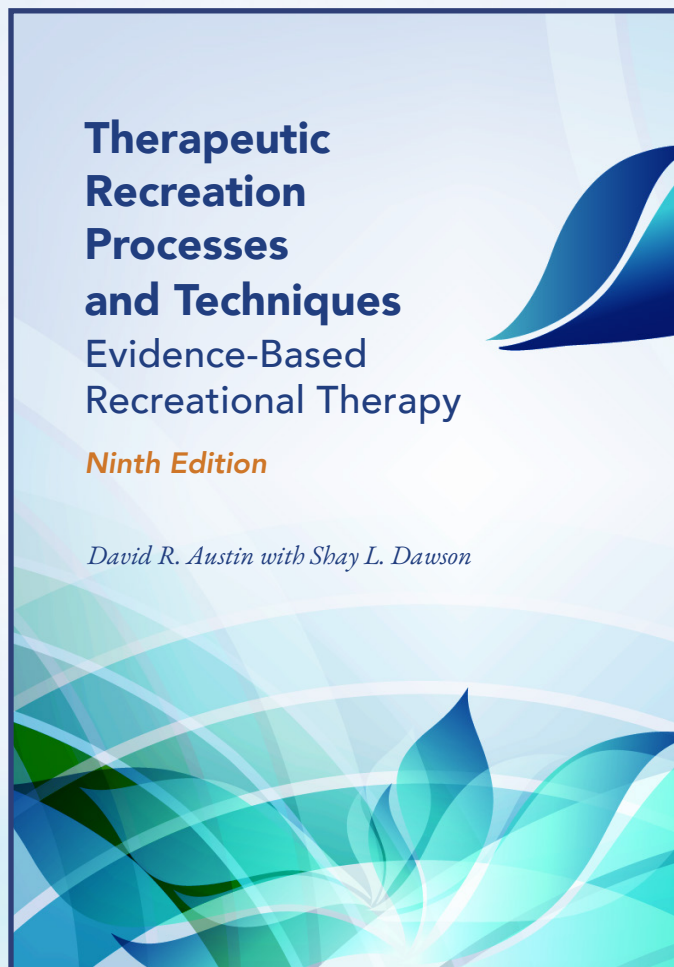


# INSTRUCTOR'S GUIDE



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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-Venture). 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 4, "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.

# 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 1 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 their personal theory of practice, it is likely they have already begun to form beliefs and assumptions that will underlie their 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 major theories of helping are reviewed. These are the psychoanalytic, behavioral, humanistic or growth psychology, cognitive-behavioral, and positive psychology perspectives. Techniques related to each of these five major orientations are outlined, and implications are given for each for practice in recreational therapy.

Following the presentation of major theories is a section on some of the most fully developed approaches to intervention. Included are family therapy, multimodal therapy, and the recovery-orientation. As with the major theories, implications for recreational therapy practice follow the presentation on each of the approaches. Finally, an overview is provided of the perspectives of constructivism, feminist therapies, multicultural, and ecological systems perspectives as additional considerations in the use of the major theories of helping.

As a result of studying this chapter, students should possess a basic understanding of major theories and therapeutic approaches 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. An eclectic approach is often taken by recreational therapists. 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 theories of helping. These are the psychoanalytic approach, the behavioral approach, the humanistic or growth psychology approach, the cognitive-behavioral approach, and the positive psychology approach. Therapeutic interventions resulting from each major theory and implications of each theory for practice in recreational therapy should be understood by those engaged in RT practice.
4. While lacking the notoriety of the major theoretical orientations, also important are the more fully developed therapeutic approaches of family therapy, multimodal therapy, and the recovery-orientation. It is important for professionals in recreational therapy to understand these approaches and implications for practice in RT.
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 the application of any theoretical foundation.

6. It is important that students grasp the various theories and therapies and know implications in applying them with groups.

## Key Terms

Behavioral activation, behavioral therapy, behavior modification, eclectic, 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, positive psychology, family therapy, multimodal therapy, constructivism, feminist therapies, multicultural perspective, ecological systems

## Teaching Difficult Topics

It is likely that instructors will be much better grounded in some theories and therapies than others. An alternative to lecturing on some of the material is to employ videos that deal with the theories or therapies. Another approach would be to 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 would be to invite recreational therapists with expertise with theories or therapies to speak to the class. Finally, one way to help students understand the influence of the major theories of helping on practice is to have them evaluate a case from the view of each of the five major perspectives. Encourage students to 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 under the heading of **Possible Learning Activities**.

## Class Presentations Using PowerPoint Slides

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

*Reviewing PowerPoint slides of Tables in Class.* All tables that appear in Chapter 1 are available so any may be selected and shown in class. Look over the tables that appear in Chapter 1 to see which ones you may wish to discuss in class as PowerPoint slides. Table 1.1, on the five major theories of helping, should be a particularly useful table as it outlines each of the orientations that are discussed within the chapter. Table 1.1 has also been integrated within the set of slides that introduce the chapter (see below).

*Slide on Introduction to Eclecticism.* An author developed slide ("Eclecticism") covers eclecticism or the eclectic approach. Following this slide, instructors may also wish to employ the PowerPoint slide of Table 1.1 ("Five Major Theories of Helping") which presents a synopsis of each of the five major theories of helping. Using the two slides can introduce students to the concepts that RT takes an eclectic approach and that we borrow from the major theories of helping presented in the overview slide of Table 1.1.

*Slides on Freud's Psychoanalytic Approach.* The Psychoanalytic Approach can be reviewed using six author-developed slides. Four offer introductory information on the Psychoanalytic Approach. Slide one is "Freud's Psychoanalytic Approach." Slide two is "Instincts vs. Society." The third slide is "Freud's Balance Model." The final two slides ("Transference" and "Countertransference") cover transference and countertransference. (Added to these slides could be Table 1.2, Freud's stages of Psychosexual Development.)

*Slide on the Cathartic Notion.* This slide displays research that does not support the popular cathartic notion and suggests alternatives to aggression reduction.

*Slide of Erikson's Stages of Psychological Development.* Table 1.3 in Chapter 1 presents Erikson's Stages of Psychological Development. You may wish to compare these to Freud's earlier developed stages of psychological development.

*Slides used to review the Behavioral Approach.* After an introductory slide ("Behaviorism"), slides appear titled "classical conditioning," "operant conditioning," and "positive and negative reinforcement." These slides are followed by a series of slides on types of reinforcement techniques titled "Types of Reinforcement Techniques," and "Types of Reinforcement Techniques Continued." A slide on Behavioral Activation" also is included.

*Slides on Premack Principle and the Response Deprivation Hypothesis.* Slides review these concepts. May discuss how the Response Deprivation Hypothesis adds to the Premack Principle.

*Slides to review Humanistic Psychology.* Following a slide to introduce Humanistic Psychology ("Humanistic Psychology") are slides that cover Person-Centered Therapy (Carl Rogers) and Gestalt Therapy (Fritz Perls).

*Six Conditions for Change* proposed by Rogers appear on Table 1.4 in Chapter 1.

*Concepts for Humanistic Psychology Applied to RT* appear in Table 1.5 in Chapter 1.

*Tenets of the Strengths-Based Approach within Recreational Therapy* appear in Table 6.

*Slides to review Cognitive-Behavioral Approaches.* Following a slide to introduce the Cognitive-Behavioral Approaches ("Cognitive-Behavioral Approaches"), Cognitive-behavioral Therapy, Rational-emotive Therapy, and Reality Therapy, and are covered in three slides.

*Slide "Therapeutic approaches under the Humanistic Model"* lists the Person-Centered Approach and Gestalt Therapy.

*Slide on "Person-Centered Therapy"* lists assumptions of Person-Centered Therapy.

*Slide "Person-Centered Approach in a Nutshell"* summarizes Person-Centered Therapy.

*Slide "Gestalt Therapy"* introduces Gestalt Therapy.

*Slide "Gestalt Therapy Approaches"* provides approaches to Gestalt Therapy.

*Two Slides giving "Implications of Humanistic Approaches for RT"* follow.

*Slide "Cognitive Behavioral Approaches"* introduces cognitive behavioral approaches.

*Three slides follow* describing each of the cognitive-behavioral approaches: "Cognitive-Behavioral Approach," "Reality Therapy," and "Rational-Emotive Therapy."

*Slides to review Positive Psychology.* Five slides introduce key concepts in positive psychology. The first slide in the series is "Three Components or Pillars of Positive Psychology." Slide two describes "Positive Emotions." Slide three presents "Flow – as a Positive Emotion." Slide four describes "Fredrickson's Broaden and Build Theory of Positive Emotion." Slide five is "Positive Strengths and Abilities." Slide six is "Positive Institutions." The seventh is "Similarities Between RT and Positive Psychology").

*Two slides on "Key Takeaways from Major Theories"* provide highlights on each of the major theories.

*Slide listing "Developed Theories"* of Family Therapy, Multimodal therapy, and Recovery-Orientation.

*Slide listing "Related Theoretical Perspectives."*

*Slide listing "Implementation of Theories with Groups"* provides guidelines for implementing theories with groups in practice.

*Slide on Books for Student Enrichment.* On this slide are listed suggested books for student enrichment for students who wish to go beyond the regular assignments.

*Slide listing Related Theoretical Perspectives.* A single slide ("Related Theoretical Perspectives") lists the Related Theoretical Perspectives: Constructivism; Feminist Therapies; Multicultural Perspective, and Ecological Systems.

*Slide on Takeaways from Major Theories.* A good slide to review the major theories covered in the chapter.

*Slide on Implementation of Theories with Groups.* A slide on implementing the theories covered in the chapter. A good way to conclude the chapter.

## 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 positive psychology could be to assign Lesson 17 in *Lessons Learned*: Austin, D. R. (2011). Positive psychology and recreational therapy. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*, Sagamore Publishing, pp. 35-37. Ask the 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 listed under Other Possible Assignments.)

A student assignment related to the humanistic approach and recreational therapy could be to assign Lesson 16 in *Lessons Learned*: Austin, D. R. (2011). Carl Rogers: The grandfather of recreational therapy. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*, Sagamore Publishing, pp. 33-34. Ask the 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 recreational therapy.

A student assignment related to the learnings from the psychoanalytic and behavioral approaches could be to assign Lesson 18 in *Lessons Learned*: Austin, D. R. (2011). Freud and Skinner weren't completely wrong. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*, Sagamore Publishing, pp. 38-39. Ask the students to come to class prepared to point out how theory from the psychoanalytic and behavioral approaches may be applied in recreational therapy.

A student assignment related to the cathartic notion could be to assign Lesson 44 in *Lessons Learned*: Austin, D. R. (2011). Aggression begets aggression. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*, Sagamore Publishing, 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 to assign 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 the 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 to assign the reading: Austin, D. R. (2005). The changing contextualization of therapeutic recreation: A 40-year perspective. *Annual in Therapeutic Recreation*, No. 14, pp. 1-11. Ask the students to come to class ready to (a) agree or disagree with the contention that humanistic psychology has had the most impact on the practice of recreational therapy and (b) agree or disagree that positive psychology will strongly influence recreational therapy practice in the future.

*In class, ask students which theory in Chapter 1 resonates most with them.* The discussion may state the following directions: After learning about various theoretical approaches, ask each student to name the one theoretical approach that resonates most with you as a future therapist. Describe why you are attracted to this theory and the diagnostic setting (PM & R, Behavioral Health, Long- Term Care, Community, etc.) that you as a student could see yourself using the theory in as a future recreational therapist.

*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 that they will be less aggressive. However, as is clear from the information in Chapter 1, social learning theory has shown the cathartic notion does not hold up when scientifically tested. Results show that allowing clients to behave aggressively just makes them more aggressive, not less. Aggression begets aggression. Ask students in class if punching on a heavy bag is a good treatment for aggression. Many will

probably say it will 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 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.

*Assign Students to Read an Article on Behavioral Activation.* Behavioral activation is an important concept for RTs. Assign McCormick, B. P., & Austin, D. R. (2018). Behavioral Activation and Recreational Therapy, *American Journal of Recreation Therapy*, 17(4), 11–18. Ask them to come to class ready to discuss how behavioral activation may be used in recreational therapy.

*Assign Students to Read an Editorial on the Broaden and Build Theory.* Assign Austin, D. R. (2017). Implications of the broaden and build theory for recreational therapy. *American Journal of Recreation Therapy*, 16(1), 6–7. Ask them to write a one-page paper explaining how they would use the broaden and build theory in RT practice.

*Assigning a Paper on One of the Five Major Orientations.* You may wish to assign a two- to five-page paper in which students are asked to write on the topic of 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 a certain orientation was selected by the most students.

*Assigning an Integrative Paper.* An alternative assignment is to have students write a two- to five-page paper in which they state two beliefs or concepts drawn from each of the five major orientations that they think are ones they could apply in the practice of recreational therapy. This assignment will allow the students to examine all the orientations and to better understand how RT is characterized by eclecticism.

*Assign Students to Read an editorial on the recovery-orientation.* Assign Austin, D. R. (2018). The recovery movement: proponents and opponents. *American Journal of Recreation Therapy*, 17(2), 6–7. In class, ask them if the editorial was helpful to their understanding of the recovery-orientation? And in what way?

*Websites.* There are several websites related to the major theories and therapies covered in Chapter 1. An assignment might be to ask students to visit a website and to be ready to discuss in class the most important thing they learned because of their visit.

## Examination Questions (\* indicates 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 recreational therapy practice\*
  - c. with the latest research to support EBP
  - d. with little helpful knowledge because they are so diverse
  
2. The eclectic approach
  - a. is rarely followed in any of the action-orientated therapies such as recreational therapy
  - b. too often emphasizes having “one right answer” to treatment
  - c. utilizes e-health in the practice of RT
  - d. utilizes approaches and techniques drawn from several sources\*



3. Three of the major theories of human behavior discussed in the textbook include all but which of the following:
  - 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?
- id
  - libido
  - ego\*
  - superego
  - 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
- transference
  - countertransference\*
  - sublimation
  - repression
12. Of the following, which is true in behavioral therapy?
- insight is a necessary element in behavior change
  - therapy should focus on behavior change and not attitude change\*
  - the client should determine treatment goals
  - a good working relationship between the client and therapist is critical to bringing about behavioral change
13. Individuals associated with classical conditioning are
- Pavlov and Thorndike\*
  - Pavlov and Adler
  - Thorndike and Skinner
  - Erickson and Skinner
14. Which one of the following is *not* a key concept in behavioral therapy?
- behavior is learned through positive reinforcement
  - present behavior is stressed more than past behavior
  - emphasis is on action and experimenting with new behaviors
  - 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
- extinction
  - modeling
  - chaining
  - shaping\*

16. Behavioral activation
- is supported by high-quality research
  - has been successfully used to treat depression
  - has the goal of increasing positive rewarding activities
  - all of the above\*
  - a and b but not c
17. The founder of person-centered therapy was
- J. B. Watson
  - Rollo May
  - Carl Rogers\*
  - B. F. Skinner
18. Congruence refers to the therapist's
- genuineness\*
  - empathy for clients
  - judgmental attitude
  - positive regard
19. Empathic understanding refers to the therapist's ability to
- accurately diagnose the client's central problem
  - objectively understand the dynamics of a client
  - like and care about the client
  - sense the inner world of the client's subjective experience\*
20. Gestalt therapy encourages clients to
- experience feelings intensely
  - stay in the here and now
  - pay attention to their own nonverbal messages
  - all of the above\*
  - none of the above
21. RET is based on the assumption that human beings are
- innately striving for self-actualization or self-fulfillment in their interactions with others
  - determined strictly by environmental conditions
  - determined by strong unconscious sexual and aggressive drives
  - potentially able to think rationally but have a tendency toward irrational thinking\*
22. The view of human behavior underlying reality therapy is
- that we should take responsibility for our own needs
  - that we have a need to feel loved and to love others
  - that we need to feel worthwhile to ourselves and others
  - all of the above\*
  - none of the above

23. Cognitive-behavioral therapy was first used by Beck with clients with
- major depression\*
  - compulsive behaviors
  - physical disabilities
  - few leisure skills
24. Helping clients become aware of the interrelation of thought, feelings, and behaviors, are
- cognitive-behavioral therapists\*
  - psychoanalytic therapists
  - behavior therapists
  - feminist therapists
25. Which of the following theories 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?
- cognitive-behavioral
  - humanistic psychology\*
  - behavioral
  - psychoanalytic
  - none of the above
26. Which of the following therapies considers (A) activating events, (B) beliefs, and (C) consequences of beliefs?
- rational-emotive therapy\*
  - play therapy
  - behavioral therapy
  - psychoanalytic therapy
  - none of the above
27. The application of family therapy in RT
- has had a long and rich history
  - has been relatively limited\*
  - should be avoided unless there are no other means
  - should be attempted only within a hospital setting
28. With which population would the recovery-orientation have the best fit?
- Clients with serious mental illness\*
  - Residents in long-term care
  - Patients hospitalized with schizophrenia
  - Children in a special recreation program
29. Operating within the framework of social learning theory but transcending behavioral traditions is
- reality therapy
  - multimodal therapy\*
  - existential therapy
  - gestalt therapy

30. Positive psychology has been championed by
- Martin E.P. Seligman\*
  - Johannes H. Schultz
  - Arnold A. Lazarus
  - John B. Watson
31. The emphasis of positive psychology is very much on
- the development of human strengths and potentials\*
  - making the subconscious conscious
  - understanding transactions
  - the cathartic notion
32. Positive psychology builds on
- psychoanalytic traditions
  - behavioral traditions
  - humanistic traditions\*
  - psychodrama traditions
33. The three pillars of positive psychology are
- the id, ego, and superego
  - the child, parent, and adult
  - functional interventions, leisure education, and recreation
  - positive emotions, positive traits, and positive institutions\*
34. Positive psychology views people as
- self-serving and asocial
  - just taking care of their own needs in egotistical ways
  - being social and moral individuals\*
  - primarily reacting to positive reinforcers
35. Having clients to identify at least one enjoyable activity per day that they will engage in over the next week is a technique based on
- mindfulness
  - psychoanalysis
  - behavioral activation\*
  - kinesiotherapy

*Note:* Reading Comprehension Questions appear at the end of the chapter. Author-prepared PowerPoint slides and slides of all tables and figures are available from Sagamore-Venture for instructors who have adopted the book.

## Chapter Overview

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

The chapter begins with a discussion of the humanistic perspective and the concept of high-level wellness. This is followed by a section on the meaning of health and the motivational forces of the stabilizing and actualization tendencies. The place and importance of the recreational therapy process is reviewed with each component being presented. Particular attention is given to completing strengths-based assessment, as is the proper formulation of behavioral objectives in preparing individualized intervention plans. An extensive segment is devoted to activity analysis. An individualized intervention plan is presented that shows readers just how a plan looks.

A section of the chapter focuses on theoretical thinking and the recreational therapy process. Within this discussion the relationship of theory to practice is emphasized. Next is an explanation of how recreational therapy conceptual models (sometimes referred to as practice models) provide theory to direct practice. To illustrate the systematic evaluation of conceptual models, the Health Protection/Health Promotion Model is evaluated. This is followed with a review of the major conceptual models for recreational therapy.

## Critical Concepts

1. Comprehending the humanistic perspective and how it is reflected within recreational therapy is an important understanding for emerging recreational therapists.
2. Similarities between high-level wellness and recreational therapy are highlighted.
3. The motivational forces of the stabilizing and actualizing tendencies are discussed in relationship to health.
4. Recreational therapy is defined, and the importance of the recreational therapy process is emphasized. The four phases in the recreational therapy process help define the field of recreational therapy.
5. The history of the RT process is reviewed and each of the four phases are presented in detail with particular attention given to strengths-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 recreational therapy services. Knowing procedures and techniques of assessment are necessary competencies for emerging recreational therapists. Delineated are many standardized instruments employed in RT. An extensive segment also covers techniques for the assessment of client strengths.
7. The planning phase in the RT process contains a four-step procedure. These steps are (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. It is critical that RTs know the components found in an individualized intervention plan. An individualized intervention plan is presented in the chapter.
11. During the implementation phase, the strategies developed during the planning phase are employed. 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 entire RT process needs to be emphasized.
14. The relationship of theory to recreational therapy practice is established.
15. The foundation for recreational therapy practice rests on conceptual models for recreational therapy.
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. The Health Protection/Health Promotion Model is evaluated using the systematic evaluation process.
19. It is important to recognize that conceptual models provide specific theoretical propositions that guide practice. Specific theoretical propositions drawn from the Health Protection/Health Promotion Model are presented.
20. Ramifications of theory from the Health Protection/Health Promotion Model for practice are outlined.
21. Major conceptual models developed for recreational therapy are presented.

## Key Terms

Humanistic perspective, positive psychology, recreational therapy process, high-level wellness, holistic medicine, stabilizing tendency, actualization tendency, strengths-based approach, Broaden-and-Build Theory of Positive Emotion, illness–wellness continuum, areas of assessment identified in the NCTRC Job Analysis Report, holistic approach, clinical reasoning, cultural competence, social determinants of health, casual observation, skilled observations, naturalistic observation, specific goal observation, standardized instruments, reliability, validity, patient-reported outcome measures (PROMs), strengths, objective data, subjective data, clinical pathways, Maslow's hierarchy of needs, goals, objectives, individualized intervention plan, SMART objectives, evidence-based practice (EBP), activity analysis, task analysis, needs list, strengths list, recreation, leisure, treatment, special recreation, prescriptive activity, health protection, health promotion, recreation, leisure, mission statement, statements of philosophy, protocol, formative evaluation, summative evaluation, referral, discharge summary, theory, philosophy, concepts, conceptual models (aka practice models), Health Protection/Health Promotion Model, interventions, prescriptive activities, health, Therapeutic Recreation Service Delivery Model, Therapeutic Recreation Outcome Model, Optimizing Lifelong Health Through Therapeutic Recreation, Leisure Ability Model, Leisure and Well-Being Model, Flourishing Through Leisure Model, Self-Determination and Enjoyment Enhancement Model

## Teaching Difficult Topics

This is a critical chapter for students preparing to do recreational therapy. The approach of this chapter is to prepare the student to not only understand the premises behind recreational therapy interventions, but to offer means by which students may develop skills in the actual application of the four-step recreational therapy process (aka APIE). 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. Teaching suggestions follow.

## Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. **One set of PowerPoint slides contains all figures and tables that appear within each chapter. The second set of PowerPoint slides are those developed for each chapter by the authors of the textbook.** Class presentations for the use of both the tables and figures and the author-developed slides are suggested in this Instructor's Guide.

*As an instructor, it is a good idea to review the PowerPoint Slides of Tables and Figures found in Chapter 2.* Tables and figures found in the chapter are available on the PowerPoint slides supplied instructors by Sagamore-Venture. These are often great aids to instruction. Especially helpful to instructors may be the figures displaying the Health Protection/Health Promotion Model and the RT Process. Look these tables and figures over to see which you may wish to review in class. Be aware that some tables and figures may be used in the author prepared slide shows suggested below.

*Author-produced slides introducing recreational therapy.* Slide 1 is an introductory slide to the chapter. Slide 2 ("Following in the footsteps of Rogers and Maslow") introduces the idea that RT takes a humanistic perspective originated by Rogers and Maslow 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. Slide 3 ("RT takes a strength-based approach that comes out of the humanistic perspective") indicates RTs follow Rogers and Maslow's humanistic strength-based perspective. Slide 4 ("Positive psychology: An Extension of Humanistic Psychology") indicates RTs embrace positive psychology that extends humanistic psychology and like humanistic psychology, positive psychology takes a strength-based approach.

Slide 5 ("High-Level Wellness of Dunn [1961] and Ardell [1971])" indicates high-level wellness centers on not only the absence of physical illness but also implies psychological and environmental wellness and too was influenced by humanistic psychology. Slide 6 ("Influenced by Humanistic Psychology along with High-Level Wellness & Positive Psychology") explains that following the influences of humanistic psychology, high-level wellness, and positive psychology, RTs help clients strive for health protection and health promotion. Slide 7 ("Stabilizing and Actualizing Tendencies") explains health protection is motivated by the stabilizing tendency and health promotion is motivated by the actualizing tendency. Slide 8 ("RT assists clients to achieve health protection & health promotion through the RT process") covers that the RT process is how clients achieve health protection and health promotion.

Note: Figure 2.1 "Illness-Wellness Continuum" may be employed to show the illness-wellness continuum covered by health protection and health promotion.

*Slides introducing the Recreational Therapy Process and its importance.* The first slide (Slide 9) ("Four Phases of the RT Process") lists the four phases of the RT Process (aka APIE Process).

Note: Figure 2.2 "Cyclical Nature of the Recreational Therapy Process" may be employed here.

Three slides follow (Slides 10, 11, 12) titled "Reasons why the RT Process is important" and "Reasons why the RT Process is important (continued)." It is critical that students know why the RT process is important, so it is a very good idea to review these slides in class.

*Slides to introduce assessment and its relationship to clinical reasoning and RT diagnosis.* The first slide (Slide 13) ("Assessment") introduces assessment as the basis for RT interventions. The second slide (Slide 14) ("Areas of Assessment Identified by NCTRC") lists seven areas for assessment. The third slide (Slide 15) ("The Gathering of Assessment Data") explains that assessment data are collected and then scrutinized through clinical reasoning to arrive at an RT diagnosis. The fourth slide (Slide 16) ("What is Clinical Reasoning") provides definitions of clinical reasoning. The fifth slide (Slide 17) ("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. The sixth slide (Slide 18) ("Clinical Reasoning Produces an RT Diagnosis") The slide 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 19 ("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.* These authors prepared slides introduce types and methods involved in client assessment in RT. The first slide (Slide 20) ("Major Methods of Client Assessment") lists the two major methods of client assessment: Observing and Interviewing. The second slide (Slide 21) ("Cultural Competence in Assessment") introduces cultural competence as an area for consideration on assessment. The third and fourth slide (Slides 22, 23) ("Social Determinants of Health") introduces SDH as a consideration in assessment. The fifth slide (Slide 24) ("Observational Methods of Assessing Clients") lists observational methods for assessment. The sixth slide (Slide 25) ("Standardized Assessment Instruments need to be:") lists validity and reliability. The seventh slide (Slide 26) ("Validity and Reliability") defines the terms. Slide eight (Slide 27) ("Standardized Assessment Instruments Used by Recreational Therapists Survey by Kemeny, Hutchins, and Cooke") lists instruments identified in the survey. The ninth slide (28) ("Standardized Assessment Instruments Used by Recreational Therapists Survey by Porter et al.") lists instruments identified in the survey. The tenth slide (Slide 29) ("Additional Standardized Instruments Used in RT") identifies other standardized instruments used by RTs. ("Two Types of Standardized Observations") introduces two types of standardized observation. Slide 11 (Slide 30).

("Books to locate standardized instruments") indicates two books on assessment instruments. The 12th slide ( Slide 31) ("Purposes of Interviews by Recreational Therapists") lists purposes for conducting interviews. Secondary sources of information are listed on slide thirteen (Slide 32) ("Secondary Sources of Information"). General guidelines for assessment are presented in slide fourteen (Slide 33) ("Guidelines for Assessment"). Areas of holistic assessment are covered two slides (Slides 34,35) ("Areas Included in Holistic Assessment" and "Areas Included in Holistic Assessment (continued)").

*Slides on Strengths-Oriented Assessment.* Slide one (Slide 36) ("Strengths-Oriented Assessment") sets the tone for introducing strengths-oriented assessment. It reads "Exploring *what's strong* to supplement traditional digging for *what's wrong*." Slide two (Slide 37) ("Client Strengths Include") lists the three general areas of client strengths. The remainder of the slides (Slides 38-44) illustrate examples of strengths under each of the three areas.

*Slides of Areas for Leisure Assessment.* Two slides (Slides 44, 45) ("Areas for Leisure Assessment" and "Areas for Leisure Assessment (continued)") list areas for leisure assessment indicated by Kunstler and Stavola Daly.

*Slides of the terms Objective Information and Subjective Assessment Data.* Students need to know the difference between objective and subjective information. These slides (Slides 47,48) ("Objective Information" and "Subjective Assessment Data") define these terms.

*Slide of the Steps in the Planning Phase.* This slide (Slide 49) ("Steps in Planning Phase") lists the four steps within the planning phase of the RT Process. It can be used 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 (slide 50) ("Maslow's Needs Hierarchy") lists the five levels in Maslow's Needs Hierarchy. Have students identify the order in the hierarchy.

*Slides on the Guidelines for Writing Goals and Objectives.* 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 (Slide 51) is "Gronlund's rules of stating objectives." Slide two (Slide 52) is "Conditions in behavioral objectives." Slide three (Slide 53) is "Criteria in behavioral objectives."

Note: Table 2.4 "Examples of Verbs for Specific Behavioral Objectives," may be employed here.

The fourth side (Slide 54) lists "Manger's 3 characteristics of useful objectives." Slide five (Slide 55) is "SMART." It identifies what each letter in SMART stands for. These slides provide guidelines or rules on how to state goals and objectives. As you go over the slides, it will be a good time to remind students that each goal will have several specific behavioral objectives under it which can be used to assess if the goal has been achieved. Following the review of these slides it may be a good time to drill students in class to practice writing goals and objectives.

*Slide on Common Elements in Individual Intervention Plans.* This slide (Slide 56) lists the elements found in an individual intervention plan that are discussed in the textbook. A follow up to this slide would be to review the PowerPoint slide for Table 2.5 titled “Individual Intervention Plan.” The table shows an example of an individual intervention plan for a client.

*Slide on Evidence-Based Practice* (Slide 57). 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 decisions making involving the best available evidence available, as well as the expertise of the practitioner and preferences of the client. Explain that EBP is introduced here because it is an important consideration in planning—and an extensive explanation of EBP is provided in Chapter 3.

*Slides on introductory information on Activity Analysis.* Two slides (Slides 58, 59) (“Activity Analysis” and “Activity Analysis Includes”) introduce the topic of activity analysis which is a part of the planning phase of the RT Process. Slide one provides a definition of activity analysis. The second slide lists the four areas for which activity analysis is conducted. Students may be reminded that in their textbook questions to complete an activity analysis are listed under each of the four areas. Students may also be reminded that they will also have to examine possible activities to determine if they are adaptable, useful, and practical and that helpful questions to guide their analysis are found in the textbook.

*Slide on task analysis.* Slide 60 (“Task Analysis”) describes task analysis.

Note: Table 2.6 “Outline for Program Protocols” may be employed to illustrate what is contained in a protocol.

*Slide on the terms Formative and Summative evaluation.* Students need to understand the terms “formative evaluation” and “summative evaluation.” This slide (Slide 61) (“Formative & Summative Evaluation”) defines those terms.

Note: This is a good time to show Table 2.7, “Evaluation Tasks Performed by RTs,” that lists evaluation tasks identified by NCTRC.

*Slides on the Introductory Information on Theoretical Thinking and the RT Process.* These slides introduce students to the relationship between theory and practice. Slide one (Slide 62) (“3 rungs on the “Ladder of Abstraction”) shows image of the three levels of abstraction. Slide two (Slide 62) (“Conceptual Models provide all three..”) shows the three levels with brief descriptions of each. Slide three (Slide 64) (“Ladder of Abstraction”) defines terms that are often confusing for students: “philosophical,” “theoretical,” and “empirical.” Slide four (Slide 65) is titled “Conceptual Models Provide Recreational Therapy Theory.” This slide informs students that RT theories are represented in RT conceptual models.

Note: Before reviewing these slides (Slides 66, 67, 68, 69) sharing the title “Theoretical propositions drawn from the Health Protection/Health Promotion Model,” it would be good to review Figure 2.3 titled “Health Protection/Health Promotion Model,” to acquaint students with how a RT conceptual model may appear and to briefly review its contents.

*Slides on the Health Protection/Health Promotion Model.* Slides 66–69 present “Theoretical proposition drawn from the Health Protection/Health Promotion Model.” Slides to review Theoretical Propositions drawn from the Health Protection/Health Promotion Model.

*Slide 70* “Conceptual Models for RT” lists conceptual models that have been developed for RT.

*Slide 71* “Health-Oriented Models” lists the conceptual models that are health-oriented.

*Slides 72, 73, & 74* provide detail on each of the health-oriented conceptual models.

*Slide 75* “Leisure Facilitation-Oriented Models” lists the conceptual models that are leisure oriented.

*Slide 76* “Leisure Ability Model” outlines the Leisure Ability Model.

*Slide 77* “Leisure and Well-Being Model” outlines the Leisure and Well-Being Model.

*Slide 78* “Flourishing Through Leisure: An Ecological Extension of the Leisure and Well-Being Model” outlines this model.

*Slide 79* “Self-Determination and Enjoyment Enhancement Model” outlines this model.

## Possible Learning Activities Using *Lessons Learned*

Possible assignments from readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*, by David R. Austin, Sagamore Publishing, 2011.

A student assignment related to the recreational therapy process could be to assign Lesson 3 in *Lessons Learned: Austin, D. R. (2011). What makes RT therapeutic? Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, 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 to assign Lesson 5 in *Lessons Learned: Austin, D. R. (2011). Recreational therapists need a philosophy of practice. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, 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 to assign Lesson 2 in *Lessons Learned: Austin, D. R. (2011). Our mission includes health promotion. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, 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 both 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 strengths-based approach in RT could be to assign Lesson 7 in *Lessons Learned: Austin, D. R. (2011). Recreational therapists use a strength-based approach. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, pp. 17-18. Ask students to come to class ready to explain in their own words what is meant by a strengths-based approach and to provide examples of strengths they themselves possess.*

A student assignment related to the concept of a strengths-based approach in RT could be to assign Lesson 8 in *Lessons Learned: Austin, D. R. (2011). Recreational therapists use a strength-based approach. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, pp. 19-20. Ask students to come to class ready 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 to assign Lesson 13 in *Lessons Learned: Austin, D. R. (2011). Recreational therapy is customized care. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, pp. 28-29. Ask students to come to class prepared to explain why a therapist-directed "one-size-fits-all" approach is not valued within recreational therapy.*

## Other Possible Learning Activities

*In class, analyze assessment tools.* Divide the class into groups of 4-5 students. Hand out a different recreational therapy assessment tool to each group. Provide the groups with approximately 15-20 minutes to review the tool, select a hypothetical patient / setting, and to prepare a short presentation on the tool. After 15-20 minutes of preparation, allow each group (from their seats or in front of the class, depending on comfort level) to teach the other students about their respective assessment as well as the ideal patient / setting their assessment would be used with. The professor should provide feedback, examples, corrections, and clarification as needed after each group presents.

*Students use APIE with case study.* Assign the students the task of watching the movie  *Antwone Fisher*. This movie can be purchased on Amazon. This movie is about a child that was abused and neglected, sent to foster care, and is now a young man struggling to remain in the Navy due to his extreme anger issues and difficulty

attaching socially. Antwone uses poetry and journaling to learn to cope with his anger issues. After students have an opportunity to watch the movie on their own, ask the students to complete a full APIE case study on the main character, Antwone Fisher as a major assignment for the course. Students must complete a written assessment on the patient's background demographic information and case history. You may also require students to fill out a standardized recreational therapy assessment as well. Students will then write at least one goal and two corresponding objectives for the treatment plan. Next they will select an evidence-based intervention and describe why they selected the intervention and how it will be facilitated. Lastly, students will write a S.O.A.P and narrative style progress notes as if they had facilitated the intervention. Note, this major case study should be assigned after reviewing all components of the APIE process with students during previous class sessions.

*Assign a mainstream and popular book in which the main character has a disability or chronic illness.* It is helpful to have a variety of options and to allow the students to be self-determined in selecting their book. Allow several weeks for the students to read their chosen book. Assign a major case study as a significant learning evaluation for your course based on the book character, which has now become their "patient" for the semester. Have the students write a comprehensive assessment and psychosocial / medical case history of the "patient." Next instruct them to write overarching goals and corresponding objectives. Students should then be assigned the task of coming up with an evidence-based intervention that is ideal for their "patient." Lastly, have the students write a progress note as if they had facilitated the chosen intervention with their "patient." Each assignment should be turned in and feedback given on corrections and suggested improvements. Lastly, have the students turn in one large report that includes modifications and improvements they have made based on feedback from the instructor on each step of the APIE process.

*In class, have Students View and Discuss the RTV Video "The Leisure Ability Model."* Discuss with students if the model would work best in health care settings or in community special recreation programs? To access the RTV videos, type Recreation Therapy Videos into the search box and look for Indiana University ScholarWorks. Click on it and a list of RTV videos will appear. Click on "The Leisure Ability Model."

*Student Critiques of a Conceptual Model.* A two- to five-page paper may be assigned to students in which they select one of the RT conceptual models and then critique it. You can impose the systematic evaluation approach found 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.* A useful approach is to have the students complete an individual recreational therapy intervention plan. This may be done for a case study that you supply or one that the student develops. Prior to completing the individualized intervention plan it will likely be necessary to drill in class on the parts of the plan. Particular attention should be given to the writing of behavioral objectives because this skill is one that 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 to schedule several class periods to drill on writing goals and objectives.

*Assign students to read Austin, D.R. (2019). Integrating behavioral activation and humanistic and positive psychology: Applications with the Health Protection/Health Promotion Model. American Journal of Recreation Therapy, 18(1), 9-18.* Ask them to come to class prepared to discuss whether the article was able to present an eclectic approach in integrating perspectives to support the Health Protection/Health Promotion Model (e.g., elements form the behavioral approach and positive psychology)?

*Note:* Several the Reading Comprehension Questions found at the end of the chapter are appropriate to use to direct class discussion.

## Examination Questions (\* indicates 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. At the lowest level on Maslow's needs hierarchy are
  - 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 of the following scoring strategies?
  - a. norm-referenced\*
  - b. criterion-referenced
  - c. selective-referenced
  - d. specific-referenced
  
10. When considering 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 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 of the following 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 acronym SMART is helpful when
- diagnosing clients
  - completing activity analysis
  - writing behavioral objectives\*
  - selecting Latin dance music
15. A recreational therapist interacting with a client to teach him an activity skill finds that the client isn't 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 of the following domains?
- physical
  - cognitive\*
  - social
  - affective
16. Fitness and endurance would be concerns for the
- affective domain
  - psychomotor domain\*
  - cognitive domain
  - social domain
17. Clinical pathways work best
- in facilities where there are a great number of clients with the same problem\*
  - with clients who have several diagnoses or who encounter complications
  - when recreational therapists put aside their own clinical judgments when following them
  - only in isolated circumstances
18. Making a referral is appropriate when
- the client's needs exceed the boundaries of the recreational therapist's training and capabilities
  - the therapist is not able to make progress with a particular client
  - there are irresolvable personality differences between the therapist and client
  - all of the above\*
  - none of the above
19. Which term refers to the thoughtful and rigorous structuring of interrelated concepts derived from philosophical beliefs to provide a systematic view of a phenomenon?
- reciprocity
  - confidentiality
  - research
  - theory\*

20. They offer an image or visualization of the components that comprise a discipline, such as recreational therapy.
- facilitation techniques
  - clinical definitions
  - conceptual models\*
  - world views
21. Interventions under the Health Protection/Health Promotion Model are
- prescriptive activities
  - recreation activities
  - leisure activities
  - all of the above\*
  - b and c but not a
22. Theoretical propositions drawn from the Health Protection/Health Promotion Model include
- persons are motivated toward health through the stability and actualization tendencies
  - recreational therapy can assist a wide spectrum of clients along the illness/wellness continuum including those with chronic conditions
  - social support often plays a prominent role in the maintenance and improvement of health
  - all of the above\*
  - a and b but not c
23. EBP stands for
- Enthusiasm-Based Programs
  - Evaluation-Based Practice
  - Explicitly Based Procedures
  - Evidence-Based Practice\*
  - None of the above

*Note:* Reading Comprehension Questions appear at the end of the chapter. Author-prepared PowerPoint slides and slides of all tables and figures are available from Sagamore-Venture for instructors who have adopted the book.



# Evidence-Based Practice

## Chapter Overview

More and more, today health care professionals are emphasizing the importance of interventions being evidence-based. Evidence-based practice (EBP) integrates the latest and best evidence from research and other types of evidence with the clinician's expertise and experiences and the client's preferences and values. The chapter describes EBP and procedures for conducting EBP.

## Critical Concepts

1. Defining evidence-based practice (EBP).
2. Describing three elements within EBP.
3. Explaining the importance of EBP to recreational therapy.
4. Providing a rationale for EBP.
5. Identifying obstacles to EBP.
6. Describing the seven steps of EBP.
7. Describing the hierarchy of research evidence.
8. Understanding randomized controlled trails (RCTs).
9. Identifying nonresearch evidence for EBP.
10. Describing clinical practice guidelines.
11. Knowing the importance of monitoring in the clinical setting.
12. Describing translational research.
13. Identify ways to achieving greater implementation of EBP in RT.

## Key Terms

Evidence-based practice (EBP), best available evidence, clinical experience, client preferences, peer-review, health care outcomes, steps of EBP, PICOT format, randomized controlled trails (RCTs), data bases, nonresearch evidence, translational research

## Teaching Difficult Topics

Evidence-based practice (EBP) is a topic that many students may not be familiar with. In fact, many instructors may not have first-hand experiences in the implementation of EBP. It is therefore important to make sure that students read and comprehend the material in the chapter. It will likely require the use of well-planned learning activities to assure students have an appreciation of EBP and know steps in carrying it out. It may be helpful to have RTs come into the classroom to discuss their application of EBP, if you can identify well versed RTs to invite. Another possibility may be to invite faculty from other curricula in your university to speak in your class about applying EBP (Faculty from nursing and clinical psychology will likely have knowledge of EBP.)

## Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. One set of PowerPoint slides contains all tables that appear within each chapter. The second set of PowerPoint slides are those developed for each chapter by the authors of the textbook. Class presentations for the use of both the tables and figures and the author-developed slides are suggested in this Instructor's Guide. To prepare for class presentations, review the PowerPoint Slides of the tables found in Chapter 3. There three tables that instructors may select to present in class. Table 3.1 lists the seven steps of evidence-based practice. Table 3.2 lists the hierarchy of research evidence. Table 3.3 provides a list of common research reviews.

*In class, review author prepared PowerPoint Slides in class to introduce EBP. Author prepared slides include:*

- How EBP evolved out of evidence-base medicine (Slide 2, "The Roots of EBP").
- An overview of EBP (Slide 3, "Introduction to Evidence-Based Practice").
- The 3 major elements in EBP (Slide 4, "Evidence-Based Practice").
- A list of evidence, expertise (& experience), & expertise (Slide 5, "We can think of these as 'the three Es of EBP'").
- EBP moves RTs away from traditional non-evidence-based approaches and toward approaches based on evidence (Slide 6, "Evidence in DBP Directs Recreational Therapists").
- The RTs expertise and experience are important and the client also plays a role in EBP (Slide 7, "EBP Involves the RT and the Client").
- Illustrates if any of the 3 elements are missing, EBP will not occur (Slide 8, "Analogy to 'The Three-Legged Stool'").
- List of how the use of EBP can be beneficial (Slide 9, "The Johns Hopkins publication Evidence-Based Practice for Nurses and Healthcare Professions declared the use of EBP can lead to").
- Slide indicates EBP is one of five core competencies for healthcare professionals. (Slide 10, "To emphasize the critical importance of evidence-based practice in modern healthcare").
- Studies report EBP is not widely used by RTs (Slide 11, "Evidence-Based Practice Lacking Among RTs").
- Quote stating the rationale for EBP (Slide 12, "Rationale for Adopting EBP")

*In class, review the author prepared PowerPoint Slides on the Seven Steps in the Implication of EBP. The slides include:*

- Slide 13 displays the 7-step process has become accepted for EBP ("Seven Steps in the Implementation of EBP").
- Slides 14-28 detail the 7 steps used in EBP. It is emphasized that research is prized, but when research evidence is not available nonresearch evidence may be used.

*For in class discussion, review the author prepared PowerPoint slide titled "Do you agree with Negley? If so, how well do you believe RT education programs, practitioners, and ATRA are doing in establishing EBP within the RT profession?"* The slide provides a quote by RT Sandy Negley calling for action to establish EBP in RT.

## Possible Learning Activities

*In class, students complete search for research articles and discuss them.* Teach the students how to use Google Scholar as quick and easy way to search for research articles on a given topic. Next, provide students in class with a recreational therapy intervention topic area, e.g., yoga, equine-assisted therapy, adventure therapy, journaling, stress management, etc. Give students approximately 5-10 minutes to find an article that is of interest to them on the topic area selected using Google Scholar. After providing ample time, open the class up for a group discussion on which specific articles were found and the general conclusions of the article each student found respectively. Encourage students to discuss interesting findings or studies they personally found. Once the professor has called

on several individual students to discuss their research article, conclude the discussion by providing a general overview of the body of literature regarding the topic at hand. For example, after assigning equine-assisted therapy to the students and discussing it, the professor may summarize that equine-assisted therapy is a relatively new field and that the research is evolving. Most research has taken place over the last 15-20 years with many studies on veterans, riders with physical disabilities, and clients with autism spectrum disorder, yet much room for growth in other areas. If time allows, move on to research other intervention topic areas using the same approach.

*Assign an evidence-based practice research paper as part of the class assignments.* The following is an example of a short description of this assignment: Evidence-based practice is an important concept in recreational therapy. The development of evidence-based intervention protocols has been promoted as a means of integrating research evidence with clinical judgment to provide effective, outcome-based practice in recreational therapy to improve the knowledge base in the field (Buettner & Fitzsimmons, 2006). Students will select an intervention of choice (from Chapter 4 of the textbook) and write a 6- to 8-page paper outlining current research strengths and weaknesses for the specific intervention modality of the student's choice. Students are encouraged to select an intervention likely to be used in practice upon graduation as well as an intervention they find to be interesting to them personally. A minimum of 15 peer-reviewed sources related to the given intervention is required. In-text citations, references listed at the end of the paper, and APA formatting is also required.

*In class, conduct group work to familiarize students with RT journals.* Break the students up into groups of 4-5 in the classroom setting. Provide each group with a different journal from the profession of recreational therapy, e.g., *Therapeutic Recreation Journal*, *American Journal of Recreation Therapy*, *Annual in Therapeutic Recreation*, and *the Canadian Journal of Recreation Therapy*. Ask students to go to the electronic website of their assigned journal to answer the following questions: 1) what type of research is being reported on in the latest journal issue, 2) how long the journal has been in operation, 3) name 1-2 people who are on the editorial board of the journal, and 4) general guidelines for authors submitting articles. Discuss with the students how the anonymous peer-reviewed practice of science works and the process for getting an article published.

*Give a "Pop Quiz."* After assigning students to read the EBP chapter, give a "pop quiz" in class to determine their comprehension of the material in the chapter. You may select from the Reading Comprehension Questions at the conclusion of the chapter for the quiz. Reviewing the answers to the questions in class is a good way to cover the materials without having to provide a lecture. The author prepared PowerPoint slides may be used when discussing items from the "pop quiz."

*In class, introduce the topic of EBP using the Author-Prepared Slides.* See slides under Class Presentations Using PowerPoint Slides.

*Invite a Recreational Therapist or University Professor (e.g., Nursing, Clinical Psychology) to Class to Discuss EBP.* Having an "outsider" discuss EBP provides another perspective on the topic. It is a good idea to share a copy of the chapter with the invitee so they will know what the students have read on EBP. Prior to the date of the guest's presentation, you may wish to ask your students to bring a question to class to ask the guest.

*Review the Seven Steps of EBP.* Using the slides presented under Class Presentations Using PowerPoint Slides, review the seven steps. An alternative to you leading the review is to assign groups of students to review each of the seven steps. You can make the prepared slides available to the students presenting the step to which the slide is appropriate.

## Examination Questions (\* indicates correct response)

1. Primary elements in EBP are
  - a. evidence, beliefs, clinical supervisor
  - b. empirical evaluation, elements, excellence
  - c. evidence, experience, expectations\*
  - d. research evidence and clinician's preferences
  
2. EBP was derived from
  - a. evidence-based medicine\*
  - b. evidence-based psychology
  - c. evidence-based physical therapy
  - d. none of the above
  - e. a & b but not c
  
3. Obstacle(s) to the implementation of EBP in RT
  - a. RTs hold a negative attitude toward EBP
  - b. Workplaces that don't support EBP
  - c. Lack of computer resources
  - d. a and b but not c
  - e. b and c but not a\*
  
4. At the top of the hierarchy of research evidence is
  - a. evidence from systematic reviews of qualitative studies
  - b. evidence from well-designed case studies
  - c. evidence from well-designed controlled trails without randomization
  - d. evidence from systematic reviews or meta-analyses of RCTs\*
  
5. Peer reviewed articles are found in all except
  - a. Therapeutic Recreation Journal
  - b. American Therapeutic Recreation Association Newsletter\*
  - c. American Journal of Recreation Therapy
  - d. Canadian Journal of Recreation Therapy
  - e. JAMA
  
6. Source(s) of evidence when research is not available for EBP
  - a. clinical practice guidelines
  - b. opinions of respected authorities
  - c. position statements from professional organizations
  - d. all of the above\*
  - e. a and b but not c

7. Summarizes individual research studies that meet specific eligibility criteria using a rigorous comprehensive search strategy on a defined research question
  - a. Umbrella review
  - b. Narrative review
  - c. Systematic review\*
  - d. Meta-synthesis
  
8. Commonly used databases that recreational therapists will want to become familiar with for conducting EBP searches
  - a. PubMed
  - b. Psych INFO
  - c. Google Scholar
  - d. All of the above\*
  - e. b and c but not a

*Note:* Reading Comprehension Questions appear at the end of the chapter. Author-prepared PowerPoint slides and slides of all tables are available from Sagamore/Venture for instructors who have adopted the book.

# Facilitation Techniques

## Chapter Overview

A variety of facilitation techniques are reviewed in Chapter 4. The research evidence available to support the use of each technique is presented. 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 a vast array of clients in several treatment and rehabilitation settings. What these techniques share is that all have implications for practice in recreational therapy.

## 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 recreational therapy and importantly provides evidence to apply in evidence-based practice.
2. Students need to realize that there is research evidence available to support the majority of facilitation techniques used by RTs.
3. Students need to understand the implications for practice in recreational therapy of each of the facilitation techniques presented in the chapter. They need to comprehend the types of clients each of the techniques might be appropriately employed.
4. Students may refer to information found in the chapter on facilitation techniques in the actual implementation of programs.

## Key Terms

Breathing techniques, progressive relaxation training, autogenic training, mental imagery and visualization, Benson's technique, yoga, biofeedback, self-massage, physical activity, leisure education/counseling, values clarification, bibliotherapy, cinematherapy, horticulture therapy, therapeutic community, therapeutic use of touch, humor and laughter, adventure therapy, aromatherapy, qigong, tai chi, Pilates, aquatic therapy, adaptive sports, scuba diving, adventure therapy, processing, debriefing, assertiveness training, nature therapy, social skills training, animal-assisted therapy, equine-assisted therapy, cognitive rehabilitation, retail therapy, multisensory stimulation, virtual reality, videogames, robotic therapy, creative arts, validation therapy, remotivation, intergenerational programs, sensory training, resocialization, sensory training, reminiscence therapy, life review, and cognitive stimulation therapy

## Teaching Difficult Topics

Due to their large number, it is difficult for an instructor to have in-depth knowledge of all the techniques covered within the chapter. The instructor, therefore, may wish to invite practitioners into the classroom to discuss their use of techniques found in the chapter. Another approach is to have students give in-class presentations on

the various techniques. Additional teaching suggestions follow under the heading of “Possible Learning Activities” in the next section.

## Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. **One set of PowerPoint slides contains all figures and tables that appear within each chapter. The second set of PowerPoint slides are those developed for each chapter by the authors of the textbook.** Class presentations for the use of both the tables, figures, and the author developed slides are suggested in this Instructor’s Guide.

*Author-prepared slides to introduce the topic of facilitation techniques.* The slide “Facilitation Techniques” defines facilitation techniques. The slide “Uses of Facilitation Techniques” gives examples of some facilitation techniques and identifies which client groups they have primarily been used with. Four slides follow that are all titled “Many Facilitation Techniques from which RTs can choose” list the extensive number of facilitation techniques used by RTs. (As you go through slides, it may be appropriate to ask students how many facilitation techniques they are familiar with? Are there any that are new to you? Or you may remark on techniques that you used in practice as an RT.)

The next slide, “More than Positive Affect,” is a key one as it explains that while facilitation techniques may be employed to bring positive affects (e.g., joy, happiness), facilitation techniques need to have empirical evidence to support their use in bringing about specific therapeutic outcomes. The next slide, “Research Evidence is Available,” stresses that it is important that RTs realize the amount of empirical evidence available to support using facilitation techniques as interventions—and that the majority of facilitation techniques have research to support their use. The final slide “Chapter 4 reviews research evidence on each facilitation technique” explains that each facilitation technique needs to be examined for the level of research evidence to support its use with a specific client group.

*Slides to introduce relaxation facilitation techniques.* You may wish to make the reading assignment of the segment in the chapter on relaxation techniques prior to the day you cover relaxation techniques in class (Pages 128–149; The reading assignment ends with the segment “Physical Activity”). When making the reading assignment, ask students to assess the level of research evidence that supports each facilitation technique when completing their readings, so that they begin to learn to look for research evidence when examining possible interventions.

As you begin with the slide “Facilitation Techniques for Stress Management,” you may wish to preface the discussion with a statement that because of their sheer number you will not be able to cover every facilitation technique in depth—but explain that you wish to introduce the discussion of the facilitation techniques by covering stress reduction techniques because stress reduction is a universal concern for almost all RT clients.

Then show the slide with the quote that reads “Breathing exercises have been found to be effective in reducing generalized anxiety disorders, panic attacks and agoraphobia, depression, irritability, muscle tension, headaches and fatigue.” Tell the students that you use this quote to illustrate that even one simple facilitation technique (breathing exercises) has research to show the potential that relaxation techniques can have—and this is but one illustration, among many, to show the potential impact of facilitation techniques to reduce stress and bring about relaxation.

Continue discussion of the relaxation techniques using the slide “Health psychologists have written:” Ask students to what extent they agree with the quote on the slide. This should set the stage for discussion of relaxation techniques as students begin to realize that practically all RT clients can benefit from stress reduction interventions. You may wish to share the quote in the text in which the University of Maryland Medical Center indicated healthcare clients “face innumerable challenges to maintaining well-being in the face of persistent and acute stressors associated with their health or social condition.” This may be followed with a review of the slide of Table 4.1 “Benefits of Relaxation” from the textbook.

Following this introduction to facilitation techniques for stress reduction, you may run through stress-reduction facilitation techniques to illustrate the large number of techniques RTs can use in stress reduction using

the slide “Stress-Reduction Facilitation Techniques.” Note to the students that all of the listed techniques have empirical evidence to support them. Review the list, asking students if they understand and can explain each technique. Then ask students if they use any of the techniques to help themselves to relax. To do this, a large class may break into discussion groups to discuss which techniques they use to relax and then each group can report back to the entire class.

*Following the slides introducing relaxation techniques, it is a good time to have students engage in one or more relaxation training exercises, such as Progressive Relaxation Training.* Following the discussion of the slides on relaxation techniques might also be a good time to have students take part in some of the relaxation technique exercises found in the chapter appendix. Students typically very much enjoy doing relaxation exercises, such as Progressive Relaxation Training (An introduction for Progressive Relaxation Training and the script for conducting it are in the chapter’s Appendix A). It is worthwhile to allow class time to engage in relaxation techniques such as Progressive Relaxation Training. This is particularly timely just before midterms or other typically stressful time for students.

*Slides on Physical Activity.* The segment on the chapter on physical activity is extensive. This segment of the chapter may be assigned as a reading assignment and at least one class session devoted to the topic because of the amount of material on PA and health and the importance of PA to health in RT practice.

The first author-prepared slide (“Physical Activity as a Facilitation Technique”) is simply a slide to introduce the topic. The next slide (“Physical Activity & Exercise”) asks students if they can differentiate between “physical activity” and “exercise.” The following two slides (“Physical Activity Defined” and “Exercise Defined”) define the terms “physical activity” and “exercise” and explain that exercise is just one type of physical activity. The next slide (We know PA can produce stress reduction – but what else?”) shows the strong relationship between PA and health.

Next show the slide “There are so many benefits of PA for RT clients for all types of health issues.” This author-prepared slide displays a listing of the World Health Organization of the large number of health issues research has shown that PA can be used to treat.

The series of slides that follow show the benefits of PA for a wide variety of client groups. The first slide in the series (“PA & Mental Health”) indicates there is strong research evidence that PA can have a positive effect on depression, anxiety, dementia, and other psychiatric disorders. The slide “PA & Persons with Intellectual Disabilities” indicates proven physical and psychosocial benefits of PA for persons with intellectual disabilities. The slide “PA for persons with physical disabilities” indicates research has shown that individuals with disabilities are almost three times more likely to be sedentary than persons without disabilities and list many benefits that have been found when persons with disabilities took part in PA interventions. The slide “PA & Older Adults” indicates (a) there is strong evidence that PA is critical in combating age-related noncommunicable chronic conditions; (b) that PA has been found to improve mental health, including serving as a safe and effective antidepressant for late-life; (c) an abundance of research supports the benefits of PA in promoting brain and cognitive vitality; and (d) PA has been found to improve balance, improve mobility, and reduce the fear of falling for older people.

Table 4.2 “Recommendations of Physical Activity and Exercise for Older Adults in Long-Term Care Facilities” may be shown to display there are guidelines that RTs can follow in long-term care facilities.

Table 4.3 “Recommendations for Physical Activity and Weight,” may be shown to display guidelines for weight loss.

The slide (“Agree with Professor Mobily?”) can be used to end the slide presentation on the effects of PA. It asks students to address the question as to if RT is in the best position to deliver PA for healthcare clients.

*Slides on How Vigorous Does PA have to be.* A slide asks “How Vigorous Does Physical Activity need to be?”

This is followed by the slide “Physical Activity Doesn’t Have to be Vigorous” that indicates PA does not have to be strenuous or “tough” to provide benefits.

*Slides on Motivating Clients to do Physical Activities.* Slide one introduces the topic and reads “About Motivating Clients to do Physical Activities.” Slide two reads “Motivation & Self-Determination Theory.” It introduces the



concept the self-determination theory can be used as a basis for motivating clients to take part in PA. Slide three “Recommendations drawn from self-determination theory to increase people’s motivation” lists a series of recommendations, based on self-determination theory, to get clients to participate in PA.

*Slides capsulizing information on all remaining facilitation techniques.* Each slide presents the intervention, empirical evidence supporting it, and briefly provide implications for the application of the technique in RT. It may be instructive to run through the facilitation techniques in rapid order to give students a sense of the variety of techniques that are available and that most have empirical evidence to support them.

#### Capsulized slides appear for:

- Exergaming
- Pilates
- Stretching
- Walking
- Aquatic therapy
- Adaptive sports
- Scuba diving
- Leisure education/counseling
- Values clarification
- Bibliotherapy
- Cinematherapy
- Horticulture therapy
- Therapeutic community
- Humor and laughter
- Laughter yoga
- Therapeutic touch
- Aromatherapy
- Adventure therapy
- Nature therapy
- Assertiveness training
- Social skills training
- Cognitive rehabilitation
- Community integration
- Animal-assisted therapy
- Equine-assisted therapy
- Videogames
- Video production
- Virtual reality
- Robotic therapy
- Creative arts
- Psychodrama
- Retail therapy
- Multisensory Stimulation
- Intergenerational programs
- Cognitive stimulation therapy
- Validation therapy
- Remotivation therapy
- Resocialization
- Reminiscence therapy

## Possible Learning Activities

*Prioritizing Facilitation Techniques & Reporting on Facilitation Techniques.* In class, review the author-prepared slides listing all the facilitation techniques (i.e., the four slides titled “Many Facilitation Techniques from which RTs can choose”). Have each student write down which five facilitation techniques they are most interested in. Then go back over the listing of facilitation techniques tallying how many students selected each facilitation technique. Once you have done this, you will have determined the facilitation techniques that were most chosen (e.g., the top 10 facilitation techniques). Then assign students to come to the next class session to present the information in the chapter on one of the facilitation techniques. If you have 10 students, each can present one technique. If you have 20 students, you can have two students present on a technique, and so on. Students should be given an appropriate number of minutes to make their presentations (e.g., 5 minutes).

*Value Clarification Exercises.* Perhaps you can have students lead some of the exercises. For instance, you may employ the values clarification exercise titled “20 Things You Love to Do” that appears in the chapter. There are also two values clarification exercises explained within the section of the chapter that covers values clarification. These are the “Pie of Life” and “Spending an Unexpected Free Day.” Students may also be asked to lead these in class.

*Exercises in the Chapter Appendix.* There are several class exercises in the appendices found at the conclusion of Chapter 4. You may wish to use some of them in class. Relaxation techniques are found in Appendix A for Chapter 4. You may wish to have students lead the breathing exercises and the Progressive Relaxation Exercises. The introduction to Progressive Relaxation Training found in the chapter appendix will be helpful to those leading the Progressive Relaxation Exercises. Do 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 really like doing progressive relaxation. They particularly like doing them around midterm exam time!

Chapter Appendix B has guided imagery exercises. Appendix C has a Benson Technique exercise. Appendix D has stretching exercises. Like the Progressive Relaxation Exercise, exercises from all three appendices may be

completed in class or students can be given homework assignments to complete the exercises and report in class as to their reactions to them.

*Student Exploration of a Technique.* Ask each student to select one facilitation technique they would like to know more about. Then ask them to do some investigation about that technique by reading and critiquing at least two articles written on that facilitation technique. Suggest that they may wish to use the articles cited in the textbook discussion of the facilitation technique. Set your own criteria for the critiques. Some suggestions are to limit each critique to no more than one double-spaced page and to have students include a brief description of each 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.

*Evidence-Based Intervention Paper.* Require students to write a five-page literature review, using a minimum of 15 peer-reviewed sources, on one evidence-based recreational therapy technique. In this approach, it is helpful to ask the students to not only document reported benefits but to also identify deficits in the literature for each technique. For example, aquatic therapy has well-documented benefits for certain populations but not all diagnostic groups. This assignment works well for upper-level undergraduate courses or master's-level recreational therapy programs.

*Demonstrations of Facilitation Techniques.* One of the best activities for student learning about facilitation techniques is to have recreational therapists demonstrate the use of facilitation techniques. This can be done by going out to agencies to view programs in action or by having a practitioner demonstrate the technique in class. Still another instructional means is to video programs at clinical centers that use techniques discussed within the chapter. If this approach is used, it will be important to secure permission to video both from the agency and clients involved. An alternative to classroom activities is to have students attend professional conference or workshop sessions where facilitation techniques are presented. Of course, you may have students do class presentations to demonstrate the various facilitation techniques as well.

*Peer Facilitation.* Using peers as clients, students are assigned a 20-minute intervention in which they are required to facilitate during class. Students should be briefed on frontloading, conducting the intervention, and debriefing prior to this assignment. Grading rubrics may be created to capture proficiency in these areas as well as other therapeutic communication skills outlined in the textbook. Facilitation groups should be kept to a approximately 10-12 students so as to not overwhelm the facilitator. After the technique is complete, ask peer students to fill out an evaluation on the positive areas and those areas that could be improved. Along with faculty grading and feedback, the peer evaluations should also be given to each student so that they are able to receive strong feedback on their facilitation.

*Community Partnerships.* Professors may wish to work with community partnerships to set up agreements for programming with their facilitation class. For example, a professor may work with a medical specialty camp that is offering weekend respite programs throughout the spring and fall semesters outside of the summer camp season. These weekends are perfect opportunities for a small group of students (4-5 per group) to facilitate all of the weekend activities for the camp. This can provide a win-win situation in which the camp receives much needed staffing support while the students have the opportunity to facilitate. This can also be done with special education classrooms in which the special education teacher may be looking for a way to provide students with an enriching afternoon of activities.

*Personal Video Recording.* A personal video recording may be assigned in that students are required to facilitate a 15-20 minute intervention independently on their own. Students typically ask their peers, friends, or families to sit in as mock clients. These videos can be uploaded to a private (not public) YouTube channel and the link shared with the professor. This is one of the best ways of sharing the video taken on the student's personal smart phone as the file is too large to attach online. Professors should then use a grading rubric that highlights areas of practice

discussed in class including frontload, debrief, and many of the communication skills highlighted in the textbook, e.g., paraphrasing, positive feedback, SOLER, eye contact, and other verbal and nonverbal communication skills. Students may also be required to self-evaluate themselves by watching the video and using a pre-arranged evaluation tool to grade their facilitation video in addition to feedback from the professor. Alternatively, students may also be required to view 1-2 peer video recordings and to provide similar feedback. This assignment works well for both online and seated classes.

*Biofeedback and Stress Management.* Educate students on how to take their own pulse. Once comfortable, have the students count their individual beats per minute, i.e., professor times the students for 60 seconds. Have the students write down their scores. Next give the students biodots (very inexpensive to order on Amazon). Have the students place the biodot on their hand between their thumb and pointer finger as indicated by the directions. Allow a few minutes to pass and then show the students the color chart that corresponds with the temperature of their skin (an indicator of stress level due to fight-or-flight response). Have the students write down the initial color. Next, lead the students through a chosen stress management technique or two. When finished (after approximately 30 minutes), have the students take their pulse again and check the color of their biodot. Lastly, have students write their information on the whiteboard for their pre/post scores or just discuss in a class debrief. The discussion in class can then center on the facilitating of biofeedback, importance of biofeedback, if they were able to change their biofeedback for the positive, and how this is practically done within clinical settings. Make a point to tell the students that biofeedback typically gets better for clients the more a technique is practiced.

*Review PowerPoint of Table 4.4 in Class.* There are three PowerPoint slides on McDowell's Levels of Counseling (see Table 4.4) that may be used in the classroom. McDowell's model is good for helping students to understand that there are 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).

*Review PowerPoint of Table 4.5 "Illustrations of Social Skills" in class.* Go over the Type of Skill and Examples of Skills.

*Review PowerPoint of Table 4.6 "Key Benefits of Intergenerational Programs" in class.*

*As a Homework Assignment, Have Students Complete Progressive Relaxation Training.* Ask students to complete progressive relaxation training using a YouTube video and then report in class if it was helpful in calming nerves, relaxing them, or soothing their busy minds. Discuss the students' reactions.

*As a Homework Assignment, Assign Students to Complete Deep Breathing.* Ask students to complete deep breathing using a YouTube video. Then, in class, ask individuals to report their reactions to the experience and discuss them with the class.

*As a Homework Assignment, Ask Students to Compare Relaxation Techniques.* Have students complete progressive relaxation training and deep breathing using YouTube videos. Then, in class, ask students to report if one technique was better? Why? Which do they think would be better for clients?

*As a Homework Assignment, Ask Students to Interview Family, Friends, or Acquaintances Regarding Their Use of Relaxation Techniques.* Assign students to conduct 6 or more interviews with family, friends, or acquaintances regarding the relaxation techniques they personally use. In class, have students report on their findings from the interviews (in a large class, you may randomly select only a small portion of the students to report), record the responses on the board (e.g., do they deep breath, jog, do yoga) and then review them (e.g., How many techniques were similar among those responding? Were there unusual techniques? How did the techniques compare to those discussed in the chapter? How do the techniques reported by those interviewed compare to ones used by the students themselves?)

*In Class, ask for a Show of Hands as to Who has Taken Yoga Classes.* Then ask the students who have taken yoga classes to report how they felt as a result of their yoga classes. What outcomes did they experience? You may compare their reactions seem to those reported in the textbook chapter. You may ask if they believe yoga would work best for any particular type of client—and why? Can they cite any evidence for their responses? If not, this

may be a good time for you to cite some of the empirical evidence from the chapter and to remind students of the importance of evidence-based practice.

## Examination Questions (\* indicates 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. “20 Things You Love to Do,” “Pie of life,” and “Spending an Unexpected Free Day” are examples of exercises used in
  - a. reminiscence therapy
  - b. video therapy
  - 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 describes 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. Cinematherapy
  - a. is *not* seen as being effective by counseling psychologists
  - b. lacks strong research evidence
  - c. requires special training\*
  - d. a and b but not c

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. Bryan McCormick
  
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’s Technique
  
10. Herbert Benson’s best-selling book was 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. physiological 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, there is a chance that adventure therapy will
  - 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?
- yoga
  - aquatic therapy
  - tai chi\*
  - sensory training
15. According to Chapter 4, physical activity interventions may be beneficial to
- children
  - adults
  - older adults
  - all of the above\*
  - b and c but not a
16. If people go through the motions of laughing, real laughter will follow according to
- biofeedback
  - laughter yoga\*
  - Japanese Shiatsu
  - exergaming
17. Social psychology, social learning theory, and pedagogic procedures as the basis for
- biofeedback
  - social skills training\*
  - animal-facilitated therapy
  - adventure/challenge therapy
18. Research has found that music listening
- increases agitated behaviors of those with dementia
  - decreases agitated behaviors of those with dementia\*
  - causes depression among patients recovering from stroke
  - decreases verbal memory for patients recovering from stroke
19. A system of low-impact exercises directed toward building strength without “bulking up” the muscles is
- Progressive Relaxation Exercises
  - Benson’s Technique
  - Pilates\*
  - Zahourek’s Exercises
20. Research reviews indicated that aerobic activities and muscle-strengthening activities can bring about all but
- living longer
  - decreased risk of coronary heart disease
  - increased sexual desire\*
  - reduced swelling and pain caused by arthritis

21. A population that seems to particularly benefit from tai chi
- males
  - females
  - young children
  - older adults\*
22. Snoezelen rooms provide a
- therapeutic environment with video games
  - virtual environment
  - multisensory environment\*
  - computer learning space
23. Which of the following has been criticized for being applied in a depersonalized, mechanical fashion, being confrontational, and reducing clients' self-esteem?
- virtual reality
  - reality orientation\*
  - cognitive stimulation therapy
  - 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:
- aromatherapy
  - cognitive stimulation therapy\*
  - reminiscence therapy
  - therapeutic community
25. Complementary therapies are employed:
- in place of conventional medical approaches
  - along with conventional mainstream medicine\*
  - to complement clients in order to make them feel better about themselves
  - none of the above
26. Included under the term "moving meditation" are:
- yoga
  - tai chi
  - qigong
  - all of the above\*
  - b and c but not a
27. Reminiscence therapy
- provides an enjoyable environment for participants to focus on a theme, enjoy themselves, and have fun
  - may enhance self-esteem as people review their history of competence and productivity
  - is widely accepted for use with clients with dementia
  - all of the above\*
  - b and c but not a

28. For physical activity interventions in mental health, there is
- only anecdotal evidence for the effects of physical activity
  - little evidence of the effect of physical activity on depression
  - a growing body of evidence to support physical activity interventions\*
  - evidence showing only children benefit on the effect of physical activity on mood
29. CDC data show for those age 65 and over
- 25.2% do not take part in leisure time physical activity
  - 35.3% do not take part in leisure time physical activity
  - 38.4% do not take part in leisure time physical activity
  - 42.5% do not take part in leisure time physical activity\*
30. Research has shown that people with asthma
- realize the benefits of physical activity and are therefore more likely than others to participate in physical activity
  - should be limited from participating in physical activity in childhood
  - as children and adults can significantly benefit from physical activity interventions\*
  - should be strictly limited in the amount of physical activity they are allowed outside of a protected home environment

*Note:* Reading Comprehension Questions appear at the end of the chapter. Author-prepared PowerPoint slides and slides of all tables and figures are available from Sagamore-Venture for instructors who have adopted the book.



## Chapter Overview

This is a copious chapter about being a therapist. It clarifies the role of the professional helper and discusses characteristics of helping professionals with particular attention to the development of self-awareness. While self-awareness is necessary for all helping professionals, it is an area often neglected in RT curricula. Students are encouraged to use both introspection and interpersonal communications to better know themselves. The chapter appendix contains exercises and questions that may be used for students to enhance self-awareness. The chapter also contains information on professional ethics and cultural competence. 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 the practice of recreational therapy.
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, socio-sexual relations, professional competence, burnout, diversity, cultural competence, multiculturalism, and cultural diversity

## Teaching Difficult Topics

Having students complete self-awareness exercises in and out of class is often very helpful to students gaining insights. Some are provided in the textbook. Students may be assigned 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.

Time should be given in class to the discussion of ethical issues and burnout if possible, in order to be certain that students understand these topics. Case studies can be used in the teaching of information on both profession-

al ethics and burnout. Additional teaching suggestions follow under the headings of “Class Presentations Using PowerPoint Slides,” “Possible Learning Activities Using *Lessons Learned*,” and “Other Possible Learning Activities.”

## Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. **One set of PowerPoint slides** contains all **figures and tables** that appear within each chapter. The second set of PowerPoint slides are those **developed for each chapter by the authors of the textbook**. Class presentations for the use of both the tables and figures and the author-developed slides are suggested in this Instructor’s Guide.

*Slide titled “Do you agree with these statements?” to introduce students to the nature of the helping relationship* (one slide). This slide relates to the material in the textbook where the nature of professional helping is discussed under the heading of Professional Helping.

*Slide on Characteristics of Effective Recreational Therapists* (one slide). This slide is titled “The *sin qua non* of the helping relationship in recreational therapy.” The five characteristics may be reviewed and then students might be asked if they agree that these are the essential characteristics RTs need to be effective.

*Slide of Questions for Self-Examination* (one slide). The content of this slide (“Questions for self-examination”) is 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. It should be brought out that these questions are ones that each student needs to personally explore and that the contents of Chapter 5 are to help them in the process of self-discovery.

*Slides on Values* (two slides). It is important that students begin to examine their value systems. Slide one, titled “Values,” defines what values are. Slide two (“Know 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 would be a good time to 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* (one slide titled “Seven beliefs that form a basis for a philosophical base for human service”). To help students examine their basic philosophies of helping, go over the seven beliefs developed by Brill and Levine (2002) that they believe form the overall philosophical base for human service. You may wish to ask students if they subscribe to the listed beliefs. Perhaps students may be placed in small groups for discussion of the beliefs and then each group might report highlights from their discussions to the entire class.

*Note:* This may be a good time to review Table 5.1, “Examples of the Professional Values of Recreational Therapists,” and, as you do, ask students whether they agree with each or how strongly they agree.

*Slide on Ethics* (one slide). The terms “professional ethics” and “Code of ethics” are defined on this slide (“Ethics”). This slide can be used to introduce the concept of ethics.

*Note:* Then the PowerPoint slide for Table 5.2 titled “Ethical Principles,” could be reviewed with students.

*Slides on the Therapeutic Relationship* (two slides). Slide one (“What is a therapeutic relationship?”) poses the question of what constitutes a therapeutic relationship for student discussion. Slide two (“Generalizations about the Therapeutic Relationship”) provides an answer to slide one that may be reviewed following the students’ responses to slide one.

*Slides to introduce the topic of Diversity and Cultural Competency* (five slides). Slide one (“Diversity in American Society”) presents data to highlight diversity in America and slide two (“Diversity in Canada”) presents data to highlight diversity in Canada. Slide three (“Culture Defined”) defines the term “culture.” Slide four (“Diversity Defined”) defines “diversity.” Slide five (“Cultural Competence explained...”) presents the concept of “cultural competence.”

*Note: Further discussion of Cultural Competency.* This may be a good time to show Table 5.3 “Ethnic Background of CTRs,” at which time you may ask your students: Were they aware of the percentages in each category? What implications may this have on cultural competence of RTs?

*Slides on the concept of Burnout* (six slides). The topic of burnout is an especially important one for emerging RTs as they are most apt to encounter burnout. Slide one titled “Burnout—What is it,” introduces the topic of burnout. Slide two (“RT burnout researcher’s description of burnout”) further describes burnout from the perspective of an RT burnout researcher by using a quote. Slide three should get the students attention as it is titled “Young people—beware of burnout!” Slide four (“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 five is titled “One description of signs of burnout.” This slide contains a quote which 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.

## 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 to assign Lesson 36 in *Lessons Learned: Austin, D. R. (2011). Self-awareness. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, pp. 70-71.* Ask students to come to class prepared to address whether those entering recreational therapy 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 to assign Lesson 6 in *Lessons Learned: Austin, D. R. (2011). The importance of recreation and leisure. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, 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 to assign Lesson 32 in *Lessons Learned: Austin, D. R. (2011). Maintaining confidentiality. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, pp. 62-63.* Ask students to be prepared for a class discussion of what confidentiality is and why it is important to maintain it.

A student assignment related to sexual conduct in professional ethics could be to assign Lesson 66 in *Lessons Learned: Austin, D. R. (2011). Never become sexual with clients. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, 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 to assign Lesson 33 in *Lessons Learned: Austin, D.R. (2011). Burnout. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, 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 in class 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 authors.

*Class Discussion on Values.* Discuss with students in class 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 found 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 “Self-Examination Question.”* 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 found in the Chapter Appendix.* Have students complete the exercise<sup>3</sup> 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 may 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” that appear in the Chapter Appendix, students should prepare a 3- to 5-page paper discussing what they discovered about themselves through reviewing the list of self-examination questions.

*Viewing a Video on Professional Ethics.* An RTV video on professional ethics is titled “Professional Ethics” (38 minutes). RTV videos can be streamed online from the IUScholarWorks Repository, a service of the Indiana University Libraries. To stream the video, type in Recreation Therapy Videos Indiana University and when you come to the list of videos click on the video title. It can be viewed in class or students can be assigned to view the video prior to class and it can be discussed in class. The learning objectives that appear at the beginning and end of the video may be used to guide discussion.

*Review in class the PowerPoint Slide on Ethical Principles.* Review the PowerPoint slide on “Ethical Principles” taken from Table 5.1. Discuss each of the ethical principles with the students.

*In-Class Discussion of Burnout.* Following an instructor-led class discussion of the question as to what burnout is, have students discuss burnout in small groups. Ask them to 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 (\* indicates correct response)

1. The role of the helper in a helping relationship is to
  - a. actualize himself 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. sychoanalysis
  - d. self-talk
  - e. none of the above
  
4. Informed consent is an issue related to
  - a. client autonomy\*
  - b. confidentiality
  - c. socio-sexual relations
  - d. competence and training
  
5. Only using those therapeutic techniques in which you have been trained is an example of which of the following ethical principles?
  - a. confidentiality
  - b. client autonomy
  - c. professional behavior
  - d. professional competence\*
  
6. Respecting clients' freedom for self-direction is an example of which of the following ethical principles?
  - 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 of the following ethical principles?
  - 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 their own monocultural orientation is:
  - a. confidentiality
  - b. client autonomy
  - c. risk management
  - d. cultural diversity\*

10. A subjective sign of burnout
- susceptibility to illness increases
  - physical fatigue
  - self-medication increases
  - depression is felt\*
11. Those most likely to burn out:
- lazy individuals
  - superstars
  - young people
  - a & b but not c
  - b & c but not a\*
12. Burnout:
- was first mentioned in the literature in the 1970s
  - is not as prevalent today as in the 1970s
  - today is a serious problem among helping professionals
  - a & b but not c
  - a & c but not b\*
13. Therapeutic relationships involve:
- a collaborative relationship
  - an affective bond
  - a commitment to the relationship
  - all of the above\*
  - a & b but not c
14. Cultural competent therapists
- do not ever hold prejudice toward any group
  - accept responsibility for prejudices (e.g., racism, sexism)
  - deal with prejudices in a nondefensive way
  - a & c but not b
  - b & c but not a\*

*Note:* Reading Comprehension Questions appear at the end of the chapter. Author-prepared PowerPoint slides and slides of all tables and figures are available from Sagamore-Venture for instructors who have adopted the book.

# Therapeutic Communication Skills

## Chapter Overview

It is crucial that recreational therapists are effective communicators. This chapter is directed toward the development of effective interpersonal communication skills. Without effective communications, the recreational therapy process is doomed to failure. The process of communication is explained, and guidelines are provided to improve communication. Listening and other counseling skills are covered. Attention is also given to leader communication in performance situations and to conducting client interviews. Finally, a section is provided on communication with clients with specific needs.

## Critical Concepts

1. Effective communication skills can be used not only in therapeutic communications with clients but 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 abilities to listen.
4. Four major skills are involved in effective listening: attending, paraphrasing, clarifying, and perception checking.
5. There are several 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 prove to be helpful when communicating with persons with specific needs (e.g., clients who are visually impaired or hearing impaired).
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, and 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 communications 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.

There are several exercises within the chapter and in the chapter appendix that may be used as means for students 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 under the headings of “Class Presentations Using PowerPoint slides,” “Possible Learning Activities Using *Lessons Learned*,” and “Other Possible Learning Activities.”

### Class Presentations Using PowerPoint Slides

Note to instructors: Two sets of PowerPoint slides are made available to you. **One set of PowerPoint slides contains all figures and tables that appear within each chapter. The second set of PowerPoint slides are those developed for each chapter by the authors of the textbook.** Suggested class presentations for the use of both the table and the author-developed slides are suggested in this Instructor’s Guide.

*PowerPoint Slides of the 18 tables found in Chapter 6.* The tables found in the chapter are available on the PowerPoint slides supplied instructors by Sagamore-Venture. You will likely want to review some of them in class. Several of the tables are mentioned in the slide shows that follow. Others are recommended for use in the section of the Instructor’s Guide that follows under the heading of “Other Possible Learning Activities.”

*Slides that introduce the topic of Communication* (two slides). Slide one (“Communications”) defines the term “communications.” Slide two (“Five Elements in Communication”) presents the five elements in communication. Following the review of these slides, you may wish to consider showing 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.

*Note:* Table 6.1, “Normal and Therapeutic Communications” may be reviewed here to show differences between normal conversation and therapeutic communication.

*Slides on Effective Listening* (two slides). Slide one (“Effective listening...”) identifies the nature of effective listening. (*Note:* Following this slide, you may wish to show the slide of Table 6.2, “Habits of Active Listeners.”) Slide two (“Effective listening is an active process that begins with four basic skills”) lists the four basic skills involved in effective listening: attending, paraphrasing, clarifying, and perception checking.

*Slides on Attending* (six slides). This series of slides familiarizes students with attending behaviors. Slide one (“Attending”) describes the concept of attending. Slide two (“Four Primary Means of Attending”) lists the four primary means of attending. Slides three (“Attending-Eye contact”), four (“Attending-posture”), five (“Attending-gestures”), and six (“Attending-verbal behavior”) review each of the four primary means of attending in detail. *Note:* You may wish to review Table 6.3, “Attentive Listening with the Acronym SOLER.”

*Slides on Paraphrasing* (two slides). The second basic skill in effective listening is paraphrasing. Slide one, titled “Paraphrasing,” describes paraphrasing. Slide two (“Paraphrase Example”) offers an example of paraphrasing.

*Slides on Clarifying* (two slides). The third basic skill in effective listening is clarifying. Slide one (“Clarifying”) describes the clarifying response. Slide two (“Clarifying Examples”) provide examples of a clarifying responses

*Slide on Perception Checking* (one slide). On this slide perception checking is described and an example is provided.

*Slides to review Additional Verbal Techniques.* Slide one is titled “Additional Verbal Techniques” and lists a dozen verbal techniques that may be employed by RTs in therapeutic communications. Each of the remaining slides



describe one of the verbal techniques, beginning with the technique of “Probing” and ending with “Facilitative questions and statements.”

*Note:* 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,” that gives examples of statements RTs may use.

*Note:* At this point, you may wish to review the slide of Table 6.4 “Verbal Techniques” that briefly describes each verbal technique.

*Note:* To bring closure to the segment on verbal techniques, you may wish to review the slide of Table 6.6 “General Guidelines for the Use of Major Verbal Techniques.”

*Note:* Covered in the chapter are barriers to therapeutic communication. Table 6.7 “Barriers to Therapeutic Communication” displays a listing of barriers and examples of nontherapeutic responses.

*Slide of Guidelines for Feedback* (one slide). This slide (“Guidelines for Feedback”) relates to the discussion of feedback given in success-failure situations. The guidelines come from research conducted by Bullock and his colleagues.

*Slides on Nonverbal Communication.* Our nonverbal communications may account for as much as two-thirds communications, so nonverbal communications are critical in therapeutic communications. Slide one, “Nonverbal Communications,” describes nonverbal communications and points out as much as 2/3 of our communications are nonverbal. Slide two (“Do you believe in this old adage?”) asks students to react to the adage of “It’s not what you say, it’s how you say it that counts.” Slide three (“Specific Examples of Nonverbal Behaviors”) lists specific examples of nonverbal behaviors.

*Note:* The slide for Table 6.8 “Ideal Nonverbal Communication Style” provides guidelines for using good nonverbal communications.

*3 slides cover cultural differences in nonverbal communications* in terms of eye contact, body language, and personal space.

*Slide on research that men and women differ in their communication patterns.* This slide (“A great surprise! Research has found that men and women differ in their communications patterns”) may be used following the three slides on cultural differences in nonverbal communication, stating that there are also differences between men and women in the ways we communicate. Note the Happy Faces on the slide to reflect nonverbally that it is “a great surprise” that men and women differ!

*Note:* Table 6.20, “Suggestions to Improve Communication Style” provides a good overview of verbal and nonverbal communications.

*Slides on Interviewing* (two slides). The final section of Chapter 6 covers “Interviewing: A Form of Communication.” The two main subheadings are “The Setting” and “Phrases.” Slide one (“The setting for an interview”) covers the setting of an interview. Slide two (“Three phases of an interview...”) describes the three phases of an interview.

*Note:* Following the use of these slides, it might be a good time to review the PowerPoint slide of Table 6.19 titled “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 to assign Lesson 54 in *Lessons Learned: Austin, D. R. (2011). Therapeutic communication skills are not esoteric. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners. Urbana, IL; Sagamore Publishing, 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 are skills every recreational therapist must possess.

A student assignment related to listening skills could be to assign Lesson 55 in *Lessons Learned: Austin, D.R.* (2011). My favorite approaches to effective listening. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, 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 discuss the nonverbal behaviors to enhance effective listening and the use of the minimal verbal technique in effective listening.

## Other Possible Learning Activities

*Show “Effective Listening” Video in Class.* Show the RTV video “Effective Listening” (41 minutes) in class. Have students pay attention to the learning objectives that appear 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. Type into the search box Recreation Therapy Videos Indiana University. That will take you to a listing of RTV videos where you simply click on the video title to view the video.

*Using chapter Appendix A.* Have students prepare a 2-4 double-spaced paper following the questions found in Appendix A “Communications Style Analysis.” Ask your students to bring the paper to class but before turning in their papers, have them discuss their answers in small groups. Then ask each group to briefly report on what stood out to them.

*In Class, Use “Attending Exercises.”* Use the “Attending Exercises” found Appendix B in the chapter appendices. As a classroom exercise, have students complete the dyad exercises first and then have the students do the exercise suggested by Egan in groups of four.

*In Class, Complete the “Paraphrasing Exercises.”* Complete the “Paraphrasing Exercises” in groups of three as a classroom exercise. Have the students see Appendix B in the chapter appendices for this exercise.

*In Class, Complete “Clarifying Exercises.”* Complete the “Clarifying Exercise” found in Appendix B of the chapter appendices. 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 under Appendix E.* Assign the exercises: Portraying Feelings, Identifying Feelings, and Nonverbal Canceling.

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

*Use the “SOLER” PowerPoint Slide (Table 6.3) in Class 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 to serve as an observer. After three to five 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.

*Assign a 15-minute facilitation exercise to be recorded by each student through their smartphone.* This video should include a frontload, intervention facilitation, and debriefing as a major assignment in the class. Students select a therapeutic activity of their choice, pick a friend or family member to serve as their “client,” and then record the facilitation including all of their verbal and non-verbal interactions with their client. The professor will then watch the video and grade the assignment using a grading rubric based on SOLER (Table 6.3) as well as the verbal techniques in Table 6.4. Instructors should be sure to cover Table 6.3 and Table 6.4 in class and provide the grading rubric as part of the assignment.

After submission of the 15-minute facilitation exercises above, ask students to evaluate themselves by watching the video and writing a half page summary on how well they did with SOLER (Table 6.3) and the verbal techniques

in Table 6.4. An additional assignment may include requiring students to peer evaluate at least one peer's 15-minute facilitation using a rubric provided by the professor based on Table 6.3 and Table 6.4.

*Complete the "Verbal Response Identification Exercise" in Class.* You, as instructor, can use the "Verbal Response Identification Exercise" found in Appendix B of the chapter appendices 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, ask students to practice therapeutic communication by conducting a mock assessment with one peer.* Provide the student 1:1 groups with a case study scenario ahead of time, such as a written medical history of an adolescent client with suicidal ideation, depression, and anxiety. One major rule the instructor will want to alert students to includes that students may not ask any questions during the debrief and must use declarative statements to seek information from the client. Instructors may wish to provide students with 3-5 minutes to prepare before they engage as the "therapist" and their peer as the "client." Debrief with the students afterward asking them to talk about any difficulties or successes during the learning activity using this therapeutic communication technique. Instructors should also provide examples of statements that may be useful to utilize in the future. Examples may include, "tell me more about what brought you here," or "I see from your medical history that you have been experiencing depression and anxiety, talk about that." Reinforce with students that avoiding closed questions and working towards not asking any questions at all is a very high-level communication style that will be a useful therapeutic communication technique in their future clinical practice.

*Show and Discuss the Video "Nonverbal Communication" in Class.* Show the RTV video "Nonverbal Communication" (28 minutes) in class. Have the students pay attention to the learning objectives that appear 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. Type into the search box Recreation Therapy Videos Indiana University. That will take you to a listing of RTV videos where you simply click on the video title to view the video.

*Complete a Role Play of an Interview in Class.* An excellent classroom activity is to have 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 interview's techniques and then share these with the participants and other class members. Roles can be exchanged, and the exercise repeated. The PowerPoint Slide titled "Techniques for a Productive Interview," (Table 6.15) can be used in class to prepare students for this assignment. Information from the slide can also be used by the person observing the interview to guide his or her observations.

*Conduct a Video "Interview Exercise."* Conduct the "Interview Exercise" found in the chapter appendices. This can be done either in or outside of class.

*Cover Communications with Clients with Specific Needs with a Role Play Exercise.* Assign small groups of students (e.g., 2 or 3 students per group) to each role play communications between an RT and client(s) for each type of clients with specific needs using Tables 6.9 through 6.18. Note to the students: role playing clients that they should never represent the clients in a way to make fun of them. The role play should be for from 3 to 5 minutes in length. Each group role playing should attempt to best represent the tips provided for an RT communicating with their specific client group. Other students should then comment on the use of the communication techniques displayed by each role play. Finally, those students completing the role play should be allowed to comment on their performance. Slides related to each type of client may be displayed following each presentation as a means of assessing whether the guidelines were displayed in the role play.

## Examination Questions (\* indicates 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. Active listening includes all the following *except*
  - a. sensing underlying messages
  - b. the ability to formulate your next response while listening\*
  - c. noting gestures and changes expressions
  - d. being sensitive to discrepancies between a member's words and body language
  - e. all of the above
  
4. Good attending skills involve(s)
  - a. eye contact
  - b. forward lean
  - c. gesturing
  - d. verbal responses
  - e. all of the above\*
  
5. The use of "mm-mm," "Yes," or "I see" is
  - a. a minimal verbal response\*
  - b. paraphrasing
  - c. clarifying
  - d. reflecting
  
6. Which of the following deals with the affective part of the message?
  - a. checking out
  - b. clarifying
  - c. reflecting\*
  - d. interpreting
  - e. none of the above

7. Approximately what portion of our face-to-face communication is nonverbal?
  - a. 25%
  - b. 33%
  - c. 46%
  - d. 66%\*
  
8. Which of the following assists clients in setting priorities in dealing with problems?
  - a. closed questions
  - b. confronting
  - c. focusing\*
  - d. informing
  
9. Which of the following provides open-ended questions or broad openings?
  - a. reflecting
  - b. informing
  - c. self-disclosing
  - d. facilitative questions and statements\*
  
10. In using confronting, an RT should avoid
  - a. challenging specific behaviors
  - b. labeling the person\*
  - c. sharing how he or she feels about the person's behavior
  - d. all of the above
  
11. Which of the following 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?
  
12. Which group tends to use direct eye contact
  - a. Latinos
  - b. Euro-Americans\*
  - c. Native Americans
  - d. African Americans
  
13. An acronym for attentive listening is
  - a. RELAX
  - b. FOCUS
  - c. SOLER\*
  - d. PROB

14. When having a conversation with a person who uses a wheelchair:
- Stand back from them at least 3-4 feet
  - Get as close to them as possible without touching the chair
  - It is usually best to seat yourself at eye level with them\*
  - Speak more loudly than usual so they will hear you clearly
15. When communicating with clients with severe visual impairments:
- Speak directly to the person, not through an intermediary
  - Do not shout or speak louder than necessary
  - Do not worry about using words such as “look” and “see”
  - All of the above\*
  - a and b but not c
16. When communicating with older clients:
- Do not use condescending language and do not treat the client like a child.
  - Clients who are older are capable of learning new information and skills so communicate with them on the same level you would any adult learner.
  - Be sensitive to life-changes affecting older adults’ ability to cope, things like hearing loss, memory problems, and grief.
  - All of the above. \*
  - a and c but not b.

*Note:* Reading Comprehension Questions appear at the end of the chapter. Author-prepared PowerPoint slides and slides of all tables and figures are available from Sagamore-Venture for instructors who have adopted the book.

# Being a Leader: Group Leadership Skills

## Chapter Overview

Leadership is vital in recreational therapy. This chapter provides a basic understanding of the leadership process in recreational therapy. The chapter begins with a discussion of leadership and its basis. Types of groups and structures are reviewed, as are considerations when 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 co-leadership. A section on group dynamics is provided. An important segment of the chapter is on 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 come from expert power, referent power, legitimate power, reward power, and coercive power.
3. Recreational therapists benefit from the norm of reciprocity.
4. Three leadership styles are: autocratic, democratic, and laissez-faire.
5. Various factors influence the choice of leadership style.
6. Avedon listed eight diverse roles 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. Elements exist which provide group members with a sense of "groupness." True groups share a "sense of groupness."
12. There are many advantages found for clients participating in RT groups.
13. There are several considerations for 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 individual needs (self-oriented roles).

18. There are a number of special concerns and strategies for group leaders including: anxiety as a new leader; the integration of 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 clients participation; not permitting physically aggressive behavior; dealing with transference and countertransference; terminating groups; engaging in co- leadership; and working within a system.
19. Several 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. There are principles of group leadership that will prove helpful to leaders of RT groups.

## Key Terms

Direct program leadership, expert power, referent power, legitimate power, reward power, coercive power, autocratic leadership, democratic leadership, laissez-faire leadership, over justification effect, controller, director, instigator, stimulator, educator, advisor, observer, enabler, task functions, socio-emotive functions, nonfunctional behavior, debriefing, and group processing

## Teaching Difficult Topics

It is important for students to begin to think of themselves in leadership roles. For students to fully comprehend their leadership with groups, it will be necessary for them to analyze their performance in actual leadership situations or in role plays. The information within the chapter can be extremely helpful in this process. Students may need the instructor 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 under the heading of “Class Presentations Using PowerPoint Slides,” “Possible Learning Activities using *Lessons Learned*,” and “other Possible Learning Activities” in the sections which follow.

## Class Presentations Using PowerPoint Slides

Note to instructors: **Two sets of PowerPoint slides** are made available to you. One set of PowerPoint slides contains all **figures and tables** that appear within each chapter. **The second set of PowerPoint slides are those developed for each chapter by the authors** of the textbook. Suggested class presentations for the use of both the table and the author-developed slides are suggested in this Instructor’s Guide.

*Review the PowerPoint Slides of the tables and figures found in Chapter 7.* The tables and figures found in the chapter are available on the PowerPoint slides supplied to instructors by Sagamore-Venture. It may be that you will want to review some of them in class. Several of the tables are mentioned in the slide shows that follow. Others are recommended for use in the section of the Instructor’s Guide that follows under the heading of “Other Possible Learning Activities.”

*Slide “Leadership is...”* This slide can be used to introduce the topic of leadership in RT as it provides a quote that defines leadership. The instructor 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 (“Three Leadership Styles”) lists the three types of leadership styles: autocratic, democratic, and laissez-faire. The instructor may wish to put up the slide and then have students describe each of the leadership styles. The instructor may wish to follow up the discussion of the three leadership styles



with a review of the PowerPoint slide “No one best leadership style: depends on...” Then you may show Figure 7.1, “Continuum of Leadership Styles.” The discussion of Figure 7.1 should focus on how the leader’s abilities and personality, client needs and characteristics, and the environment in which leadership occurs all influence the type of leadership style employed.

*Slide on No one best leadership style: depends on...* can be used to illustrate that factors such as the ability and personality of the leader, client needs and characteristics, and the environment in which leadership takes place need to be taken into account.

*Slide reviewing Avedor’s eight leadership roles for RTs.* The slide is titled “Avedor’s Eight Leadership Roles for Recreational Therapists.” Avedor’s eight diverse roles that recreational therapists may assume are covered in the textbook. This slide lists the names of the eight roles so that the instructor and students may review each of the roles.

*Slide on Dependency.* The slide’s title is “Dependency.” It asks: What is client dependency?

What factors influence how RTs deal with dependency?

*Slide on “Skills for RT group leadership”* include to Plan carefully, Focus on both the needs of individuals as well as group goals and needs, Maintain dual focus on process and content, Display social and emotional intelligence, & Use group facilitation techniques.

*Slide on a person-centered approach.* The slide, “Group leaders take a person-centered approach,” displays ways leaders take a person-centered approach to leadership.

*Slide on Additional leadership considerations for RT group leaders.* Slide “Additional leadership considerations for RT group leaders” lists 1. Express a sense of hope. 2. Follow leadership style that suits the group, and 3. Display a positive personality as additional considerations in RT leadership.

*Slide on RT students are extroverted.* The slide “Research has shown RT students are extroverted” reveals research studies found RT students are generally extroverted – but that introverts have personality traits that can be highly useful to being good RT leaders – although they may have to work on being more extroverted.

*Slide on RT Groups and Structures.* The slide’s title is “RT Groups and Structures.” In the textbook, RT groups and structures are discussed. This slide lists the groups and structures in order to review them.

*Slide on the construction of RT groups.* Asks “Are RT “groups” really groups?” For class discussion.

*Slides on Considerations in Activity Selection.* Guidelines for selecting activities are found in the literature. These slides present the views of two sources on considerations in activity selection. The first slide is “Considerations in Activity Selection Suggested by Posthuma.” She proposes three questions the leader needs to consider. Slides two, three, four, and five (all titled “Considerations for Activity Selection from Schwartzberg, Howe, & Barnes”) present considerations put forth by Schwartzberg, Howe, and Barnes.

*Slide of Table 7.3 “Advantages of Recreational Therapy Groups”* may be reviewed here.

*Slide giving considerations when developing a new program for a group.* The slide “Developing a New Group Program” outlines considerations RTs must address when establishing a new program.

*Slide covering the Stages of Group Development.* Tuckman’s terms of “forming, storming, norming, and performing” are useful for students learning the stages of group development. It may be noted that some authors add “terminating” as a stage. This slide (“Stages of Group Development”) lists the stages for review.

*Note:* The slide of Table 7.4 “Group Stages and Leader Tasks” may be reviewed following showing the stages of group development slide.

*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 in the textbook that group leaders may analyze.

*Slide of Group Roles.* Another way for group leaders to examine a group is to assess the roles that members assume. Three major categories of group roles are listed on this slide titled “Group Roles.” They are Task Roles, Maintenance Roles (or group building roles), and Individual Roles (or self-oriented roles).

*Slide titled “Factors Affecting Group Climate”* lists 5 factors that may affect the climate of the group.

*Slide on the Phases in Conducting RT Groups.* This slide (“Phases in Conducting RT Groups”) is developed from the discussion in the chapter that lists the three phases in conducting RT groups to be: Warm-up Phase; Experience Phase; and Wrap-up Phase.

*Slides on Group Processing.* The first slide (“A basic tenet...”) reminds students that the emphasis in RT is always on the client, not the activity. Slide two, titled “Group Processing,” describes group processing. Slide three (“Group Processing Techniques”) lists no loading, frontloading, feedback, metaphors, and debriefing as techniques used in group processing. The next 2 slides provide descriptions of stages in group processing put forth by two sources. Slide four presents “Schwartzberg et al.’s Stages in Group Processing” and slide five presents “Cowan & Gibson’s Four Stages in Group Processing.”

Slide six (“Framework often used for conducting group processing”) lists What? So What? Now What? Slide seven (“Additional Frameworks used for conducting group processing”) lists The 5-Question Model and The Experimental Learning Cycle.

*Slides on five Principles of Group Leadership.* The chapter concludes with a discussion of “Principles for Group Leadership.” Each of these slides (all of which are titled “Principles for Group Leadership”) contains one of five principles initially put forth by Hansen and colleagues. It would seem these principles would be good ones to use to conclude the discussion of being a leader.

## Possible Learning Activities using *Lessons Learned*

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

A student assignment related to the anxiety experienced by a new RT doing group leader could be to assign Lesson 19 in *Lessons Learned*: Austin, D. R. (2011). The new recreational therapist’s anxiety in group leadership. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, p. 40. Have students react to Austin’s account of his personal experience as a new RT and what he learned as a result.

A student assignment related to group dynamics could be to assign Lesson 23 in *Lessons Learned*: Austin, D. R. (2011). Get a background in group dynamics because you’ll need it. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, pp. 46-47. Ask students what they think about Austin’s account of his shortcomings as a young RT regarding group dynamics. What do the students feel about their personal competence 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 to assign Lesson 20 in *Lessons Learned*: Austin, D. R. (2011). Recreational therapy groups offer participants numerous benefits. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, pp. 41-42. Ask students to discuss Professor McCormick’s studies on social support and men with severe and persistent mental illness as it relates to benefits derived from participation in RT groups.

A student assignment related to group processing could be to assign Lesson 21 in *Lessons Learned*: Austin, D.R. (2011). Group processing should be regularly completed with RT groups. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, pp. 43-44. Ask students if they were as amazed as Austin by the interns’ use of debriefing. Were they surprised that the group of men with intellectual disabilities and mental illnesses were able to successfully engage in group processing? 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 to assign Lesson 22 in *Lessons Learned*: Austin, D.R. (2011). Group processing should be regularly completed with RT groups. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, 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?

## 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 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 “Developing Closeness by Achieving Trust.”* Use the PowerPoint slide of Table 7.2 to review means to build trust. Ask students to evaluate which items are most important to building trust in their estimation.

*In-class Discuss of the Stages of Group Development.* Have students get together in dyads. Ask them to identify for each other the groups to which they now belong (e.g., RT Club, Greek organization, church groups, etc.). Then ask the students to each pick out one group and analyze which stage of development it is in. Finally, have students volunteer to share their discussion with the entire class.

*In-class Review and Discussion of Advantages of Recreational Therapy 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 recreational therapy groups. Have each group 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 recreational therapy groups.

*Reading Assignment and Student Class Reports on Special Concerns and Strategies for Group Leaders.* Assign the students to read the section on “Special Concerns and Strategies for Group Leaders.” At the same time, assign one or two or three students (depending on the size of the class) to give a two- to three-minute report on one of the 14 challenges that confront group leaders: (1) Anxiety as a New Leader; (2) New Group Members; (3) Modeling;

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) Co-leadership; and (14) Working Within the System. Following each student or students’ report you may wish to highlight 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 co-lead 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? and Now What? Afterwards, ask the other students who viewed the activity and debriefing to critique how it went, e.g., did they clearly see a What? So What? And Now What? Then have the two leaders and participants react. Make sure you allow enough time for this role play as it will perhaps take up to 45 minutes.

*Assign students to review debriefing prompts provided for activities in the book, The Fun Encyclopedia for Therapists: Proven Activities for Therapists.* Have them select 2 activities they feel have the best prompts for debriefing and bring these to class. Randomly select students to present their selections and the reasons they liked the debriefing prompts. If time allows, have students lead and debrief activities they have selected.

*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) “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 in Importance 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” found at the end of

the chapter and to be prepared to defend their positions 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., a “1” for the highest ranked principle, a “2” for the second highest ranked, and so on.). Tally the results and then have a general discussion as to why students ranked the principles as they did.

*Review the slide covering the Stages of Group Development by Tuckman. Assign two students the task of leading an adventure therapy teambuilding activity for 8-10 of their peers. Assign another group of 4-5 students the task of observing and evaluating to see if the group indeed went through the forming, storming, norming, and performing stages. Ask the group leaders, group participants, and student observers all to discuss their thoughts on the evolution of the group through these stages from each of their respective lenses. Questions may include, 1) were the various stages obvious? 2) how you knew the group was transitioning from one stage to the next? 3) what are some examples of the group within a specific stage?*

## Examination Questions (\*indicates correct response)

1. Which of the following 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 is
  - 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 the following?
  - a. overjustification effect\*
  - b. coercive power
  - c. sensitivity training
  - d. protective rehearsing

5. Posthuma has 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, evaluation
  - b. formulation, harmonizing, active participation, termination
  - c. group identification, commitment to the group, cohesion, termination
  - d. forming, storming, norming, performing\*
  
7. Which of the following is *not* typical of the feelings, reactions, and behaviors of members in the initial state of their group's process?
  - a. anxiety
  - b. a high degree of cohesiveness
  - c. a concern about being judged by others\*
  - d. wondering if they will fit into the group
  - e. uncertainty of what is expected
  
8. Which of the following is *not* usually a characteristic of the working stage of a group?
  - a. group cohesion
  - b. universality (ability to see commonalities of life issues)
  - c. when working closely values may begin to clash\*
  - d. less dependence on the leader for direction
  - e. development of a healing capacity within the group
  
9. During which phase are group leaders most often confronted personally and professionally?
  - a. initial phase
  - b. early phase
  - c. second phase\*
  - d. productivity phase
  
10. Which of the following statements about the group process is true?
  - a. groups usually progress predictably through clearly defined stages
  - b. once a group reaches a high level of productivity, it will remain at that level
  - c. trust may need to be reestablished during the working stage\*
  - d. all of the above
  - e. a and b

11. Roles group participants take that promote the process of group building or group development are
- task roles
  - maintenance roles\*
  - self-oriented roles
  - aimless roles
12. A task role would be the
- information giver\*
  - harmonizer
  - supporter
  - recognition seeker
13. Support provided by others in a RT group is termed
- socialization
  - social support\*
  - transcendence
  - none of the above
14. Group processing's approach may be termed
- lecturing
  - explaining
  - directive
  - nondirective\*
15. A group processing technique used prior to beginning the activity is
- preloading
  - reframing
  - no loading
  - frontloading\*
16. When individuals in a group feel threatened they may react with
- lack of eye contact
  - body tenseness
  - perspiration
  - any of the above\*
  - b and c but not a
17. Clark has advised that at the indication of aggression by a group member the leader should
- ignore it so it will not be reinforced and it will go away
  - immediately say something such as "No touching in this group"\*
  - ask "What is going on here?"
  - meet aggression with aggression

18. Group members who unconsciously project feelings associated with a significant other from the person's past to the group leader are experiencing
- ambivalence
  - transference\*
  - countertransference
  - none of the above
19. Which of the following would *not* be an appropriate guideline for group leader
- Self-disclosure
  - Leaders should ask themselves why they are disclosing certain personal material
  - The most productive kind of disclosure is related to what is going on in the group
  - Group leaders have to ask themselves how much they want to reveal about their private lives
  - It may be therapeutic for group members to know the leader's struggles, but not necessarily in detail
  - Group leaders should make frequent use of the group time to explore their own problems as many group members may have similar ones\*

*Note:* Reading Comprehension Questions appear at the end of the chapter. Author-prepared PowerPoint slides and slides of all tables and figures are available from Sagamore-Venture for instructors who have adopted the book.

# 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) generational differences and leadership; (g) advocacy; (h) International Classification of Functioning, Disability, and Health (ICF); (i) quality improvement; and (j) understanding transactions with clients or social psychology applications in RT.

## Critical Concepts

1. Charting is the written documentation completed by the helping professional on a particular 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. There are a number of basic teaching/learning principles listed in the chapter.
9. A stage model for motivating client change is presented.
10. The concept of teamwork is described.
11. Generational differences that affect clients and staff are presented.
12. 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.
13. The International Classification of Functioning, Disability and Health (ICF) is presented.
14. Quality improvement and quality assurance are explained.
15. 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, data base, problems list, initial plan, progress notes, incident reports, cognitive skills, affective skills, motivation, teamwork, generational differences, ICF, quality improvement, quality assurance, 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, and 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 under the heading of “Class Presentations Using PowerPoint Slides,” “Learning Activities using *Lessons Learned*,” and “Other Possible Learning Activities” in the next section.

### Class Presentations Using PowerPoint Slides

Note to instructors: **Two sets of PowerPoint slides** are made available to you. One set of PowerPoint slides contains all figures and tables that appear within each chapter. The second set of PowerPoint slides are those developed for each chapter by the authors of the textbook. Suggested class presentations for the use of both the tables and the author-developed slides are suggested in this Instructor’s Guide.

*Review the PowerPoint Slides of the tables found in Chapter 8.* There are four tables in Chapter 8 that instructors may wish to review as PowerPoint slides.

*Slide to Introduce Documentation.* The slide titled “documentation” introduces documentation and lists charting as one form of documentation.

*Slides on Charting.* The first slide (titled “Charting”) describes what charting is and what it involves. Slide two (“Why Chart?”) poses the question of what are the reasons for charting. Slide three (“Reasons for Charting”) lists the reasons for charting. Slide four (“Types of Charting”) lists the various types of charting. Slide five (“Each agency will adopt a specific charting system”) explains each agency will have its own charting system—so students should not worry about being able to use all of the systems available. Slides six (“Narrative Charting”) through fourteen (“Charting by Exception [CBE]”) describe different charting systems.

*Slides on Electronic Health Records.* Slide one (“Electronic Health Records”) poses the question of “What are some pluses of using electronic health records (EHRs)?” Slide two (“Advantages of Electronic health records”) lists advantages of EHRs. Slide three (“Disadvantages in the use of HER systems”) lists disadvantages of EHRs.

*Slides on Effective Progress Note Writing.* The specific guidelines for charting presented in the chapter appear in a series of slides that may be reviewed in class. The first slide is titled “Effective Progress Note Writing: Conciseness.” The final one is “Effective Progress Note Writing: Record Date and Time and Sign Each Entry.”

*Slides on Demonstrating the Writing a Progress Note.* Two 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. Students may be asked to point out failings in this poorly written note. The second slide, “What is better about this note?” can be used for students to describe what they see as improvements in the note from the first one.

*Slide titled “While client documentation is the primary type of documentation typically associated with the term documentation, others do exist during each phase of APIE,”* explains that even though RTs tend to use the term “documentation” to refer to charting, documentation takes place throughout all phases of APIE.

*Slide on Incident Reports.* This slide (“Incident Reports”) describes incident reports and their purpose.

*Slide on Principles in the Teaching/Learning Process.* The first slide (“Skills taught in RT using Teaching-Learning Principles”) lists four types of skills RTs teach. The next slide (“Principles in the Teaching/Learning Process”) informs students of the importance of principles involved in the teaching/learning process and indicates the principles listed in the chapter.

*Slides on Transtheoretical Model (TTM).* Slide one (“Transtheoretical Model (TTM)”) explains the TTM is a stage model. Slide two (“Stages of Transtheoretical Model”) lists the five stages of the TTM.

*Slides on Motivational Interviewing.* Slide one (“Motivational Interviewing”) explains MI and its relationship to TTM. Slide two (“MI techniques are based on the four guiding principles known as the acronym RULE”) explains what RULE stands for.

*Slides on Teamwork.* Slide one (“Teamwork”) describes conditions for teamwork to occur. Slide two lists “Tips for Team Facilitators.” Slide three lists “Tips for Team Members.” The instructor may wish to also review the PowerPoint slide for Table 8.3, “Don’ts for Team Leadership.”

*Slides on Generational Differences.* The first slide (“Generational Differences”) introduces the topic of generational differences. The next five slides provide information on each of the generations.

*Slides on Advocacy.* Slide one (“Advocacy”) defines the term advocacy. Slide two (“Types of Advocacy”) lists the types of advocacy discussed in the chapter.

*Slides on the International Classification of Functioning, Disability and Health or ICF.* Slide one (“ICF”) introduces the ICF. Slide two (“ICF Perspectives”), provides perspective represented in the ICF. Slide three (“WHO’s International Classification of Functioning, Disability and Health (ICF)),” describes the approaches taken by the ICF.

*Slide on quality improvement (QI) & quality assurance (QA).* This slide describes the two terms QI and QA.

*Extensive series of slides on Leadership and Understanding Transactions (or the social psychology of RT).* Slide one (“Leadership & Understanding Transactions”) introduces the notion of what social psychology involves and that theory and research from social psychology can be employed in RT. Slide two lists “Areas of social psychology having applications in recreational therapy.” Slides three (“Self-Views”), four (“Two sources of self-esteem”), five (“self-esteem influences perceptions & behavior”), and six (“Self-Esteem Enhancement in RT”) explain self-concept and self-esteem. Slides seven (“Self-Handicapping”) and eight (“Self-handicapping instances”) explain self-handicapping. Slide nine (“Self-Reported handicap”) reviews the concept of self-report handicap and provides an example. 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 & RT”), concern Loneliness and possible facilitation techniques RTs might use to combat loneliness. The next three slides (“Social Support,” “Social Support & Health,” and the slide (“RT can enhance feelings of social support”) cover the important area of social support, health, and how RT can enhance feeling of social support. Slide 19 (“Social Facilitation”) presents information on social facilitation and implications for practice. Social Learning Theory (“Social Learning Theory”) is briefly explained. Self-efficacy is covered in slides 21 and 22 (“Self-Efficacy” and “Four Means to Influence Self- Efficacy”). The final two slides (“Attributional Processes” and “RT and Attributions”) are on attributional processes and how they relate to RT practice.

## Learning Activities using Lessons Learned

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

A student assignment related to understanding applications of social psychology to recreational therapy could be to assign Lesson 57 in *Lessons Learned*: Austin, D. R. (2011). *Recreational therapists as applied social psychologists. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, 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 to assign Lesson 59 in *Lessons Learned*: Austin, D. R. (2011). *Self-Efficacy. Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, 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.

Assign students to make in-class presentations on concepts drawn from social psychology and their implications for practice. Topics to include self-concept, learned helplessness, self-fulfilling prophesy, loneliness and social isolation, social support, social facilitation, social learning, self-serving bias, fundamental attributional error, and overjustification effect.

A student assignment related to understanding social facilitation could be to assign Lesson 60 in *Lessons Learned*: Austin, D. R. (2011). Social Facilitation. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, 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 recreational therapy practice?

A student assignment related to understanding self-handicapping could be to assign Lesson 61 in *Lessons Learned*: Austin, D. R. (2011). Self-Handicapping. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, 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 recreational therapy.

A student assignment related to understanding the self-fulfilling prophecy could be to assign Lesson 62 in *Lessons Learned*: Austin, D. R. (2011). Self-Fulfilling prophecy. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, pp. 121-122. Ask students to illustrate the self-fulfilling prophecy by means of describing the classic "bloomers" study by Rosenthal and Jacobson. Then ask how may the self-fulfilling prophecy be applied in recreational therapy?

A student assignment related to understanding of learned helplessness could be to assign Lesson 63 in *Lessons Learned*: Austin, D. R. (2011). Learned helplessness. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, pp. 123-124. Ask students to describe learned helplessness. Then discuss how RTs 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. Type Recreation Therapy Videos in the search box and when the list of RTV videos comes up, click on the title.

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

*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 found 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 of 1 through 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 in class the Transtheoretical Model by reviewing the PowerPoint slide of Table 8.2, "Stages of the Transtheoretical Model."

*Self-Analysis Paper Using the TTM.* Have students write a two-to-three-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. The individual should be asked to share with the students their 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, a paper could be assigned 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 et al. (2006). Exploration of the link between conceptual occupational therapy models and the International Classification of Functioning, Disability, and Health. *Australian Occupational Therapy Journal*, 53, 9-17. As an example for their papers, 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. Each dyad or group of students should be assigned a term(s) and then asked 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; Social Support; (6) Self-Efficacy; (7) Social Facilitation; (8) Social Learning Theory; and (9) Attributional Processes. Students may be encouraged to read related readings from *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners* in preparation for their class leadership.

*Graduate Student Paper on Social Psychology.* Instruct students at the beginning of the semester to choose between one of the following two books to read for the semester:

Cacioppo, J. T., & Patrick, W. (2008). *Loneliness: Human nature and the need for social connection*. WW Norton & Company.

Christakis, N., & Fowler, J. (2009). *Connected, the surprising power of Social Networks and how they shape our life*. Little, Brown, and Company.

After allowing for time to order and read their selected book, assign a book review paper that consists of the following components, a.) overview of the book, b.) personal connections and insights drawn from the reading, c.) connection to a specific disability diagnostic group of the student's choice, and d.) application to recreational therapy practice. Suggested paper length is approximately 10-12 pages double spaced.

## Examination Questions (\* indicates 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 the following 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 are
  - 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. Baby Boomers period
  - a. 1925-1945
  - b. 1946-1964\*
  - c. 1965-1980
  - d. 1981-1991

10. Team orientated, work hard, work well in groups, multitask
- Baby Boomers
  - Generation X
  - Millennials\*
  - Gen Z
11. It has become the generally accepted framework to describe functioning in rehabilitation
- APIE
  - ICF\*
  - ICIDH
  - NCHS
12. ICF was approved in 2001 by the
- National Academy of Recreational Therapists
  - National Council on Therapeutic Recreation Certification
  - Centers for Disease Control
  - World Health Organization\*
13. Quality assurance is about
- evaluation of documentation practices
  - pretentiousness in conducting repetitive processes
  - examining processes to determine their status and how to improve them
  - seeing standards of regulating bodies are met\*
14. It is generally agreed that self-esteem is what part of self-concept?
- affective\*
  - behavioral
  - cognitive
  - disdain
15. When people actually arrange impediments that they can later blame for their poor performance, it is
- self-esteem
  - self-handicapping\*
  - self-reported handicap
  - self-adaptive behavior
16. Associated with the development of the theory of learned helplessness is
- Gergen
  - Iso Ahola
  - Seligman\*
  - McDowell

17. The opposite of learned helplessness is
- reactance\*
  - remotivation
  - reinforcement
  - resocialization
18. Langer and Rodin's classic nursing home study involved residents
- taking care of a plant
  - selecting which night of the week to view a movie
  - going on an outing away from the facility
  - a and b but not c\*
19. At-risk group(s) for loneliness is
- adolescents
  - individuals who are dying
  - persons with socially unacceptable illnesses
  - all of the above\*
  - b and c but not a
20. Self-efficacy theory was developed by
- Lee
  - Bandura.\*
  - McCormick
  - Dattilo
21. The fundamental attributional error involves overemphasizing
- external as opposed to internal causes of behavior
  - consensus rather than distinctiveness
  - information. distinctiveness rather than consensus information
  - internal as opposed to external causes of behavior\*

*Note:* Reading Comprehension Questions appear at the end of the chapter. Author-prepared PowerPoint slides and slides of all tables and figures are available from Sagamore-Venture for instructors who have adopted the book.

# Clinical Supervision

## Chapter Overview

Very little has appeared in literature of recreational therapy 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 and giving and receiving clinical supervision. In addition, this chapter discusses the actual 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 himself or herself to deliver the highest possible level of clinical service while promoting accountability in the agency's clinical program.
3. There are four elements that define clinical supervision according to Hart.
4. Clinical supervision is an important and emerging area of recreational therapy.
5. Clinical supervision differs from general supervision.
6. Clinical supervision differs from therapy.
7. Hart has proposed three models of clinical supervision: skill development model, personal growth model, and integrative mode.
8. Bradley has 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. Three levels of clinical supervision have been identified by Stoltenberg and Delworth. 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 the 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, co-leadership, 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, and maturity stage, formative evaluation, summative evaluation

## Teaching Difficult Topics

Because the entire area of clinical supervision is still relatively new to many in recreational therapy, instructors are likely to have relatively little first-hand experience with it. It may, however, be possible 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 of PowerPoint slides contains all **figures and tables** that appear within each chapter. **The second set of PowerPoint slides are those developed for each chapter by the authors** of the textbook. Suggested class presentations for the use of both the tables and the author developed slides are suggested in this Instructor's Guide.

*Review the PowerPoint Slides of the Tables found in Chapter 9.* There are several tables in Chapter 9 that instructors may wish to review as PowerPoint slides. Some PowerPoint slides of Chapter 9 tables are suggested in the use of the author-developed slides that follow.

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

*Slides that Review the Broad Purposes of Clinical Supervision and the elements that Define Clinical Supervision.* Slide one ("Two Broad Purposes of Clinical Supervision") lists the two major purposes of conducting clinical supervision programs. Slide two ("Four elements define the clinical supervision process") lists elements involved in clinical supervision.

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

*Slide on Strength-Based Approach.* This slide “The Strength-Based Approach to Clinical Supervision”) explains that the approach fits well with RT and indicates its application.

*Slide of Table 9.3 gives* “Key Principles in Conducting Strengths-Based Counseling.”

*Slide of Table 9.4 gives tips for Supervisors in Forming Relationships with Supervisees* (“Tips for Supervisors to Establish a Productive Relationship with Supervisees”).

*Slide to review the Roles of Clinical Supervisors.* The roles of clinical supervisors are covered in the chapter. 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.* 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 in 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.

*Slide on Desirable and Undesirable Traits for those providing clinical supervision.* Table 9.5 (“Desirable and Undesirable Traits of Clinical Supervisors”) provides an extensive list of desirable and undesirable traits for clinical supervisors.

*Slide on Table 9.6 provides Influences on Competency Development Perceived by Recreational Therapy Interns*

*Slide on Struggles of Beginning Supervisors.* Table 9.7 list struggles that beginning supervisors may face. This slide has particular application to graduate students who will likely assume roles as clinical supervisors.

## 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 to assign Lesson 35 in *Lessons Learned*: Austin, D. R. (2011). Clinical supervision. *Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners*. Urbana, IL; Sagamore Publishing, 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 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 Supervision,” 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. Type Recreation Therapy Videos Indiana University in the search box. When the list of RTV videos appears, click on the desired title.

That will take you to the web page for the video where you simply click on the address to view the video. An alternative is to have the students view the video outside of class and then discuss it during class time.

*Invite an RT to React to the “Clinical Supervision” Video.* A good learning activity related to the previous one would be to invite in 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.

*Interview Current Interns or Recent Graduates:* Using an online platform such as Zoom, arrange a small cohort of students (2-4) that are either currently in their internships or have recently graduated. Ask the intern panel a variety of questions related to their internship, specifically targeted toward internship supervision. Questions may center on “What are strategies for supervision they have enjoyed and grown from the most?” Other questions may focus on, “What hasn’t worked as well?” or “What would they do if they were to be a clinical supervisor in the future?”. As for the students’ permission to record the session so that it can be used in future semesters. A separate recording could also be done by inviting a cohort of current clinical internship supervisors to gain the supervisor perspective.

*Review the PowerPoint titled the “Benefits of Clinical Supervision.”* Perhaps immediately following the use of the PowerPoint slide of Table 9.1 (on 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 clinical supervision has lacked interest by recreational therapists? (There is discussion of this topic in the chapter.)

*Assign graduate students a self-assessment assignment.* Ask graduate students to conduct a self-assessment of their background for doing clinical supervision using the information on clinical supervisor traits, the questions proposed in the chapter by van Ooigen, and information from Table 9.5

“Desirable and Undesirable Traits of Clinical Supervisors” and Table 9.6

“Influences on Competency Development Perceived by RT Interns.” Then submit a 3–4-page double-spaced paper based on their self-assessment.

## Examination Questions (\* indicates 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 one of the elements below?
  - 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 the following most resembles a counselor/client relationship?
  - a. skill development model of clinical supervision
  - b. personal growth mode 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 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. one-half hour
- b. an hour\*
- c. an hour and one-half
- d. two hours

*Note:* Reading Comprehension Questions appear at the end of the chapter. Author-prepared PowerPoint slides and slides of all tables and figures are available from Sagamore-Venture for instructors who have adopted the book.

# Psychotropic Drugs and Assistive Devices

## Chapter Overview

The initial portion of this chapter covers health and safety considerations when providing services for clients who are on psychotropic drugs. Within the chapter is also information on assistive devices used by persons with physical disabilities and information on how to complete transfers with persons who have physical disabilities.

## Critical Concepts

1. Psychotropic drugs influence the psychic function of the client.
2. Antipsychotic drugs reduce symptoms of psychotic disorders such as schizophrenia.
3. Side effects that occur with the use of antipsychotic drugs, antidepressant drugs, and anti-anxiety drugs should be known to RTs working with psychiatric clients.
4. RTs should be knowledgeable about assistive devices include braces, crutches, walkers, and wheelchairs.
5. Lifting principles should be followed when transferring clients.

## Key Terms

Desired effects, side effects, psychotropic drugs, antipsychotic drugs, stimulants, antidepressants, mood stabilizers, assistive devices, transfers, safety precautions

## Teaching Difficult Topics

There is much technical information contained within this chapter. It may therefore be wise to bring in experts (e.g., psych nurses, recreational therapists working in rehab) to discuss material. Another approach is to 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 of PowerPoint slides contains all figures and tables that appear within each chapter. The second set of PowerPoint slides are those developed for each chapter by the author of the textbook.** Suggested class presentations for the use of both the tables and figures and the author-developed slides are suggested in this Instructor's Guide.

*Review the PowerPoint Slides of the tables and figures found in Chapter 10.* There are any number of tables and figures in Chapter 10 that instructors may select to present in class.

*Slide on Psychotropic Drugs* (one slide). The term "psychotropic drugs" is explained. This author-prepared slide ("Psychotropic Drugs") might be followed by a review of the PowerPoint slide of Table 10.2, "Antipsychotic Drugs," to illustrate types of psychotropic drugs.

*Slide on assistive devices* (one slide). This slide ("Assistive Devices") could be used to introduce the topic of assistive devices as it describes what they are.

## Possible Learning Activities

*Invite a Nurse to Class with a Background in Psych/Mental Health.* In advance of the class, provide the nurse with Chapter 10 so they will know the content read by the students. Have the nurse talk about the drugs typically taken by patients they work with and the desired effects and side effects of the drugs on patients.

*Bring in an RT or RTs Working in Psych/Mental Health.* Ask a recreational therapist who works in psych/mental health to come into class to discuss how he or she uses information about psychotropic drugs in RT practice. An alternative is to have two or three RTs with psych/mental health backgrounds to form a panel to discuss psychotropic drugs and what RTs need to know about them.

*View in class Table 10.6 “General Safety Tips for Lifting and Moving Clients.”* Ask students what experiences they have had in lifting and moving clients and if they feel the tips are valid.

*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. Learning objectives appear at both the beginning and end of the video. RTV videos can be streamed online from the IUScholarWorks Repository. Type Recreation Therapy Videos Indiana University into your search box. When you reach the list of RTV video titles, click on “Transfer Techniques.”

*View Tables 10.8 & 10.9 on transferring in class* (perhaps either before or after viewing the video on transfer techniques).

*Either in class or as a homework assignment, have students view examples of transfer techniques from YouTube.*

An example of a transfer from a bed to a wheelchair where the client is able to take a few steps during the transfer. See <https://www.youtube.com/watch?v=T9hiKTd8W6w>

An example of a client with one side stronger than the other being transferred from a wheelchair to a chair and back. A gait belt is used. See <https://www.youtube.com/watch?v=irfJdCL2Dw>

An example of a physical therapist transferring a client from a wheelchair to a matt table. Someone needing a maximum amount of help. Has great tips on how the therapist can protect their back while doing the transferring. See <https://www.youtube.com/watch?v=NYmgotQZE54>

An example of a transfer of a client from a wheelchair to a bed in an inpatient setting. In this example the patient is non-ambulatory, so the patient does not take a step during the transfer. See <https://www.youtube.com/watch?v=Bj0FbjFFJY>

## Examination Questions (\* indicates correct response)

1. The first and perhaps best known of the antipsychotic drugs is
  - a. chlorpromazine (Thorazine)\*
  - b. thioridazine (Mellaril)
  - c. peperacetazine (Quide)
  - d. haloperidol (Haldol)
  
2. Antipsychotic drugs
  - a. have few side effects
  - b. do not cause movement disorders
  - c. may lower blood pressure\*
  - d. shouldn't affect clients' participation in RT

3. General safety tips for lifting or moving clients except one of the following:
  - a. Always face the client you are helping to move.
  - b. Keep a wide base of support. Your feet should be at least shoulder width apart.
  - c. Hold the client close to your body to minimize the effects of the client's weight and to help with balance.
  - d. Always twist when lifting, moving, or reaching. \*
  
4. General safety rules for helping clients with stairs include:
  - a. When the client is going up the stairs, the recreational therapist follows.
  - b. When the client is going down the stairs, the recreational therapist goes down in front of the client.
  - c. When the client is going up the stairs, the recreational therapist be positioned beside the client.
  - d. a and b but not c\*
  - e. a and c but not b
  
5. The most common side effect of the benzodiazepines is
  - a. drowsiness\*
  - b. weight loss
  - c. muscular strengthening
  - d. dizziness
  
6. The most common side effects of the stimulants include all but
  - a. decreased appetite
  - b. insomnia
  - c. headache
  - d. increased pulse or blood pressure\*
  
7. One side effect that occurs especially is photosensitivity, which means the skin becomes increasingly sensitive to burning by the sun.
  - a. Phenobarbital (Luminal)
  - b. Fluoxetine (Prozac)
  - c. Chlorpromazine (Thorazine)\*
  - d. Photoetine (Paxil)
  
8. Side effects of drugs for depression and anxiety
  - a. are usually temporary
  - b. generally do not limit the activities of the client
  - c. should cause extreme caution in conducting any recreational activities
  - d. a and b but not c\*
  
9. Which of the following classes 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



10. Clients who have been taking this drug tend to easily sunburn
- a. Benzodiazepines
  - b. Lithium
  - c. Thorazine\*
  - d. Valporate
11. When assisting a wheelchair user with a transfer the RT should keep in mind to
- a. flex the knees
  - b. keep his or her feet spread about a shoulder-width 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. Author-prepared Power-Point slides and slides of all tables and figures are available from Sagamore-Venture for instructors who have adopted the book.