands for.

Slides on teamwork (2 slides). Slide 1 ("Teamwork") describes conditions for teamwork to occur. Slide 2 lists tips for team facilitators. The instructor may wish to also review the PowerPoint slide for Table 8.3, Don'ts in Team Leadership.

Slides on advocacy (2 slides). Slide 1 ("Advocacy") defines the term *advocacy*. Slide 2 ("Types of Advocacy") lists the types of advocacy.

Slides on the International Classification of Functioning, Disability, and Health, or ICF (3 slides). Slide 1 ("ICF") introduces the ICF. Slide 2 ("ICF Perspectives") provides perspectives represented in the ICF. Slide 3 ("WHO's International Classification of Functioning, Disability, and Health [ICF])" describes the approaches taken by the ICF.

Extensive series of slides on leadership and understanding transactions (or the social psychology of RT) (23 slides). Slide 1 ("Leadership and Understanding Transactions") introduces the notion of what social psychology involves and that theory and research from social psychology can be employed in RT. Slide 2 lists areas of social psychology having applications in RT. Slides 3 ("Self-Views"), 4 ("2 Sources of Self-Esteem"), 5 ("Self-Esteem Influences Perceptions and Behavior"), and 6 ("Self-Esteem Enhancement in RT") explain self-concept and self-esteem. Slides 7 ("Self-Handicapping") and 8 ("Self-Handicapping Instances") explain self-handicapping. Slide 9 ("Self-Reported Handicap")

reviews the concept of and provides an example of self-report handicap. Slides 10 ("Learned Helplessness") and 11 ("RT and Learned Helplessness") review learned helplessness. Slide 12 covers the self-fulfilling prophecy." Slide 13 deals with labeling. The next two slides, 14 ("What Is Loneliness?") and 15 ("Loneliness and RT"), concern loneliness and possible facilitation techniques that recreational therapists might use to combat loneliness. The next three slides ("Social Support," "Social Support and Health," and "RT Can Enhance Feelings of Social Support") cover the important areas of social support, health, and how RT can enhance feelings of social support. Slide 19 ("Social Facilitation") presents information on social facilitation and implications for practice. Slide 20 ("Social Learning Theory") briefly explains social learning theory. Self-efficacy is the covered in Slides 21 and 22 ("Self-Efficacy" and "4 Means to Influencing Self- Efficacy"). The final two slides ("Attributional Processes" and "RT and Attributions") discuss attributional processes and how they relate to RT practice.

Learning Activities using Lessons Learned

Possible assignments from readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners:*

A student assignment related to understanding applications of social psychology to RT could be Lesson 57 in *Lessons Learned* (pp. 111–112). Ask students if they believe research and theory from social psychology can be applied in serving virtually every client group, as claimed by Austin.

A student assignment related to understanding self-efficacy could be Lesson 59 in *Lessons Learned* (pp. 115–116). Ask students to use the theory of self-efficacy to explain clients' beliefs about themselves and their ensuing behaviors. Then ask students how self-efficacy can be enhanced.

A student assignment related to understanding social facilitation could be Lesson 60 in *Lessons Learned* (pp. 117–118). Have students first explain the phenomenon of social facilitation and then discuss the significance of Professor Norman Triplett's pioneering research study conducted at Indiana University. How did Zajonc further understandings of social facilitation? What are implications of social facilitation for RT practice?

A student assignment related to understanding self-handicapping could be Lesson 61 in *Lessons Learned* (pp. 119–120). Ask students to describe self-handicapping and the motivation behind it. Then ask them to differentiate between self-handicapping and self-reported handicap. Finally, request that the students apply the knowledge of self-handicapping and self-reported handicap to RT.

A student assignment related to understanding the self-fulfilling prophecy could be Lesson 62 in *Lessons Learned* (pp. 121–122). Ask students to illustrate the self-fulfilling prophecy by describing the classic "bloomers" study by Rosenthal and Jacobson. Then ask how recreational therapists can apply the self-fulfilling prophecy in RT.

A student assignment related to understanding learned helplessness could Lesson 63 in *Lessons Learned* (pp. 123–124). Ask students to describe learned helplessness. Then discuss how recreational therapists can prevent feelings of learned helplessness in long-term care facilities.

Other Possible Learning Activities

View and discuss Documentation and Behavioral Observations*.* Have students view and discuss in class the RTV video *Documentation and Behavioral Observation* (47 minutes). The video features Professor Bryan McCormick and provides a good overview to introduce the topic of documentation. RTV videos can be streamed online from the IUScholarWorks Repository, a service of the Indiana University Libraries and Indiana University Digital Library Program. Go to https://scholarworks.iu.edu/dspace/handle/2022/3378, where you can click on the title of the video. That will take you to the Web page for the video, where you simply click on the address to view the video.

In-class review of reasons for charting. Take time in class to review the PowerPoint slide for Table 8.1, Reasons for Charting. It is important that students know the fundamental reasons for doing charting.

In-class analysis and evaluation of progress note guidelines. In class, have students analyze the list of 31 guidelines for writing progress notes (pp. 388–390). (Obviously students will need to bring their books to class to complete this learning activity.) Ask them to rank what they think are the most important three. Then write the numbers 1 to 31 on the board and do a frequency count of how many students had the principle on their list of the top three in importance. Finally, examine the tally to see which guidelines were selected most (or had the highest frequency count). Then ask your students to discuss why they felt these were most important.

In-class analysis of a progress note. Display on the board (or as a PowerPoint slide) the badly written progress note found in Chapter 8 under the heading How NOT to Write a Progress Note. Have the students get into dyads and ask them to identify what is wrong with it. Then ask each dyad to report to the rest of the class one thing wrong with the note. A total of eight criticisms of the note appear in Chapter 8.

In-class analysis and evaluation of teaching–learning principles. In class, have students analyze the list of basic teaching–learning principles in Chapter 8. (Obviously students will need to bring their books to class to complete this learning activity.) Ask them to rank what they think are the most important three. Then write the numbers 1 to 22 on the board and do a frequency count of how many students had the principle on their list of the top three in importance. Finally, examine the tally to see which principles were selected most (or had the highest frequency count). Then ask your students to discuss why they felt these were most important.

Review the transtheoretical model in class. Introduce the transtheoretical model by reviewing the PowerPoint slide of Table 8.2, Stages of Transtheoretical Model.

Self-analysis paper using the TTM. Have students write a 2–3-page double-spaced paper in which they discuss a change experience in their own lives and analyze the change event using the transtheoretical model (TTM).

Lecture/discussion on teamwork provided by a recreational therapist. Have a recreational therapist come into class to discuss the topic of teamwork. Ask the individual to share with the students his or her experiences in working on teams and to provide tips to the students as how to be a good team member. It is a good idea to request that the recreational therapist read the section on teamwork in Chapter 8 prior to coming to class.

Paper for graduate students. For graduate students, you could assign a paper in which they examine the Health Protection/Health Promotion Model to determine similarities and differences between it and the ICF. The graduate students might be referred to the article by Stamm, Cieza, Machold, Smolen, and Stucki (2006) as an example for their papers, as this article looked at links between the ICF and OT conceptual models. The article is cited in Chapter 8.

In-class student leadership of social psychology topics. Ask students to prepare in dyads or small groups (or individually if a small class) outside of class to lead class discussion on a major topic related to the social psychology of RT. Assign each dyad or group of students a term(s) and then ask them to come to class ready to (a) define the term(s) and (b) to give implications for RT practice. Terms to assign: (1) Self-Concept, Self-Esteem, and Self- Handicapping; (2) Learned Helplessness and Reactance; (3) Self-Fulfilling Prophecy and Labeling; (4) Loneliness; (5) Social Support; (6) Self-Efficacy; (7) Social Facilitation; (8) Social Learning Theory; and (9) Attributional Processes. You might encourage students to read related readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners* in preparation for their class leadership.

Examination Questions (*Correct Response)

1. The client's record serves as
   a. communication.
   b. evaluation.
   c. legal documentation.
   d. all of the above.*
   e. a and b, but not c.

2. Another term for the narrative record is
   a. source-oriented record.*
   b. problem-oriented record.
   c. problem-oriented medical record.
   d. problem-oriented health record.
3. Client stated, "I hate you and your groups. I ain't coming." In the SOAP style of client charting, this information would be recorded as
   a. Subjective information.*
   b. Objective information.
   c. Assessment.
   d. Plan.
4. Which of these is used to document occurrences that are inconsistent with normal or expected operations with an agency?
   a. progress notes.
   b. focus charting.
   c. incident reports.*
   d. electronic health records.
5. Ambivalence characterizes this stage in Prochaska and DiClemente's transtheoretical model
   a. precontemplation.
   b. contemplation.*
   c. determination.
   d. action.
   e. maintenance.
6. The four guiding principles for motivational interviewing techniques are captured by the acronym
   a. RULE.*
   b. APIE.
   c. NCHS.
   d. CTRS.
7. Typified by high levels of interdependence and shared responsibility
   a. committees.
   b. task forces.
   c. teams.*
   d. classes.
8. When a person or group attempts to alter policies and practices within an agency, it is
   a. case advocacy.
   b. self-advocacy.
   c. internal advocacy.*
   d. legislative advocacy.
   e. professional advocacy.

9. It has become the generally accepted framework to describe functioning in rehabilitation
    a. APIE.
    b. ICF.*
    c. ICIDH.
    d. NCHS.
10. ICF was approved in 2001 by the
    a. National Academy of Recreational Therapists.
    b. National Council on Therapeutic Recreation Certification.
    c. Centers for Disease Control.
    d. World Health Organization.*
11. It is generally agreed that self-esteem is what part of self-concept?
    a. affective.*
    b. behavioral.
    c. cognitive.
    d. disdain.
12. When people arrange impediments that they can later blame for their poor performance, this is called
    a. self-esteem.
    b. self-handicapping.*
    c. self-reported handicap.
    d. self-adaptive behavior.
13. Associated with the development of the theory of learned helplessness
    a. Gergen.
    b. Iso Ahola.
    c. Seligman.*
    d. McDowell.
14. The opposite of learned helplessness is
    a. reactance.*
    b. remotivation.
    c. reinforcement.
    d. resocialization.
15. Langer and Rodin's classic nursing home study involved residents
    a. taking care of a plant.
    b. selecting which night of the week to view a movie.
    c. going on an outing away from the facility.
    d. a and b, but not c*
16. At-risk group(s) for loneliness
    a. adolescents.
    b. individuals who are dying.
    c. persons with socially unacceptable illnesses.
    d. all of the above.*
    e. b and c, but not a.

17. Self-efficacy theory was developed by
    a. Lee.
    b. Bandura.*
    c. McCormick.
    d. Dattilo.
18. The fundamental attributional error involves overemphasizing
    a. external as opposed to internal causes of behavior.
    b. consensus rather than distinctiveness.
    c. distinctiveness rather than information.
    d. consensus information.
    e. internal as opposed to external causes of behavior.*

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore–Venture for instructors who have adopted the book.

CHAPTER 9: CLINICAL SUPERVISION

Chapter Overview

Very little has appeared in the recreational therapy (RT) literature on the topic of clinical supervision. Yet the importance of clinical supervision has become recognized by RT educators, as well as by practitioners. This chapter offers an introduction to understanding clinical supervision and to giving and receiving clinical supervision. In addition, this chapter discusses the roles and functions of the supervisor and supervisee.

Critical Concepts

1. The two broad purposes of clinical supervision are to (a) facilitate the personal and professional development of the supervisee and (b) improve care and treatment through proper implementation of the agency's clinical program.
2. Clinical supervision may be defined as a joint relationship in which the supervisor assists the supervisee to develop him- or herself to deliver the highest possible level of clinical service while promoting accountability in the agency's clinical program.
3. Four elements define clinical supervision, according to Hart.
4. Clinical supervision is an important and emerging area of RT.
5. Clinical supervision differs from general supervision.
6. Clinical supervision differs from therapy.
7. Hart has proposed three models of clinical supervision: skill development, personal growth, and integrative.
8. Bradley identified three roles for clinical supervisors: teaching, counseling, and consulting.
9. Clinical supervisors may take a strength-based approach to clinical supervision.
10. Characteristics of clinical supervisors include being well prepared, being self-assured, being respected, having empathy, being caring, being open, and having adequate knowledge.
11. Van Ooijen offers an extensive self-assessment questionnaire for clinical supervisors that addresses five areas: knowledge, skills, attitudes, self-awareness, and experience.
12. Novice clinical supervisors pass through four developmental stages proposed by Watkins.
13. There are benefits for those who provide clinical supervision.
14. Ethical concerns in clinical supervision include dual relationships, sexual contact, other intimacy concerns, informed consent, and confidentiality.
15. Stoltenberg and Delworth identified three levels of clinical supervision. The supervisory relationship must match supervisor and supervisee on these levels. Other variables also may affect the supervisory relationship (e.g., gender, sex-role attitudes, race, ethnic background, social class).
16. Assessment and planning are critical to the success of the clinical supervision enterprise.
17. Stages in clinical supervision include initial stage, growth stage, and maturity stage.
18. Methods for clinical supervision are varied and include reading assignments, didactic presentations, observations of senior staff, receiving suggestions for appropriate client interventions, discussion of theory and practice, discussion of cases and activities, critiques, role-playing, conjoint interviews, coleadership, and giving specific instruction on cognitive skills.
19. Modalities for clinical supervision include individual conferences, triadic supervision, and group meetings.
20. Evaluation is a critical aspect of the clinical supervision process. Two major categories of evaluation are formative evaluation and summative evaluation.
21. Well-designed clinical supervision programs maximize the success of clinical supervision.

Key Terms

clinical supervision, skill development model of supervision, personal growth model of supervision, integrative model of supervision, teaching role, counselor role, consulting role, strength-based supervision, clinical supervisor traits, self-assessment for clinical supervisors, nonmaleficence, dual relationships, informed consent, multiculturalism, diversity, triadic supervision, confidentiality, supervisory alliance, initial stage, growth stage, maturity stage, formative evaluation, summative evaluation

Teaching Difficult Topics

Because the area of clinical supervision is still relatively new to RT, you might have relatively little firsthand experience with it. You may, however, be able to draw upon practitioners who are doing clinical supervision so that they may share their experiences with students. The Indiana University Library's video on clinical supervision may prove to be helpful. Some possible learning activities are provided in the sections that follow.

Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set contains all figures and tables within each chapter. The second set outlines each chapter and was developed by the author. Class presentations for the use of the tables and figures and the author-developed slides are suggested in this *Instructor's Guide*. The author-prepared slides appear in the same order as the topics in the chapter.

Review the PowerPoint Slides of the tables found in Chapter 9. You may wish to review the PowerPoint slides of several tables in Chapter 9. Some PowerPoint slides of these tables are suggested in the use of slides that follow.

Slide on clinical supervision. This slide ("Clinical Supervision") might provide a good opening for discussion of clinical supervision, as it defines the term *clinical supervision*. You may wish to then display and discuss the PowerPoint slide for Table 9.1, Characteristics of Clinical Supervisors, and the PowerPoint slide for Table 9.2, Benefits of Clinical Supervision.

Slides that review the broad purposes of clinical supervision and the elements that define clinical supervision (2 slides). Slide 1 ("2 Broad Purposes of Clinical Supervision") lists the two major purposes of conducting clinical supervision programs. Slide 2 ("Four Elements of the Clinical Supervision Process") lists elements involved in clinical supervision.

Slide on therapy versus clinical supervision. This slide, titled "Therapy vs. Clinical Supervision," compares and contrasts therapy and clinical supervision.

Slide of Table 9.3. This table (Tips for Supervisors to Establish a Productive Relationship With Supervisees) gives tips for supervisors in forming relationships with supervisees.

Slide on strength-based approach. This slide ("The Strength-Based Approach to Clinical Supervision") explains that the approach has a good fit with RT and indicates its application.

Slide to review the Roles of Clinical Supervisors. The textbook covers the roles of clinical supervisors on pages 450–451. This slide ("Roles of Clinical Supervisors") lists the three roles of teaching, counseling, and consulting. Instructors may wish to follow this slide with a presentation of the PowerPoint slide for Table 9.4, Desirable and Undesirable Traits of Clinical Supervisors.

Slides dealing with learning objectives in clinical supervision (2 slides). The first slide ("Learning Objectives in Clinical Supervision") lists characteristics of well-written learning goals for clinical supervision. The second slide ("Steps for the Supervisor and Supervisee in Planning Learning Objectives") lists steps for developing learning objectives for clinical supervision.

Slide on examples of methods used in clinical supervision. The slide ("Examples of Methods Used in Clinical Supervision") lists methods that can be used during clinical supervision to enhance learning.

Learning Activity using Lessons Learned

A possible assignment from readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners:*

A student assignment related to understanding clinical supervision could be Lesson 35 in *Lessons Learned* (pp. 68–69). Ask students to explain the purposes of clinical supervision and to explain why it is important not only for student interns but also for seasoned recreational therapists.

Other Possible Learning Activities

Introduce the topic of clinical supervision using the PowerPoint Slide for Table 9.1. As an introduction to clinical supervision, review Table 9.1, Characteristics of Clinical Supervisors, using the PowerPoint slide of the table.

View and discuss the video Clinical Supervision*.* In class, have students view the RTV video *Clinical Supervision* (32 minutes). Learning objectives appear at the beginning and end of the video. These learning objectives may serve as points of discussion following the viewing of the video. RTV videos can be streamed online from the IUScholarWorks Repository, a service of the Indiana University Libraries and Indiana University Digital Library Program. Go to https://scholarworks.iu.edu/dspace/handle/2022/3378, where you can click on the title of the video. That will take you to the Web page for the video, where you simply click on the address to view the video.

Invite an RT to react to the Clinical Supervision *video.* A good learning activity related to the previous one would be to invite a recreational therapist to come to class, view the *Clinical Supervision* video with the students, and then react to the content of the video in a discussion with the students.

Review the PowerPoint titled "Benefits of Clinical Supervision." Perhaps immediately following the use of the PowerPoint slide of Table 9.1 (Characteristics of Clinical Supervisors), review Table 9.2, Benefits of Clinical Supervision, using the PowerPoint slide of the table. Then ask students, with all these benefits why has clinical supervision lacked interest by recreational therapists? (There is discussion of this topic in the chapter.)

Use PowerPoint to discuss desirable and undesirable traits of clinical supervisors. In class, use the PowerPoint of Table 9.4, Desirable and Undesirable Traits of Clinical Supervisors, to describe how clinical supervisors should perform.

Assign graduate students a self-assessment assignment. Ask graduate students to conduct a self-assessment of their background for doing clinical supervision using the questions proposed by van Ooijen (p. 463) and to submit a 2–4-page double-spaced paper based on their self-assessment.

Examination Questions (*Correct Response)

1. Clinical supervision has as its goals
   a. improving the supervisee's clinical abilities.
   b. enabling the supervisee to function as independently as possible.
   c. ensuring the aims of the agency's clinical program are met.
   d. all of the above.*
   e. a and b, but not c.

2. Supervisees receiving clinical supervision may include
   a. beginning students.
   b. students completing internships.
   c. experienced practitioners.
   d. all of the above.*
   e. a and b, but not c.
3. Clinical supervision involves
   a. keeping the supervisee "under thumb."
   b. snooping on the supervisee.
   c. a cooperative endeavor between supervisor and supervisee.*
   d. a and c, but not b.
4. Clinical supervision and therapy are similar in every respect except which element?
   a. characterized by fear, anxiety, and resistance to change.
   b. takes place in a nonjudgmental environment.
   c. involves interpersonal interaction.
   d. purpose and approach.*
5. Which of these most resembles a counselor–client relationship?
   a. skill development model of clinical supervision.
   b. personal growth model of clinical supervision.*
   c. integrative model of clinical supervision.
   d. person-centered model of clinical supervision.
6. Ethical concerns of dual relationships include
   a. sexual involvement exists between supervisor and supervisee.
   b. the supervisor takes on the role of the supervisee's therapist.
   c. a degree of closeness exists beyond the normal supervisory relationship.
   d. all of the above.*
   e. a and b, but not c.
7. A key factor in clinical supervision is to
   a. see clients at the agency are taught to strictly follow agency procedures.
   b. provide the supervisees with therapy.
   c. ensure supervisees are engaging in sound ethical practices.*
   d. follow ethical standards as if they were a cookbook.
8. In addition to other roles, clinical supervisors should assume the role of
   a. administrators.
   b. psychotherapists.
   c. gatekeepers.*
   d. managers.

9. Turbulence can be expected in clinical supervision during
    a. the initial stage.
    b. the growth stage.*
    c. the maturity stage.
    d. all of the above.
    e. a and c, but not b.
10. Triadic clinical supervision involves
    a. one supervisee working with a supervisor.
    b. two supervisees working with a supervisor.*
    c. three supervisees working with a supervisor.
    d. four supervisees working with a supervisor.
11. Individual supervisory sessions in clinical supervision typically last about
    a. 0.5 hours.
    b. 1 hour.*
    c. 1.5 hours.
    d. 2 hours.

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore–Venture for instructors who have adopted the book.

CHAPTER 10: HEALTH AND SAFETY CONSIDERATIONS

Chapter Overview

This chapter covers health and safety considerations for recreational therapists providing services for clients who have seizure disorders and those who are on psychotropic drugs. The chapter also includes information on mechanical aids used by persons with physical disabilities and information on how to complete transfers with persons who have physical disabilities.

Critical Concepts

1. Epilepsy is a disorder characterized by recurrent seizures.
2. Seizures may be partial or generalized.
3. First-aid procedures and activity restrictions are areas of concern for recreational therapists working with persons with epilepsy.
4. Anticonvulsant drug therapy is effective with most people with epilepsy.
5. Psychotropic drugs have an effect on the psychic function of the client.
6. Antipsychotic drugs reduce symptoms of psychotic disorders such as schizophrenia.
7. Side effects that occur with the use of antipsychotic drugs, antidepressant drugs, and antianxiety drugs should be known to recreational therapists working with psychiatric clients.
8. Mechanical aids include braces, crutches, walkers, and wheelchairs.
9. Lifting principles should be followed when transferring clients.

Key Terms

partial seizures, generalized seizures, desired effects, side effects, psychotropic drugs, antipsychotic drugs, mechanical aids, transfers

Teaching Difficult Topics

This chapter contains much technical information. It may therefore be wise for you to bring in experts (e.g., medical doctors, nurses, recreational therapists) to discuss material. You could also use audiovisuals related to health and safety concerns. The video *Transfer Techniques* is available through Indiana University's Library. Specific learning activities are discussed in the next section.

Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set contains all figures and tables within each chapter. The second set outlines each chapter and was developed by the author. Class presentations for the use of the tables and figures and the author-developed slides are suggested in this *Instructor's Guide*. The author-prepared slides appear in the same order as the topics in the chapter.

Review the PowerPoint slides of the tables and figures in Chapter 10. You may present in class any number of the tables and figures in Chapter 10.

Slides on seizures (6 slides). The initial slide ("Seizures") describes seizures in epilepsy and how they occur. Slide 2 ("Partial Seizures") describes partial seizures. Slide 3 ("Elementary and Complex Partial Seizures") describes elementary and complex seizures. Slide 4 ("Generalized Seizures") describes the occurrence of generalized seizures. The fifth slide ("Medication and the Control of Seizures") contains information on how well medication can control seizures. The final slide ("Activity Restrictions in RT") gives broad guidelines related to restrictions on people who have epilepsy.

Slide on psychotropic drugs. This slide describes the term *psychotropic drugs*. You might follow this author-prepared slide ("Psychotropic Drugs") with a review of the PowerPoint slide of Table 10.2, Antipsychotic Drugs and Their Desired Effect and Table 10.3, Side Effects of Antipsychotic Drugs, to illustrate types of psychotropic drugs.

Slide on mechanical aids. This slide ("Mechanical Aids") introduces the topic of mechanical aids, describing what they are.

Possible Learning Activities

Invite a resource person with expertise in epilepsy. Ask a recreational therapist or nurse with a background in epilepsy to come to class. Request that this health professional talk about the types of seizures and how staff should react to them. Also request that the resource person discuss his or her views on activity restrictions (e.g., going swimming) for persons who have epilepsy.

Invite a nurse to class with a background in psych/mental health. In advance of the class, provide the nurse with Chapter 10 so he or she will know the content the students read. Have the nurse talk about the drugs typically taken by patients he or she works with and the desired effects and side effects of the drugs on patients.

Bring in one or more recreational therapist working in psych/mental health. Ask a recreational therapist who works in psych/mental health to come to class to discuss how he or she uses information about psychotropic drugs in RT practice. An alternative, you could have two or three recreational therapists with psych/mental health backgrounds form a panel to discuss psychotropic drugs and what recreational therapists need to know about them.

View video and discuss transfer techniques. Have students view and discuss in class the RTV video *Transfer Techniques* (23 minutes). The video covers basic principles of transferring when assisting wheelchair users. RTV videos can be streamed online from the IUScholarWorks Repository, a service of the Indiana University Libraries and Indiana University Digital Library Program. Go to https://scholarworks.iu.edu/dspace/handle/2022/3378, where you can click on the title of the video. That will take you to the Web page for the video, where you simply click on the address to view the video.

Examination Questions (*Correct Response)

1. When working with a client with a seizure disorder, the recreational therapist should know
   a. what typically happens when the client has a seizure.
   b. the typical duration of a seizure.
   c. if there is a loss of consciousness and, if so, what symptoms occur before unconsciousness.
   d. all of the above.*
   e. a and b, but not c.
2. The most critical thing for a recreational therapist to do during a tonic-clonic seizure
   a. remain calm.*
   b. stop the seizure immediately.
   c. force something between the person's clinched teeth.
   d. a and b, but not c.
3. Tonic-clonic generalized seizures
   a. rarely involve loss of consciousness.
   b. involve only one section of the brain.
   c. were once referred to as grand mal seizures.*
   d. all of the above.

4. Approximate percentage of people with epilepsy who achieve significant seizure control from anticonvulsants
   a. 25%.
   b. 40%.
   c. 65%.
   d. 80%.*
5. Characterized by involvement of only one section of the brain. During this type of seizure, the person does not lose consciousness. An example would be repetitive jerking of one arm.
   a. Elementary partial seizure.*
   b. Complex partial seizure.
   c. Absence seizure.
   d. Tonic-clonic seizure.
   e. None of the above.
6. The first and perhaps best known of the antipsychotic drugs is
   a. chlorpromazine (Thorazine).*
   b. thioridazine (Mellaril).
   c. piperacetazine (Quide).
   d. haloperidol (Haldol)
7. Antipsychotic drugs
   a. have few side effects.
   b. do not cause movement disorders.
   c. may lower blood pressure.*
   d. should not affect clients' participation in RT.
8. Which class of medication is used to control the symptoms of schizophrenia?
   a. antipsychotic drugs.*
   b. antidepressant drugs.
   c. antianxiety drugs.
   d. antimania drugs.
   e. anticonvulsant drugs.
9. Clients who have been taking this drug tend to easily sunburn
   a. benzodiazepines.
   b. lithium.
   c. thorazine.*
   d. valproate.
10. When assisting a wheelchair user with a transfer, the recreational therapist should keep in mind to
   a. flex the knees.
   b. keep his or her feet spread about a shoulder length apart.
   c. help move the client toward his or her strongest side.
   d. all of the above.*
   e. a and b, but not c.

Note: Reading Comprehension Questions appear at the end of the chapter. PowerPoint slides prepared by the author are available from Sagamore-Venture for instructors who have adopted the book.