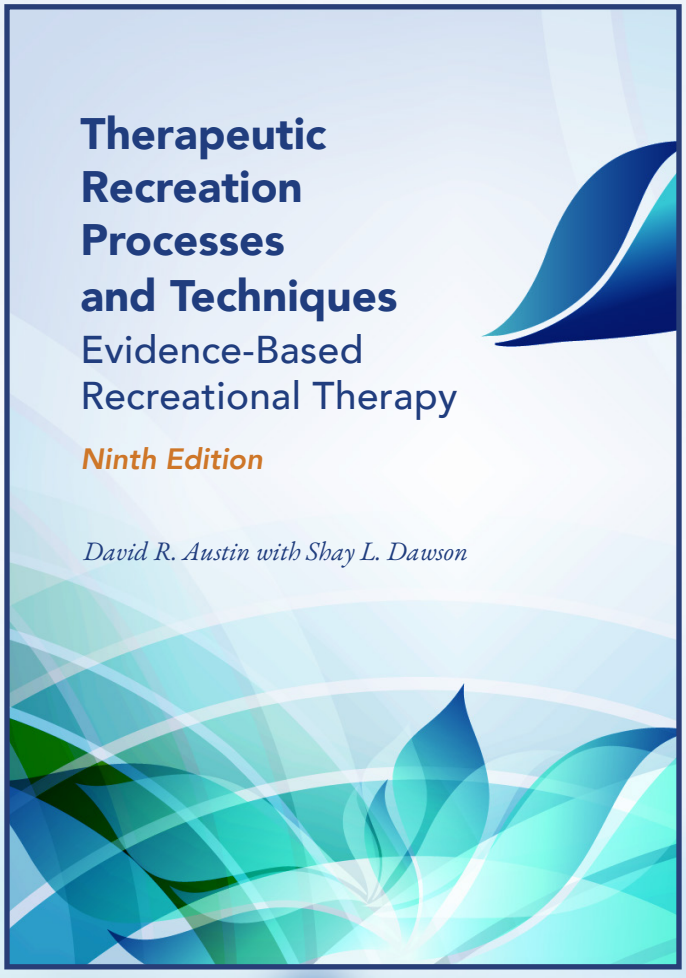
STUDENT RESOURCES



Contents

Tips for Reading and Learning from This Book

The 9th edition of *Therapeutic Recreation Processes and Techniques: Evidence-Based Recreational Therapy* is designed for students who want to:

- Gain understandings and skills to become confident and competent recreational therapists
- Gain a theory-based, evidence-based, and client-based perspective for practice
- Be grounded in RT so they can clearly interpret the profession to others
- Develop into reflective, self-aware recreational therapists
- Have a book that is readable and easy to follow
- Have a book that can serve as a reference for completing an internship or for entering the profession as a full-time recreational therapist
- Prepare themselves for the NCTRC examination

You are the Focal Point

The 9th edition of *Therapeutic Recreation Processes and Techniques: Evidence-Based Recreational Therapy*, attempts to make you, the reader, the focal point of the book. Each chapter begins with a statement of the purpose of the chapter and key terms, followed by learning objectives for the chapter so you will know explicitly what you should learn from your reading. There are also reading comprehension questions at the end of each chapter that you can use to assess your understandings of material in the chapter. These elements in every chapter provide a road map for learning and hopefully remove much of the mystery that sometimes accompanies and plagues instruction.

Effective Study Strategies

The best way to get the most out of *Therapeutic Recreation Processes and Techniques: Evidence-Based Recreational Therapy* and your course is to make sure you know the material. To do so there are strategies and "tricks" you can use. You don't want to just put in time studying but you want to get the most out of the effort you put in. What follows are some ways for you to get the most out of your efforts.

Schedule Yourself

One of the most basic rules is to not put off studying until the night before the test. On the first day of class, your instructor will likely give you a course syllabus. Examine it to see how many tests you will have and when they will occur. That way you will know when tests will be and how you will prepare.

A good rule of thumb is to study two or three hours each week for every course credit. So, if your course is a 3-credit hour course you should devote six to nine hours per week in study time. At the least, make sure you devote one hour of study time per credit hour each week.

You'll need to establish a study schedule. When setting up your weekly schedule do not try to do all your studying at night. You will want to take advantage of time between classes, perhaps studying in the library or some other quiet spot. The point is to not waste valuable study times. Of course, once you put your schedule into action, you may need to revise it if it is not working for you.

Read Your Assignments!

Make sure you complete your assigned readings before going to class so that you will be able to actively take part in class discussions, perhaps posing questions to your instructor about things in the reading for which you need more clarity. Don't assume that because you read over the assignment once that you grasped the content.

You will want to become an active reader. Before beginning reading a chapter, skim over it. Begin by reading over the objectives for the chapter. As you look the chapter over, note main points, headings, illustrations, and read the summary. Then as you read the chapter you will want to highlight the most important passages and perhaps make notes in the margins to bring out important points.

Be alert to bold or italicized print as authors use these to emphasize important points. Don't skip over tables or figures as these often convey information better than written words. A good thing to do is to stop your reading after every subsection to ask yourself if you understand the material.

Note anything you don't understand or don't agree with in the margins so you can ask you instructor for clarification in class or during the instructor's office hours.

To cement the information from the chapter into your mind, you should review the chapter sometime after reading it and before you go to class. You can go over the reading comprehension questions at the end of the chapter and/or discuss the learning objectives for the chapter with someone, such as a classmate or your roommate.

Additional Effective Study Strategies

Take accurate and concise lecture notes. You need to focus on the main points in the lecture. If the instructor writes something on the board or repeats an idea, it is likely important. Also listen for word cues like, "The three main components in writing an objective are…"

Go over your notes to rewrite them for better organization and understanding. Don't wait too long to do this as your notes may not make sense.

Instructors tend to stress in class concepts they believe are the most important so keep this in mind as these are likely to come up on tests.

Strategies for Preparing for Tests

Before a test, ask your instructor if there are any key concepts or topics you should be prepared for. Often instructors will voluntarily inform the class areas they should review to prepare for the test.

Make sure to attend any pretest review sessions. These may be provided in class or outside of class time.

Don't study without breaks. Study for 30-45 minutes and then reward yourself with a break of 5-10 minutes, and when you do, get away from the table or desk where you are studying.

Some students find it helpful to use a study group to prepare for tests, usually in groups of 4-6.

To test your comprehension, get a study partner to ask you questions using class notes, chapter learning objectives, reading comprehension questions, assignments, terms in the glossary, or study cards you have prepared. You can write the question on one side of the card and the answer on the other side.

Strategies for Taking Tests

Begin by making sure you put your name on the top of the test sheet.

Expect to have some anxiety as students typically feel some stress when taking a test.

To reduce stress, arrive early so you don't feel rushed, and you can find a seat you desire.

Answer easier questions first to reduce anxiety and gain confidence.

Don't worry about others turning in their papers before you. They don't get extra points for getting in their papers before you!

Listen attentively to any last-minute instructions given by the instructor.

Once you have the test skim it over before you begin answering. This will give you a sense of the structure of the test (e.g., is it short answer essay or multiple-choice) and to estimate the amount of time it will take for each segment of the test. For example, you will want to give more time to any questions with higher point values.

You may wish to do a "brain dump" at the start of the test by writing down on a piece of paper facts or key ideas you are afraid you might forget so you'll have the information to refer to. You will probably want to ask your instructor if this is okay so they won't think you brought in a "cheat sheet."

If the test is made up of both multiple-choice and essay items, begin by answering the multiple-choice items, as you may be able to gather information from those questions to use in your essays.

Keep track of the time so you can pace yourself but don't be a slave to the clock. Focus on the test.

Use all the allotted time to take the test. You can go back over it to make sure you read the questions correctly.

Never ever cheat! If you got caught, there could be terrible consequences and no honest person wants the reputation of being "a cheater."

Strategies for Multiple Choice Exams

To begin, browse over the questions noting those that seem easier with the thought of answering them first before taking on harder questions.

Unless there is a penalty, give difficult items your best guess.

Remember in answering a multiple-choice item you are looking for the best possible answer, not only a correct one.

Having read the question carefully, don't read too much into it. Go with your first impression.

Read each item as if it was a true-false question, eliminating all the answers that are false.

Change your answer only if you have a very good reason, as your first impression is usually correct.

Responses that employ absolute words such as "all," "always," or "none" tend to be wrong. On the other hand, responses that use "most" or "some" tend to be correct.

"None of the above" tends to be a wrong answer. The person constructing the test probably couldn't come up with another choice to list.

If two responses seem to be correct, "All of the above" is usually the correct answer.

Choose the longer response if one is noticeably longer because it is likely to be correct.

When two of the choices are opposites, one of them is usually the correct answer.

Success with Essay Exams

Make sure you read the directions carefully. Pay attention to whether you are required to address every question or only a specified number (e.g., "Answer two of the three questions.").

Know how many points each question is worth.

Budget your time so you don't spend too much time on one question and run out of time to answer other questions.

Scan the questions and choose the one you know the best to begin with. This allows you to get off to a good start and to build momentum.

When reading each question, pay attention to keywords that tell you what to do. Follow them exactly. Common words in essay questions are compare/contrast, agree/disagree, describe/discuss, name/list, trace, define, explain, illustrate, summarize, evaluate, and outline. Answer the question directly according to the keyword.

Do not follow the impulse to read a question and begin to write immediately. Jot down key ideas. Formulate a thesis or concise statement that specifically addresses the question so you can outline your answer. You will want to think of facts or details that support the main point you want to make.

Each paragraph in the essay should focus on one central idea followed by details (e.g., facts, dates, examples) that support it.

Remember your main point and stick to it, referring back to it throughout your essay. Finish your answer with a brief conclusion statement that is a paraphrase of the introduction.

Answer every question even if you are not sure about the answer. It is better to have written something than nothing and you may get partial credit for your answer.

It can be helpful to the instructor grading an essay for you to note key ideas or keywords by underlining them. That helps the instructor not have to look for you key points.

Save some time at the end of the testing period to reread your essays to check for misspellings, errors in content, omitted words, and fragmentary sentences.

Be sure your handwriting is legible. If your handwriting isn't clear, print instead.

Resources to Enhance Learning

While not typically done, instructors occasionally make videos of their lectures available so students can view them. Often, online courses can be reviewed for a second time. Seeing a lecture or class session for a second time may be a good way to learn.

Instructional videos are available at no cost via streaming from Indiana University Library's IUScholarWorks program. Over 20 videos may be accessed. Type in Indiana University Recreation Therapy Videos into the search box. Look for Recreation Therapy Videos – IUScholarWorks. Clink on the link and a list of titles of the videos will appear. The videos can be a handy way to review information from the book. For instance, "Models of Practice: Leisure Ability Model" could be viewed when covering conceptual models in Chapter 2. "Professional Ethics" could be viewed when ethics are covered in Chapter 5. Two videos ("Effective Listening" and "Nonverbal Communication") relate to Chapter 6, the Therapeutic Communication Skills chapter. "Documentation and Behavioral Observation" might be viewed while covering Chapter 8. And The video "Clinical Supervision" could be viewed when covering Chapter 9, Clinical Supervision.

Three resources for articles on recreational therapy are the *American Journal of Recreation Therapy*, *Therapeutic Recreation Journal,* and the *Canadian Journal of Recreational Therapy*. Another source is the *Annual in Therapeutic Recreation* published by the American Therapeutic Recreation Association (ATRA).

Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners (Sagamore Publishing, 2011) is a small book that offers many briefly written lessons about topics covered in *Therapeutic Recreation Processes and Techniques: Evidence-Based Recreational Therapy.*

For more extensive information on tips and strategies on studying and for taking tests, you may wish to read Chapter 11, "How to Take and Pass Tests," in Austin, D.R., & B.P. McCormick. (2017). *Perspectives on Recreational Therapy*. Urbana, IL: Sagamore-Venture Publishing. The chapter was the source for much of the material cited in this "Student Resources" publication.

Glossary of Terms

The Glossary of Terms does not follow the typical glossary format of alphabetizing the terms. Instead, terms for each chapter are presented in the order that they appear in each chapter. This approach makes it easier for students to locate and review terms as they read a chapter. Additionally, students may find the Glossary of Terms to be helpful in reviewing for tests in the course and for the NCTRC exam.

Chapter 1: Theories and Therapies

Eclecticism

The utilization of approaches and techniques drawn from several sources.

Psychoanalytic Approach

Sigmund Freud's psychodynamic psychology that features the id, superego, and ego. All goal-directed behavior results from the interactions of these three systems according to Freud.

The Id

The primitive part of us. It is propelled by three major instinctual and biological drives. The first, the self-preservation instinct, preserves biological life. It deals with our basic needs for food, water, and oxygen. The other two major forces are the sexual instinct and the aggression instinct.

The Superego

The superego is the person's social conscience.

The Ego

The ego is the moderator between the id and superego. It balances the primitive forces of the id with the structures that the superego attempts to impose.

Ego Defense Mechanisms

Defense mechanisms function unconsciously to protect from a threat to the integrity of the ego or self-concept.

Transference

The process in which the client displaces thoughts, feelings, and behaviors on the psychoanalyst (counselor, therapist) even though the thoughts, feelings, and behaviors originally stemmed from a relation with another significant figure in the client's life.

Countertransference

Countertransference is the process when the therapist responds to the client as though the client were someone from the therapist's past.

Cathartic Notion

The idea that venting an emotion (e.g., aggression) can free the person from that emotion. (Venting of aggression is not supported by research, as aggression begets aggression).

Behavioral Approach

An approach based on the pschological theory of behaviorism that is concerned with bringing about changes in behavior.

Behavioral Activation

The goal of behavioral activation is to increase engagement in positive rewarding activities (e.g., recreational activities) that produce improved mood states. As they break the pattern of inactivity by participating in enjoyable activities participants' confidence begins to grow as their depression subsides.

Behavioral Therapy

Behavioral therapy is a term employed in psychiatric practice.

Behavior Modification

Behavior modification is a term typically used with groups other than psychiatric clients (e.g., persons with intellectual disabilities).

Classical Conditioning

The simple association of events that become linked when they occur together. Pavlov's famous dog study is often given as an example (Also known as respondent conditioning).

Operant Conditioning

Rewards function to reinforce behaviors, whereas negative outcomes tend to eliminate the occurrence of behavior. BF Skinner is often associated with operant conditioning (Also known as instrumental conditioning).

Positive Reinforcement

The idea of positive reinforcement is that people tend to repeat behaviors that provide rewards.

Negative Reinforcement

Negative reinforcement involves the removal of an aversive stimulus to increase the future occurrence of a desired behavior.

Reinforcers

While we often think of candy as a reinforcer, reinforcers are anything that reinforce behavior.

Shaping

A form of reinforcement or operant conditioning in which reinforcement is differentially applied to the responses that are made toward approximating a desired behavior. Eventually, the final form of the desired behavior is reached.

Chaining

Chaining involves linking one learned response with another to build a more complex response.

Modeling

Responses can be learned through modeling behaviors with either the learner seeing the model rewarded or the learner directly receiving a reward.

Premack Principle

The notion that naturally highly preferred behavior can be used to reinforce less preferred behavior.

Response Deprivation Hypothesis

Either a highly preferred behavior or a less preferred (low rate) behavior can serve as a reinforcer if the individual is deprived of his or her normal level of activity.

Humanistic Psychology

This humanistic perspective recognized the uniqueness of human beings to be self-directed, to make wise choices, and to develop themselves or realize their potential or to become self -actualized. It takes a holistic view of the person, follows a developmental model rather than a medical model, and values a strength-based approach to health enhancement. Humanistic therapists do not try to fix the client but instead help clients to make meaning out of their lives.

Person-Centered Therapy

A growth-oriented therapy developed by Carl Rogers. The role of the helping professional is to be nonjudgmental and nondirective, providing an accepting atmosphere in which the client feels valued and cared for.

Gestalt Therapy

The goal of Gestalt therapy is to restore the personality to wholeness by helping clients to be free of external regulations (not assuming roles they feel others expect).

Cognitive-Behavioral Therapy

Cognitive-behavioral therapy integrates cognitive therapy with behavioral therapy. The central notion is the interaction of how we think (cognitive), feel (emotions), and act (behaviors).

Cognitive Therapy (also known as cognitive-behavioral therapy)

Beck's cognitive therapy is based on the concept that people's cognitions influence the way they react to life situations. Maladaptive assumptions can underlie individuals' thoughts and beliefs and lead to dysfunctional behavior.

Rational Emotive Therapy

Ellis' therapy saw that people may engage in irrational thinking involving absolutes ("I must") or perfection ("I should") or other irrational beliefs leading them to inappropriate feelings.

Reality Therapy

Glasser's reality therapy deals with facing reality and taking responsibility for one's own needs. It helps the client to fulfill needs for love and belonging and to learn better ways to fulfill their needs.

Positive Psychology

Positive psychology concentrates on the positive side of persons instead of the negative. It is like humanistic psychology in that positive psychology is focused on human strengths and optimal functioning rather than pathology. Its concern is with processes that contribute to the flourishing or optimal functioning of people, groups, and institutions. It focuses on what is going right, rather than what is going wrong with people.

Positive Emotions

Positive emotions include contentment and satisfaction experienced in the past, current feelings like happiness, flow, and sensual pleasures, as well as optimistic and hopeful emotions in anticipation of the future.

Flow

Csikszentmihalyi described flow as the positive effect of becoming so engaged in an activity that the participant becomes completely absorbed in the moment. The challenge of the activity exactly matches the skill required of the person.

Positive Traits

Positive traits include abilities we inherit (intellectual and athletic abilities), and strengths or virtues that we develop (moral traits that have to do with character).

Positive Institutions

Influences (e.g., social support) from the environment that cultivate abilities and strengths.

Family Therapy

Family therapy holds that people are best understood through assessing interactions between and among family members. Examples of goals for therapy include reducing stress in family relationships, improving communications among family members, and increasing emotional closeness of family members.

Multimodal Therapy

Multimodal therapy is personalistic and individualistic. Its basic premise is that clients are seen as being troubled by a number of specific problems that need to be treated using a multitude of techniques.

Constructivism

Under constructivism, therapy revolves around helping the client to understand his or her fundamental assumptions and how they came about. The goal of therapy is to alter these assumptions.

Feminist Therapies

Feminist therapies focus on understanding gender as both a cause and a consequence of women's experiences in a male-dominated culture.

Multicultural Perspective

This perspective centers around the importance of therapists being aware of themselves and their clients having been affected by multicultural factors such as gender, class, ethnicity, race, and sexual orientation.

Ecological Systems Perspective

The ecological systems perspective developed out of family systems theories that asserted individuals cannot be considered apart from their family relationship system. It enlarges on this notion by extending into larger social systems.

Chapter 2: The Recreational Therapy Process: Applying Theory to Practice

Humanistic Perspective

This humanistic perspective recognized the uniqueness of human beings to be self-directed, to make wise choices, and to develop themselves or realize their potential or to become self -actualized. It takes a holistic view of the person, follows a developmental model rather than a medical model, and values a strength-based approach to health enhancement.

Positive Psychology

Positive psychology concentrates on the positive side of persons instead of the negative. It is like humanistic psychology in that positive psychology is focused on human strengths and optimal functioning rather than pathology. It promotes the provision of positive environments to promote change.

High-Level Wellness

Championed by Dunn and Ardell, high-level wellness is gained when we exist in a "very favorable environment" and enjoy "peak wellness." The client may achieve high-level wellness when we make the individual's environment as conductive to growth as possible.

Holistic Medicine

Holistic medicine treats the person, not the disease. It is concerned with the "whole person," encompassing all aspects of the person.

Stabilizing Tendency

The stabilizing tendency is directed toward maintaining the "steady state" of the organism. It is the motivational tendency moving persons to counter excess stress (i.e., distress) to maintain their levels of health. When faced with excessive stress, persons engage in adaptive behaviors to regain their sense of equilibrium. They attempt either to remove themselves from the stress or to minimize the effects of the stressor. The stabilizing tendency is responsible for persons adapting to keep the level of stress in a manageable range to protect themselves from possible biophysical or psychosocial harm.

Actualizing Tendency

The actualizing tendency is a growth-enhancing force. The actualizing tendency is the motivational force behind achieving optimal health.

Recreational Therapy Process

The systematic recreational therapy process has traditionally been portrayed as involving four phases: assessment, planning, implementation, and evaluation. This process is commonly known by the acronym APIE drawn from the beginning letters of each phase and is often referred to as the "APIE process" (pronounced a-pie). It is used by recreational therapists everywhere as an organizing framework for providing, individualized, contextualized, and prioritized person-centered care.

Assessment Phase (in the RT Process)

Assessment is the first phase in the RT process. A sound assessment identifies the client's health status, environment, needs, and strengths, as well as preferences. The assessment directs the planning phase by developing pertinent data about the client.

Strengths Assessment

Client strengths are identified during the assessment phase. Strengths include a multitude of characteristics (e.g., persistence, determination, creativity, interpersonal skills, prior life successes), as well as social support (e.g., social networks, environmental resources) and recreational abilities (e.g., skills possessed in recreational activities).

Planning Phase (of the RT Process)

During this phase, priorities are set; goals are formulated; objectives are developed; programs, strategies, and approaches are specified; and means of evaluation are determined. When this phase has been completed, the recreational therapist and client have a personalized RT intervention plan to meet the individual client's needs. The intervention plan serves as a "blueprint for action."

Implementation Phase (of the RT Process)

The implementation phase is the action phase of the RT process. Implementation involves the recre-

ational therapist and client executing the client's intervention plan. A large number of facilitation techniques (e.g., adventure therapy, animal-assisted therapy, yoga, physical activities) are available to be used as interventions to facilitate change.

Evaluation Phase (of the RT Process)

Evaluation procedures assess progress toward obtaining stated client goals. The primary question to answer in the evaluation phase is, how did the client respond to the planned interventions?

Clinical Reasoning

RT assessment involves more than data gathering. A critical element in doing assessment is to scrutinize the information collected by means of clinical reasoning to arrive at clinical judgments, or diagnosis, that serve as the basis for action.

Social determinants of health (SDH)

SDH are conditions in which people are born, grow, work, live, and age, and the set of forces and systems shaping the conditions of daily life. Examples of nonmedical factors that may affect health include socioeconomic status, income security, education, employment, poverty, neighborhood characteristics, physical environments, stressful circumstances, food access, and social support networks.

Naturalistic Observations

Naturalistic observations are made by recreational therapists in unstructured recreational settings (e.g., unstructured recreation by adults in a lounge or children in free play on a playground) where the natural environment is not manipulated or changed.

Specific Goal Observations

Specific goal observations occur in structured situations where the observer sets predetermined goals for the observation. For example, the therapist may observe the level of cooperation the client displays in a co-recreational game situation or how the client responds to frustration in an athletic contest.

Time-interval Observations

In time-interval observations the recreational therapist observes these clients and records the frequency of client behaviors for predetermined times (e.g., 15 minutes, 30 minutes, or any period of the day). For example, the recreational therapist could record the number of aggressive acts occurring during a 1-hour period.

Standardized Observations (Standardized Instruments)

Standardized instruments may be criterion-referenced (measure achievement toward an established standard) or norm-referenced (to measure how the client performs in relation to others who are similar).

Reliability

Reliability deals with whether an instrument produces consistent results over time.

Validity

Validity answers the question of whether the instrument tests what it sets out to assess or its results are an accurate representation of what is being assessed. The instrument measures what it sets out to measure.

Patient-Reported Outcome Measures (PROMs)

PROMs are standardized questionnaires that clients complete to record a numerical score of their views of what they can do and what they feel. Some PROMs provide the client's perceptions of their general health, while others are disease or condition specific.

Open-Ended Questions

Open-ended questions are used to begin conversations. A general open-ended question is, tell me about yourself?

Secondary Sources (of Assessment Information)

Secondary sources are sources of information not obtained directly from the client and may provide valuable information for the recreational therapist completing client assessments. Secondary sources include family members and friends, client medical records, social histories, progress notes, interdisciplinary teams, and visiting the client's home and community.

Subjective Data

Subjective data is data gained from the client.

Objective Data

Objective data is data gained from sources other than the client.

Maslow's Needs Hierarchy

Maslow's Hierarchy contains five basic needs. At the bottom are physiological needs (thirst, hunger, etc.). Then come safety needs (physical and psychological security, protection from threat of danger, freedom from fear). The third level includes social needs (needs for belongingness and love). Next come self-esteem or ego needs (for self-respect, status, recognition). At the top of the hierarchy is the need for self-actualization.

Objectives

Objectives are developed to specify client behaviors related to reaching goals. Objectives enable clients to achieve goals and consequently are sometimes referred to as enabling objectives.

Three Characteristics of a Useful Objective

1. Performance. It describes what the client is expected to be able to do.
2. Condition. It describes the conditions under which the performance is expected to occur.
3. Criterion. It describes the level of competence that must be reach or surpassed.

SMART Objectives

SMART objectives are Specific, Measurable, Attainable, Relevant, and Time lined.

Evidence-Based Practice (EBP)

EBP as a problem-solving approach to clinical practice that integrates the conscientious use of best evidence in combination with a clinician's expertise and patient preferences and values in making decisions about patient care.

Activity Analysis

Activity analysis is the process of systematically appraising what behaviors and skills are required for participation in a specific activity.

Task Analysis

Task analysis is related to activity analysis, but it is not the same. In task analysis, the recreational therapist breaks down the activity skill into separate parts to provide a description of the sequence in which skills and responses occur to complete the task successfully.

International Classification of Functioning, Disability, and Health (ICF)

The WHO developed the ICF to create a new perspective for conceptualizing the health of persons with disabilities. Instead of having an emphasis on the person's disability, the ICF system is focused on the individual's level of functioning as an indicator of health. From the ICF perspective, functioning is the result of the interplay of body functions (physiological or psychological) and body structures (i.e., anatomical parts such as organs or limbs), as well as activities (i.e., executing a task or action) and participation (i.e., involvement in a life situation). The ICF also accounts for environmental barriers and facilitators that impact the person's functioning and for personal factors.

RT Individualized Intervention Plan (IIP)

The IIP is a written document stating the client's strengths and a needs list from which goals are determined (with specific objectives specified for each goal). The program of interventions to reach the goals is stipulated along with a plan for evaluation.

Master Treatment Plan or Interdisciplinary Treatment Plan (Care Plan or Intervention Plan)

Most clinical settings have a comprehensive interdisciplinary plan to manage the care of each client.

Goals

Goals, or general objectives, reflect sought outcomes that are directed toward satisfaction of the client's needs. Therefore, they are stated in terms of the client's behavior and describe proposed changes in the individual in broad terms.

Discharge Planning

Discharge planning involves making plans for the transition of clients being released from the care of an agency, rehabilitation center, hospital, or institution. Recreational therapy should play a role in discharge planning.

Theory

Theory provides the basis for practice. Theories embraced by members of a discipline reflect the assumptions and values held by its members and define the profession's nature and the purpose of its practice. Theory provides the lens through which practice is viewed.

Philosophy

Philosophy represents the beliefs on which theory rests. Our professional philosophies are made up of the values we hold and our beliefs about human nature.

Conceptual Models

Conceptual models serve a dual role of (a) addressing the central phenomena that define a discipline and (b) offer theories reflective of them to guide practice. Conceptual models traditionally provide diagrams to represent them.

Leisure Ability Model

According to Stumbo and Peterson, the purpose of the Leisure Ability Model is to enable persons with limitations to develop "a satisfying leisure lifestyle, the independent functioning of the client in leisure experiences and activities of his or her choice." The model has three components: functional intervention, leisure education, and recreation participation.

The Health Promotion/ Health Protection Model

The overall mission of the model is to help people to enjoy the highest levels of health possible for them as individuals. The mission has two purposes. One purpose is health protection. Health protection is meeting threats to health by helping people to return to a steady state or regain their equilibrium following illness or disability. It also involves assisting persons with chronic illnesses and long-term disabilities to adaptively cope with their conditions to maintain their health to the highest level possible. The second purpose is health promotion. In health promotion people are helped to enjoy high-level wellness or the highest level of health the person can achieve.

The Therapeutic Recreation Service Delivery Model

Describes the scope of services that range along a continuum that begins with diagnosis/needs assessment and is followed by treatment/rehabilitation, education, and finally, prevention/health promotion.

The Therapeutic Recreation Outcome Model

Involves the relationship between the client's quality of life and his or her health status and functional abilities. The client's quality of life is enhanced as symptoms decrease, health improves, and functional capacity increases.

Optimizing Lifelong Health Through Therapeutic Recreation Model (OLH-TR)

The purpose of the model is to enhance health and well-being and minimize the effects of illness and disability across the life span.

Leisure and Well-Being Model

Deals with assisting persons who are experiencing difficulties in adjusting and adapting to disability and other limiting conditions. The model's focus is on both developing individual capacities, as well as taking an ecological perspective in developing contexts and resources that are outside of the individual.

The Flourishing Through Leisure Model

The Flourishing Through Leisure Model is grounded in an ecological approach and a social model of disability. It extends the Leisure and Well-Being Model by taking an ecological perspective to equally include environmental approaches with those that focus on the individual. The purpose of the model is to help clients to achieve a flourishing life and well-being in enriched environments.

Self-Determination and Enjoyment Enhancement Model

The purpose of this model is to bring about increases in self-determination and enjoyment so that clients with disabilities may improve their functional capabilities. The basic premise behind the model is that people with disabilities often do not possess opportunities to develop and use self-determination, that they have a need to feel in control of their lives, and that self-determination is facilitated by enjoyment.

Chapter 3: Evidence-Based Practice

Evidence-based practice

Evidence-based practice (EBP) is a problem-solving approach to clinical practice that integrates the conscientious use of best evidence in combination with a clinician's expertise and client preferences and values in making decisions about patient care.

Best available evidence

Typically, the best evidence is the most recent, highest-quality, theory-based research available in peer-reviewed journals. Other types of evidence (e.g., clinical practice guidelines, expert opinion, research reviewed in textbooks) may prove to be helpful when high-quality research evidence is not available.

Research

Research is defined as a systematic and well-planned process that allows the researcher to gather information about a phenomenon, such as a clinical intervention.

Clinical expertise

The clinician's knowledge and skills, including critical thinking and competency to conduct the activity intervention, constitute the clinician's clinical expertise. Better educated and more seasoned clinicians typically have the highest levels of clinical expertise.

Client preferences

Even the best-quality research may not apply to a given client. Individual clients have unique needs and responses to treatment, as well as individual desires, values, and circumstances. The preferences of the family may also need to be considered. Of course, in honoring the client's preferences, decisions require close collaboration with the client.

Facilitation techniques

Facilitation techniques are those activities that are used as interventions to help clients to reach therapeutic outcomes.

Three-legged stool of EBP

The three legs or pillars of EBP" are listed as: (1) examining the best available evidence available in peer-reviewed journals in which the articles have been through a process in which other scholars (peers) critically assess the merits of the articles, (2) relying on clinical expertise, and (3) considering the client's characteristics, culture, and preferences. All three are necessary for the tree-legged stool in that if you remove one leg, the stool will not remain standing.

Peer-reviewed

In all peer reviewed journals, every article has been reviewed by qualified scholars before it is published.

Clinical decisions

Clinical decisions involve a complex process involving information processing, evaluation of evidence, and application of relevant knowledge to select the appropriate interventions that provide high-quality care and reduce risk of client harm.

The "Quadruple Aim" in healthcare

EBP may be seen as being beneficial for everyone, from clinicians and clients to employers and insurers, because it has been recognized as a primary factor in meeting what has been termed "the Quadruple Aim" in healthcare. These are:

- Enhanced client or patient experiences
- Better healthcare outcomes
- Reducing the costs of healthcare
- Enhanced well-being of healthcare professionals

Seven steps of evidence-based practice

- Cultivate a spirit of inquiry within an EBP culture and environment
- Formulate the burning clinical question in PICOT format
- Search for the best evidence
- Critically appraise the evidence
- Integrate the best evidence with one's clinical expertise and patient preferences and values in making a practice decision or change
- Evaluate outcomes of the practice decision or change based on evidence
- Disseminate the outcomes of the decision or change

PICOT format

- **P**: Patient population of interest
- **I**: Intervention or area of interest
- **C**: Comparison intervention or group
- **O**: Outcome
- **T**: Time (if relevant)

Databases

Databases are useful for finding and accessing articles in academic journals. Examples are PubMed, PsycINFO, and Google Scholar.

Nonresearch evidence

Nonresearch evidence includes sources such as clinical practice guidelines, opinions of internal and external experts, position statements from professional organizations, patient and staff surveys and satisfaction data, organizational experience (e.g., quality improvement data), regulatory, safety, or risk-management data, expertise, experience, and values of individual practitioners, patients, and patients' families, unpublished studies such as conference proceedings, colleagues who may have had the same question and will share evidence they have founds, and recommendations found in textbooks based on the assessment of available evidence.

Translational research

Translational research transforms scientific discoveries into clinical applications.

Chapter 4: Facilitation Techniques

Deep Breathing (Diaphragmatic Breathing)

Learning to breathe deeply and slowly in contrast to shallow and irregular breathing. Used as a relaxation technique.

Progressive Relaxation Training

A stress reduction intervention consisting of systematically tensing and relaxing various muscle groups.

Autogenic Training

Autogenic training is a form of self-regulation in which the trainee concentrates on certain physiological functions normally regulated by the automatic nervous system in order to teach their bodies to respond to verbal commands to achieve deep relaxation and reduce stress.

Guided Imagery

Guided imagery involves another person suggesting images that can affect us physiologically to bring about relaxation.

Biofeedback

Biofeedback training is a means for a client to gain awareness of and control over physiological functions to increase relaxation and manage stress.

Mindfulness Meditation

Mindfulness meditation has been described as a moment-to-moment awareness of one's experience without judgment. It is being aware of one's moment-to-moment awareness without passing judgment so the person is not caught up in ruminating on any particular stimulus.

Yoga

Yoga is a mind-body practice composed of physical postures that focus on different parts of the body, breathing techniques, and meditation.

Tai Chi

Tai chi uses slow, smooth, graceful, flowing, and continuous motions that resemble a fluent dance.

Qigong

Qigong is a branch of traditional Chinese medicine that uses a system of simple, slow, gentle, and rhythmical exercises, breathing techniques, and meditation to stimulate the flow of energy from one area of the body to another.

Benson Technique

Developed by Dr. Herbert Benson, the Benson Technique follows a six-step process to bring about a relaxation response to counteract the physiological effects of stress on the body.

Self-Massage

In self-massage the individual learns to massage him- or herself to bring about relief from tension.

Physical Activity and Stress Reduction

Termed "nature's tranquilizer," almost any type of physical activity (e.g., walking, jogging, swimming) can act as a stress reliever.

Physical Activity

Physical activity is any body movement produced by the skeletal muscles that results in increased metabolic rate over resting energy expenditure.

Exergaming

A relatively new form of exercise in which participants take part in innovative, interactive exergames (aka active video games) that combine exercise and video games. In exergames, players generate a large number of motions, just as they would in real-life actions in playing games such as bowling, baseball, tennis, and golf.

Exercise

Exercise is a subset of physical activity in which movements are performed repeatedly over an extended period with a specific external objective (e.g., improve fitness).

Pilates

Developed by Joseph H. Pilates, Pilates is a system of low-impact exercises designed to place little stress on the body while building a strong "core," the center of the body including abdominal and back muscles.

Stretching

Stretching is a means to loosen up muscles and eliminate muscle tension. Stretching is commonly employed with older adults and clients in rehabilitation programs.

Aquatic Therapy

Aquatic therapy uses the environment of water to reach treatment and rehabilitation goals.

Adaptive Sports

Adaptive sports refer simply to any modification of a given sport or recreation activity to accommodate the varying ability levels of an individual with a disability or sports where the rules and/or equipment have been adapted to accommodate people with physical differences or impairments.

Scuba Diving

Scuba diving (or Self-Contained Underwater Breathing Apparatus diving) has increasing interest among the therapeutic community. However, researchers have only begun to identify its therapeutic effects.

Leisure Education

The term leisure education today is commonly used to encompass all educational enterprises, including leisure counseling, that involve learning about leisure-related information, values, attitudes, and skills.

Values Clarification

Values clarification assists individuals to explore their values and decision making regarding their values so they may explore important beliefs and principles by which they live their lives.

Bibliotherapy

Bibliotherapy uses reading materials such as novels, plays, short stories, booklets, and pamphlets to help clients become aware that others share problems similar to them and to help them to bring about insights.

Cinematherapy

Also termed cinema therapy, movie therapy, and video work, cinematherapy has the purpose of clients and therapists discussing themes and characters in films that relate to issues of ongoing therapy.

Horticulture Therapy

Horticulture therapy involves the use of plants, gardening, and nature as vehicles in therapy and rehabilitation programs.

Therapeutic Community

Therapeutic communities are democratic, homelife communities used in psychiatric facilities and nursing homes based on the concept that the entire social milieu may be used as an intervention.

Humor and Laughter

Humor is a stimulus. Laughter is a physiological event. Laughter results from humor, which develops

out of incongruity. Things that appear funny are generally unexpected, ambiguous, inappropriate, or illogical.

Laughter Yoga

Laughter yoga is a relaxation technique that combines laughter exercises with yoga breathing and stretching. It is based on the idea that if people go through the motions of laughing, real laughter will follow.

Aromatherapy

Aromatherapy is the art and science of using plant oils (termed "essential oils") in treatment.

Adventure Therapy

Adventure therapy uses experiential learning activities in the outdoors such as grounds initiatives as well as low and high ropes courses The experiences during activities serve as vehicles for learning as participants reflect upon their experiences during group processing facilitated by the therapist.

Nature Therapy

Nature therapy, also known as ecotherapy, is an emerging area of practice which uses nature-based activities to allow people to have a connection with nature from which they receive health enhancement, particularly for their mental health.

Assertiveness Training

Assertiveness training helps people to become more assertive in social relationships. Sticking up for themselves reportedly makes people feel better about themselves, thus increasing self-esteem.

Social Skills Training (SST)

Many RT clients have deficits in social skills so they need to learn socially accepted behaviors that allow them to have effective interactions with others. SST involves the teaching of social skills through a planned and systematic method.

Cognitive Rehabilitation

Cognitive rehabilitation is an approach employed to help clients with acquired brain injury to assist them to restore functioning or compensate for cognitive disabilities.

Community Reintegration

Community reintegration (sometimes referred to as community integration) programs assist people with disabilities or illnesses to integrate into their communities by building skills to build social networks and become engaged in their communities (in their personal homes, groups homes, halfway houses, or long-term care facilities).

Animal-Assisted Therapy

Animal-assisted therapy is a goal-directed intervention that uses the animal-human bond.

Animal-Facilitated Therapy

Animal-facilitated therapy is not directed toward meeting specific treatment objectives. Programs involve animals but are casual and spontaneous without a focus on treatment goals.

Equine-Assisted Therapy

Equine-assisted therapy (EAT) involves the utilization of horses by professionals to reach therapeutic goals that allow clients to meet their individual needs.

Videogames

The term videogames refer to electronic/digital games played on personal computers, home consoles (e.g., Microsoft Xbox, Sony Playstation, Nintendo Wii), tablets (e.g, iPads), mobile devices (e.g., smart phones, handhelds like Nintendo 3DS) and the world wide web (e.g., via Facebook or other websites).

Virtual Reality (VR)

Virtual reality is a computer-generated real or imagined 3-D environment which enables users to experience the sensation of being present in real-life situations with which the participants can interact in a seemingly realistic way.

Robotic Therapy

In robotic therapy, social robots (or socially assistive robots) are designed to seem lifelike with human-like features that mimic human mental states and actions to elicit emotional connections by interacting with humans verbally, tactilely, and by initiating social interactions. A commonly used social robot is a cuddly baby harp seal-like animal robot named PARO.

Creative Arts

Creative arts include modalities such as music listening, writing therapy, journaling, knitting, poetry, storytelling, drawing, sculpting, painting, and even coloring in adult coloring books for creative expression.

Psychodrama

Psychodrama is a form of psychiatric treatment (that involves specialized training) from which recreational therapists can draw upon aspects such as role-playing.

Multisensory Stimulation (MSEs)

MSEs (popularly known as Snoezelen Rooms) are artificially engineered environments composed of multisensory equipment specifically engineered to establish a specified mood in the room where activities and sensory experiences take place.

Intergenerational Programs (IGP)

IGP bring together older adults with youth in socially engaging activities that provide opportunities for facilitating the transfer and exchange of skills, knowledge, and abilities that foster positive relationships and bring mutual benefits to both older people and children.

Cognitive Stimulation Therapy (CST)

Cognitive Stimulation Therapy has taken the place of reality orientation (RO) for dementia that came under fire for being applied in a rigid, demeaning, confrontational, and impersonal manner that was insensitive to the needs of individuals. The approach of CST is sensitive, respectful, and person-centered that involves a wide range of enjoyable activities with the aim of stimulating thinking and memory.

Validation Therapy

Developed by Naomi Feil in the 1970s from her work with Alzheimer's-type dementia, validation therapy attempts to "validate" the feelings and needs underlying clients' perceptions, instead of constantly correcting them as had reality orientation. The basic premise for validation therapy is that there is a sense of reality or logic that underlies the behavior of even the most disoriented individuals.

Remotivation Therapy

Remotivation therapy is a small group approach used largely with elderly clients that employs a structured five-step approach in group meetings to help them by promoting self-esteem, awareness, and socialization by focusing on the clients' abilities rather than on their limitations.

Sensory Training

Sensory training attempts to maintain and improve the functioning of regressed patients through a program of stimulus bombardment directed at all five senses.

Reminiscence Therapy

Reminiscence therapy is typically conducted in small groups that meet at least once a week, in which participants are encouraged to recall and talk about past positive or happy events in their lives.

Chapter 5: Helping Others

The Helping Relationship

Helping is not about resolving problems or handling crises for the client. The helping relationship is a therapeutic relationship. It is an egalitarian relationship between therapists and clients in which the full participation of clients is encouraged.

Self-Awareness

Self-awareness has been identified as a highly rated competency for recreational therapists and has been terms to be compulsory in caring professions. When people are self-aware, they are conscious of their thoughts, feelings, beliefs, attitudes, and behaviors.

Self-Concept

Self-concept comprises all of the information, perceptions, beliefs, and attitudes we have about ourselves.

Physiological Needs

Physiological needs are those needs basic for survival (e.g., food, water, sleep, sex).

Safety Needs

Safety needs deal with being physically and psychologically safe.

Social Needs

Social needs are our needs for love and belonging.

Self-Esteem

Self-esteem involves our feelings of value and worth as a person.

Self-Actualization

Our highest need is for self-actualization or the need to move us toward reaching our highest potentials.

Values

Values represent our core beliefs that influence how we act in both our personal and professional lives.

Value-Free Professional

Once professionals were supposedly not allowed to hold values. This myth has ended as professionals today are seen to hold personal and professional values.

Professional Ethics

Professional ethics comprise a system of principles of behavior that govern professional conduct in terms of right and wrong in performing professional responsibilities. Professions, like recreational therapy, have written codes of professional ethics.

Beneficence

Beneficence is an ethical principle of professionals being obligated to employ high standards that maximize benefits to clients and to protect the well-being and interests of clients.

Nonmaleficence

Nonmaleficence is an ethical principle dealing with the obligation not to harm others or to "do no harm."

Client Autonomy

The ethical principle of client autonomy is allowing clients the right to be self-governing or being free to make choices that direct the courses of their lives.

Justice

The principle of justice directs professionals that clients should receive service without regard to client values, disposition, race, color, gender, age, sexual orientation, disability/disease, or social or financial status.

Fidelity

The ethical principle of fidelity deals with the concept of faithfulness and the practice of keeping promises.

Veracity

The term veracity relates to the practice of telling the truth.

Informed Consent

Informed consent involves the right of clients to be informed about their therapy to make autonomous decisions pertaining to it.

Privacy

Privacy is a fundamental right of individuals to control information or secrets that are not disclosed to others.

Confidentiality

Confidentiality requires nondisclosure of private or secret information about a client.

Social-Sexual Relations

Sexual relations between therapists and clients are seen to be unethical behaviors. The therapist should not exceed the bounds of the role of "professional friend" in a helping relationship.

Therapeutic Relationship

A therapeutic relationship means a trusting connection and rapport has been established between the client and therapist. The therapeutic relationship may be perceived to be at the heart of the practice of recreational therapy.

Culture

Culture refers to the values and beliefs shared by a group of people. Each person is influenced by values and understandings gained from his or her culture.

Diversity

Diversity is typically represented by different races, classes, ethnicities, affectional orientations, and so on.

Cultural Competence

Cultural competence in healthcare providers describes the ability to provide care to clients with diverse values, beliefs, and behaviors, including tailoring health care delivery to meet the client's social, cultural, and linguistic needs.

Multiculturalism

Multiculturalism promotes the value of diversity. Although being an integral and recognizable part of the whole, diverse members of society can maintain their identities while residing in the mainstream of society.

Sexual Orientation

Sexual orientation was at one time used to refer to persons who were gay or lesbian. Today the often-employed acronym is LGBTQIA+ referring to the lesbian, gay, bisexual, trans, queer/questioning, and others.

Burnout

Burnout describes the emotional and physical exhaustion experienced by professional working in healthcare that results from prolonged mental stress of the job. At its extreme, burnout can produce feelings of hopelessness, helplessness, and depression.

Chapter 6: Therapeutic Communications Skills

Communication Skills

Communication skills are abilities used to achieve a common or shared understanding using verbal and nonverbal means.

Therapeutic Communication

Therapeutic communication is defined as a dynamic interaction process consisting of words and actions and entered into by clinician and client for the purpose of achieving identified health-related goals.

Five Elements in Communication Process

- Communicator – who
- Message – says what
- Medium – in what way
- Receiver – to whom
- Feedback – with what effect

KISS

KISS stands for "Keep it Short and Simple."

KIP

KIP stands for "Keep it Positive."

Mental Set

A mental set is a frame of reference resulting from previous experiences that may bring about unintentional distortions in communications. Pitfalls might include stereotypes, fixed beliefs, negative attitude, lack of interest, or lack of facts.

Effective Listening

Effective listening is sometimes referred to as empathetic listening because the listener is not judgmental or critical while attempting to gain an empathetic understanding of the client's thoughts and feelings.

Minimal Verbal Responses

Minimal verbal responses are verbal cues such as "mmmm," "yes." "I see," and "uh-huh." Their purpose is to indicate interest without disturbing the client's communication.

Paraphrasing

Rephrasing the content of the message in slightly different words.

Checking Out

A verbal technique to confirm or correct perceptions or understandings. It is used to clear up confusion about perceptions about the client's behavior or to try out a hunch.

Clarifying

Admitting to the client that the therapist is confused about what was said and wishes to clarify.

Reflecting (on feelings)

Rephrasing the affective part of a client's message with the purpose of helping the client to understand his or her own feelings.

Interpreting

In interpreting something is added to the statement of the client to help the client understand his or her underlying feelings.

Confronting

Without being accusatory or judgmental, the confronting response challenges clients to examine discrepancies between what they say and their actions.

Informing

Conveying objective information to the client to inform but not advise him or her.

Summarizing

To bring together and condense important elements after a length of time. Often used to draw a session to a close.

Self-Disclosing

Self-disclosing is sharing personal information with the client about the helper's experiences, attitudes, or feelings with the intent of sharing with the client experiences, attitudes, or feelings like what the client has faced.

Focusing

Focusing allows priorities to be formed by asking the client what issues are most important and which he or she wants to focus on first.

Making Observations

Statements by the therapist on which he or she observes or perceives.

Suggesting

This is not telling the client what to do but encouraging the client to consider alternatives.

Closed Questions

Closed questions may be answered "yes" or "no" or with factual information.

Silence

Natural pauses are common in any interaction, but the therapist may use the conscious use of silence to encourage self-reflection or self-exploration on the part of the client. It gives the client an opportunity to think about what he or she said. The therapist can also use silence as a time to collect his or her own thoughts.

Facilitative Questions and Statements

Facilitative questions and statements provide open-ended questions or broad openings to encourage clients to discuss their thoughts, feelings, and experiences.

Nonverbal Communications

Nonverbal communications are messages that pass between a sender and receiver that do not rely on the spoken word (e.g., voice tone or volume, rate of speech, body movement, eye contact, facial expression, hand gestures touch).

Chapter 7: Being a Leader: Group Leadership Skills

Leadership

Leadership is a process of influence toward the attainment of a goal.

Autocratic Leadership

This leader makes all decisions and expects others to be obedient.

Democratic Leadership

Democratic leadership is shared leadership by involving others in decision making.

Laissez-Faire Leadership

The leader uses minimum control, so participants take on responsibility for decision making.

Overjustification Effect

An overjustification effect may occur when extrinsic rewards are continually given for intrinsic behaviors, changing a person's motivation from internal to external.

Controller Role in Groups

The controller exercises a high level of control over clients, making all decisions for the group.

Director Role in Groups

The director holds most of the power and leads the activities of the group but allows clients some latitude in making decisions.

Instigator Role in Groups

The instigator incites action on the part of the group and then withdraws.

Stimulator Role in Groups

The stimulator begins activities by stimulating interest on the part of those in the group and helps maintain interest.

Educator Role in Groups

The educator instructs clients in activities and social skills.

Advisor Role in Groups

The advisor provides counseling and guidance to group members.

Observer Role in Groups

The observer provides leadership by his or her presence and evaluates and reacts to client responses.

Enabler Role in Groups

The enabler role fits well into the laissez-faire style, in which the leader simply provides opportunities for participation in activities that clients determine.

Activities

Activities are tools in the toolbox of the leader of RT groups, to be selected and used to advance the goals of a group or of individual members within a group.

Selecting Activities

The RT group leader needs to address the following questions: (1) What is the purpose in using the activity? (2) Is the purpose congruent with the goals of individual members and the goals of the group as a whole? (3) What outcomes can be expected?

Stages of Group Development

- Forming
- Storming
- Norming
- Performing
- (some add Termination)

Task Functions

Task functions in a group promote the work or task of the group.

Social-Emotive Functions

Social-emotive functions have to do with building the group or promoting group development.

Nonfunctional Behaviors (within groups)

Nonfunctional behaviors interfere with the processes of a group.

Modeling

Because observing others can play a large role in shaping behaviors, recreational therapists in leadership roles should be aware of their role in modeling positive behaviors.

Self-Disclosure

If group leaders use self-disclosure, they should keep in mind that it should only be used only when relevant and warranted to benefit group members. It cannot be assumed that it is always good to disclose.

Transference

The process in which a group member displaces thoughts, feelings, and behaviors on the group leader or another group member even though the thoughts, feelings, and behaviors originally stemmed from a relation with another significant figure in the client's life.

Countetransference

Countertransference is the process when the group leader responds to a group member as though the client were someone from the leader's past.

Coleadership

Involves two therapists leading a group. Recreational therapists should become aware of advantages and disadvantages of coleadership.

Phases in Conducting RT Group Activity Programs

- Warm-up Phase (or orientation phase)
- Experience Phase
- Wrap-up Phase (or cooldown phase)

Group Processing

Group processing activity participation with members of groups is a means through which those in the group learn about themselves and their interactions with others, gaining self-awareness that extends beyond the activity into their everyday lives.

Debriefing

Debriefing is a major group processing technique that occurs at the end of the session as group members reflect on their participation.

What? So What? Now What? (Debriefing technique)

What? Group members are asked to review what happened during the group activity with the intent

of raising issues about positive behaviors and those behaviors participants may wish to change.

So What? At this point, participants express what they have learned from the experience.

Now What? The "Now What?" phase provides opportunities to talk about what group members will do with what they have learned because of their participation.

Chapter 8: Specific Leadership Tasks and Concerns

Documentation

Documentation is the process of obtaining, organizing, and conveying client health information in print or electronic format.

Charting

Charting is the concise, accurate, factual, documentation of occurrences and situations pertaining to a particular client. Charting is done in written form or electronically created.

Narrative Charting

Narrative charting provides a chronological account of the interventions performed, the client's responses to the interventions, and the client's status (e.g., changes in the client's condition).

Source-Oriented Charting

Source-oriented charting separates recordings according to source or discipline. Sections of the chart are designated for medical notes, nursing notes, RT or rehabilitation notes, and so on.

Problem-Oriented Records

The problem-oriented record is organized around the client's problems, rather than the source of information.

Database

The database contains information collected during the assessment phase.

SOAP Notes

S stands for subjective data. O stands for objective data. A represents assessment. P is for plan.

Incident Report

An incident report is a tool that documents any event that may or may not have caused injuries to a person or damage to a facility or agency asset. It is used to capture injuries and accidents, near misses, property and equipment damage, health and safety issues, security breaches and workplace misconduct. Recorded should be facts, not opinions. Blame should not be apportioned for the incident.

Transtheoretical Model (TTM)

The TTM is an evidence-based model for understanding the stages that clients pass through: precontemplation, contemplation, preparation, action, and maintenance.

Motivational Interviewing (MI)

MI is based on the notion that clients are often ambivalent about change, and this ambivalence affects their readiness to change their behavior. MI is based on four guiding principles known as the acronym RULE.

RULE Principles

Resist the righting reflex (resist the natural tendency to "fix" the client by imposing solutions).

Understand and explore the client's motivation (help clients to make reason for change their own so are intrinsically motivated for change).

Listen with empathy (use empathetic listening skills).

Empowering the client and encouraging hope and optimism (clients are helped to explore how to make differences in their health and then to understand that their plans are achievable, and they have to ability to bring them about).

Teamwork

Teamwork requires a high level of interdependence and shared responsibility among members who feel accountable to one another and who are committed to working together to achieve a defined purpose.

Advocacy

Advocacy involves a person making a reasoned argument to obtain something form those in power. It is often seen as the process of speaking for or acting in behalf of a person, an idea, a principle, a cause, or a

policy. For example, recreational therapists may advocate for their clients or for their profession.

WHO

World Health Organization

International Classification of Functioning, Disability, and Health (ICF)

The WHO developed the ICF to create a new perspective for conceptualizing the health of persons with disabilities. Instead of having an emphasis on the person's disability, the ICF system is focused on the individual's level of functioning as an indicator of health. From the ICF perspective, functioning is the result of the interplay of body functions (physiological or psychological) and body structures (i.e., anatomical parts such as organs or limbs), as well as activities (i.e., executing a task or action) and participation (i.e., involvement in a life situation). The ICF also accounts for environmental barriers and facilitators that impact the person's functioning and for personal factors.

Quality Improvement (QI)

The QI team uses existing data in a methodical way to evaluate the current system, identify opportunities for improvement, and monitor improvements over time. Thus, the purpose of QI is to improve healthcare outcomes for clients or patients, their families, and clinicians, while at the same time reducing the burden on clinicians. QI takes a proactive approach by seeking processes and systems for improvement. QI offers the opportunity for every unit, including recreational therapy, to improve to bring about better client outcomes.

Quality Assurance (QA)

QA is about seeing that rules and policies of the organization meet the standards required by regulatory accrediting bodies. In short, QA monitors operations to see they are up to the expected levels of quality standards.

Self-Concept

The individual's overall beliefs and knowledge about himself or herself.

Self-Esteem

Self-esteem describes how favorably a person feels about themselves. It is the affective part of self-concept.

Social Comparison

Social comparisons are when people compare themselves to others using upward, lateral, or downward comparisons. This feeds into their self-views.

Self-Handicapping

Self-handicapping is a term to describe actions when people arrange impediments that they can later use to blame for their poor performance (e.g., pulling an "all-nigher" to blame poor performance on an exam on a lack of sleep).

Self-Reported Handicap

The self-reported handicap occurs when there is no inhibiting factor but the individual makes up an excuse to their poor performance (claiming to be chronically ill as an excuse for poor performance).

Learned Helplessness

When humans start to believe that they have no control over what happens to them, they begin to think, feel, and act as if they are helpless. Learned helplessness occurs when an individual continuously faces a negative, uncontrollable situation and stops trying to change their circumstances, even when they can do so. Learned helplessness can lead to negative consequences, such as decreased problems solving, frustration, lowered self-esteem, or depression.

Psychological Reactance

Reactance is the opposite of helplessness. Instead of becoming helpless when facing a situation, persons experience reactance. They don't give up but instead are motivated to gain control over the situation.

Self-Fulfilling Prophecy

The "Pygmalion effect" in which expected behaviors become confirmed due to the actions of the perceiver. In short, "you get what you expect" in terms of others' behaviors because of your own actions toward them.

Loneliness

Loneliness is a distressing psychological feeling that accompanies the perception that an individual's social needs are not being met. It is more closely associated with the quality of relationships, rather than the numbers of relationships.

Social Support

Social support is the perception that persons in the person's social network are supportive of the individual in terms of meeting the individual's needs. When social support exists people feel others care about them and are willing to provide emotional, material, or information aid to them.

Social Facilitation

Social facilitation deals with the presence of others having an enhancing effect (facilitating a behavior) or a deteriorating effect (or an inhibiting effect on behavior) on them.

Yerkes-Dodson Law

The Yerkes-Dodson Law explains the relationship between arousal and performance. It postulates that it takes some arousal to perform a task and performance keeps improving as arousal intensifies but only to a point. If arousal goes beyond that optimal point, the performance deteriorates as arousal gets too high. This particularly occurs when the task being performed is a difficult one.

Social Learning Theory

Social learning theory emphasizes how behaviors are learned through observation. People observe others' behaviors and imitate them if they see them being rewarded or they do not behave in a certain way because they have seen others punished.

Self-Efficacy

Self-efficacy refers to an individual's belief in his or her abilities to execute behaviors necessary to do something. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment. Low self-efficacy can lead people to give little effort or give up quickly if they are not having success.

Attributional Processes

We engage in attributional processes to explain the events that occur in our lives. These attributions (or explanations) have significant psychological consequences. Our reactions to emotional events, our self-regard, our judgments of ourselves and others, and our expectations of the future are all subject to the influences of how we explain events.

Internal Attributions

Making internal attributions places the cause of the event with us. The cause is perceived to be due to our personality, dispositions, abilities, or the amount of effect expended. For example, having done well on an exam, we might attribute our success to internal causes such as our intelligence or our preparation for the exam.

External Attributions

External attributions place the cause with the situation in which the event occurred. For example, if we did poorly on an exam, we might attribute our low performance on the exam items being "ambiguous."

Self-Serving Bias

The tendency to attribute successes to internal causes and to attribute failures to external causes is termed the self-serving bias.

Fundamental Attributional Error

The tendency to overestimate the role of personal dispositions and overlook situational causes is termed the fundamental attributional error. This can occur when therapists blame clients for unfortunate things that happen to them, while ignoring situational causes.

Chapter 9: Clinical Supervision

Clinical Supervision

Clinical supervision is a joint relationship between the supervisor and supervisee to assist the supervisee to develop and improve clinical skills while helping the agency to maintain the integrity of the agency's clinical program.

Strength-Based Clinical Supervision

Strength-based clinical supervision does not dwell on the negative but remains positive, attempting to recognize the supervisee's strengths. It does not ignore weaknesses but uses strengths to overcome weaknesses.

Skills Development Model (of Clinical Supervision)

The skills development model follows a teacher-student relationship as clinical skills are taught to the supervisee (e.g., skills in leading therapy groups, establishing therapeutic relationships, making diagnostic judgments, conceptualizing new cases).

Response-Outcome Expectancy

The response-outcome expectancy deals with the consequence of the act, not the performance of the behavior. In Bandura's illustration, the outcome expectancy for the high jumper might include anticipated applause, social recognition, trophies, and self-satisfaction.

Personal Development Model (of Clinical Supervision)

Here the relationship between the supervisor and supervisee resembles a counselor-client relationship in which the supervisor assists the supervisee to develop insights into himself or herself by examining his or her interpersonal relationship patterns and how he or she affects others. The supervisor also helps new supervisees learn to put the client's needs before their own and to deal with "shocking" subjects (e.g., child abuse, drug use, incest).

Integrative Model (of Clinical Supervision)

This model builds upon the skill development and personal development models and is used with advanced students and experienced therapists. It follows a mutual relationship between the supervisor and supervisee in which they share information about clinical practices and discuss clinical cases to determine strategies. Here the supervisee can control and structure of supervisory session.

Modalities for Clinical Supervision

Two primary modalities are used for conducting clinical supervision, individual and group meetings.

Triadic Supervision

In triadic supervision two supervisees meet with one clinical supervisor.

Informed Consent

It is incumbent upon the supervisor to inform the supervisee of the supervisory relationship arrangement and to gain the supervisees consent. In general, supervisees need to be informed about any aspect of the supervisory relationship that could affect their willingness to participate.

Formative Evaluation

Formative evaluation is the continuous process of giving feedback that facilitates the skill development and professional growth of the supervisee.

Summative Evaluation

This is the formal type of evaluation that provides the supervisee an overall perspective of strengths, limitation, and possible areas for improvement. For a student intern, formal evaluations may occur at midterm and at the conclusion of the internship.

Chapter 10: Psychotropic Drugs and Assistive Devices

Side Effect

A side effect is usually regarded as an undesirable secondary effect which occurs in addition to the desired therapeutic effect of a drug. All medications have the potential to cause secondary, unwanted and/or adverse effects.

Desired Effect

The desired therapeutic effect of a drug.

Psychotropic Drugs

Drugs that have an effect on the psychic function of the client are collectively known as psychotropic drugs. The major classes of psychotropic drugs: antipsychotic, antidepressant, antimania, antianxiety, and stimulants.

Antipsychotic Drugs

Antipsychotic drugs are used in treating psychotic patients. The major reason that antipsychotics are prescribed is to reduce the symptoms of schizophrenia, schizoaffective disorder, and bipolar disorder so that patients can better take care of themselves and function in society.

Chlorpromazine (Thorazine)

The first antipsychotic drug, chlorpromazine (Thorazine), was introduced in 1952. One side effect of Thorazine is that patients who take it become highly sensitive to sunburn.

Tardive Dyskinesia (TD)

TD is having movements you cannot control. It may result from taking antipsychotic medications.

Transfers

Examples of transfers include transferring a client from a bed to a wheelchair or from a wheelchair to a bed.

Assistive Devices

These devices include equipment such as canes, crutches, walkers, and wheelchairs that are used to assist clients in carrying out their activities of daily living. The use of assistive devices allows clients to be as independent as possible.