Effective Management in Therapeutic Recreation Service

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EFFECTIVE MANAGEMENT IN THERAPEUTIC RECREATION SERVICE

THIRD EDITION

BY

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Preface

Effective Management in Therapeutic Recreation Services, Third Edition provides theoretical and practical knowledge about the management of therapeutic recreation services* in health and human service organizations in North America. The text was written for upper-level undergraduate and graduate students as well as practitioners. The text was also prepared for a therapeutic recreation specialist who has responsibility for managing direct therapeutic recreation service and the assignment and direction of staff, volunteers, and interns who deliver the service.

While we realize all the information useful to a potential manager or practicing manager is not in this one volume, the intent is to present the most important portions of management information relevant to the professional who is a first-line manager. Changes are taking place on a daily basis in health and human service organizations, which in turn affect therapeutic recreation service and its management. Management of therapeutic recreation service, regardless of setting, will change dramatically in the future. Hence, we foresee that some statements may not be as appropriate as they were at the time the manuscript was prepared.

Instructor and Student Learning Tools

New features of this third edition introduced to support instructors and learners are an instructor’s manual and text format with interactive pedagogical tools. The instructor’s manual includes PowerPoints, test questions, and review questions. Each text chapter is introduced with learner outcomes that are then embedded in the text narrative in close proximity to the relevant learner content. Within the chapters, significant content is presented in Figures and Tables and enumerated in the chapter summary. Lastly, the text has been reduced in length so instructors may organize units according to the average number of weeks in an academic term.

New Content

Another new feature of this edition is the introduction of information relevant to therapeutic recreation management in Canada. Since publication of the second edition, academic programs in Canada are increasing; where appropriate, discussion presents information unique to Canadian learners. Likewise, throughout the text, the global interactions of health and human services are acknowledged: Students and practicing managers may engage in professional preparation, live, and practice in completely different geographic areas, so culture and diversity are integrated into topics throughout the text.

Text Organization

This third edition reflects a management perspective, as opposed to a program perspective. Therefore, in the sequence of chapters, program and consumer information follow management as quality consumer programming relies on successful execution of management functions. The third edition is organized into four parts. Section 1 considers management and leadership concepts. In Chapter 1, new to this edition, the trends and issues creating challenges to managing services are summarized and precede a brief description of the settings, populations, and responsibilities of the first-line manager. Chapter 2 outlines management functions of the first-line manager and the transitions from a practitioner to first-line manager. New to the text is consideration of organizational stress and techniques that first-line managers use to adjust to the demands of their work environment. In Chapter 3, management and leadership theories are summarized and applied to therapeutic recreation. The chapter concludes with discussion of the manager-leader’s role in preparing planning statements to guide the department or agency. Organizational behavior, Chapter 4, focuses on the nature of human behavior in the department. In-depth consideration is given to change, teams, and individual factors affecting performance—topics expanded from the previous edition. Chapter 5, on decision making, problem-solving, and conflict, addresses fundamental tasks found in all management functions and in situations where people work together in a constantly changing environment. Expanded in this edition are examples of agency policies, procedures, and rules, as well as sources of conflict such as bullying.

Section 2 reviews operational aspects of management, including technology and research (Chapter 6), marketing and advocacy (Chapter 7), and financing (Chapter 8). Technology, in addition to contributing to the increasingly rapid rate of change and access to information, is also affecting how services are delivered and how professionals carry out their responsibilities. Chapter 6 introduces expanded content on health-care technology, including dashboards, electronic health
records, informatics, a technology plan, and the significance of research in evidence-based practice. Health care is a business, which is most evident with the new business concepts introduced in the marketing and advocacy chapter (7). Trends like social marketing are influencing the manager's advocacy roles and concerns for assuring ethical relationships among stakeholders and the larger community that benefits from therapeutic recreation outcomes. Financing health care in the United States and Canada is the focus of Chapter 8. New to the chapter are consideration of the global fiscal challenges affecting health care, review of health-care payment shifts and legislation in Canada and the United States, coverage, and financial trends.

Human resources are the focus of Section 3 of the text. Chapters consider staffing (Chapter 9), volunteers and interns (Chapter 10), workplace communication (Chapter 11), and motivating work environments (Chapter 12). Chapter 9 covers staff planning and selection, training and development, and performance appraisal. New content includes recruitment software, e-learning, results-oriented assessments and evaluation in addition to expanded information on interviewing, orientation, staff retention, and employment regulations. Chapter 10 introduces a Canadian perspective to managing volunteers and interns. Also introduced are the changing natures of volunteer commitments and student internship needs that impact the manager's responsibility to create capacity-building experiences. Chapter 11 emphasizes that because a manager is in a high-profile position, everything a manager does communicates. An expanded emphasis is given to workplace variables, influencing communication and the manager's role as a professional advocate. The closing chapter in this section, Chapter 12, expands information on motivational theories—the manager's role in relating to the unique needs of staff in order to create a motivating environment that satisfies staff goals and department or agency goals—and shares research on intrinsic and extrinsic forms of motivation in therapeutic recreation. Also, trends like the global and generational workforce are challenging managers to introduce new intangible and tangible motivational features to the work environment.

Four chapters comprise Section 4 and focus on service delivery: They include service accountability (Chapter 13); risk, safety, security, and legal aspects (Chapter 14); quality (Chapter 15); and managing a professional future (Chapter 16). Chapter 13 introduces evidence-based staffing and enhances discussion of the manager's roles in assessment, planning, implementation, and evaluation by adding information on critical pathways. A contemporary social issue is security and personal safety in the workplace. The content of Chapter 14 expands beyond risk to address safety and security of professionals and stakeholders in health care. A number of laws, organizations, and regulations govern and provide resources in Canada and the United States to help the manager ensure safety, quality, and privacy; websites are presented, relevant terms defined, elements of safety and security plans described, and management of the therapeutic recreation process to reduce malpractice concerns is outlined. Chapter 15 presents the manager's responsibility to sustain quality in service delivery. New to this edition are reviews of quality initiatives applied to health care, evolution of quality concerns in health care, expanded definitions of quality by the Institute Of Medicine and World Health Organization, and an introduction to the American Hospital Association quality-improvement model.

Closing the text (Chapter 16) is a new chapter on managing a professional future. This chapter reiterates the trends and issues shared in the introduction and throughout the text. Also, the chapter summarizes the critical nature of ethics and ethical decision making as professional qualities and behaviors. To manage a future that advances the emerging professional's career requires continued acquisition of relevant knowledge, skills, and abilities and the flexibility to change. To accomplish these goals, a career-planning model grounded on the process of assessment, planning, implementation, and evaluation and a strategic-planning-analysis template are presented. These tools help professionals identify their assets and plan strategies to remain abreast of global and professional challenges while advancing the profession.

*The term “therapeutic recreation service” is used for ease of readership and is intended to be inclusive of the terms “recreational therapy” and “recreation therapy.”
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Dr. Gerald S. O’Morrow conceived and was the primary author of the first edition of Effective Management in Therapeutic Recreation Service. With acknowledgment of continued support from his family, we are honored to have the opportunity to show our appreciation and respect for his dedication to the profession through this third edition.

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SECTION 1

MANAGEMENT CONCEPTS
Chapter 1
INTRODUCING FIRST-LINE MANAGEMENT: TRENDS IMPACTING YOUR FUTURE

Keywords
• Care continuum
• Change
• Demographics
• Education
• Evidence-based practice
• Globalization
• Health-care business
• Holistic care
• Patient-centered care
• Research
• Technology

Learning Outcomes
After reading this introduction, students will be able to:

1. Outline trends, issues, and challenges influencing management in our profession.
2. Identify settings and populations where first-line managers are employed.
3. Outline qualities, responsibilities, and professional expectations of first-line managers.
4. Describe topics and outcomes students may expect with use of this text.

Overview
What is a first-line manager? And why are management skills critical to a new professional in recreation therapy/therapeutic recreation?

Today all practitioners are managers. While there are various levels of management (e.g., top, middle, first-line), first-line managers are responsible for delivery of therapeutic recreation service, assignment and direction of professional practitioners and volunteers, and interaction with other managers in the same organization or with others in the community who deliver similar services. There may be times, however, that the manager is responsible for providing direct service (e.g., staff on vacations or during special programs). In some large health and human-service organizations (e.g., hospitals, public or private freestanding community-based centers for persons with disabilities) and depending on the organizational structure, therapeutic recreation managers may occupy a middle-management position. In such instances, they would be responsible for implementing basic policies and plans developed by top management and for supervising and coordinating the activities of lower-level managers. The director of a rehabilitation department with a corporation like Genesis Healthcare who is responsible for several disciplines (e.g., occupational, speech-hearing, and recreation therapy) would be a middle manager, as would the manager of therapeutic recreation services in a community organization like Pathways Health Centre for Children in Ontario, Canada.

A first-line-manager position is often the first position held by a practitioner who enters management from direct services; however, there are some settings in which the first-line manager is also the sole practitioner (e.g., long-term care settings, small community-based organizations). Thus, most first-line managers have had little or no formal academic preparation in therapeutic recreation management. Their advancement is the result of competency in direct service, program knowledge, and job experience. A management position continues to be one of the options open to a practitioner to offer salary increases.

The intent of this introduction is to introduce trends, issues, and challenges impacting management in our profession; survey employment settings, responsibilities, and professional expectations of first-line managers; and outline the management topics and outcomes students may expect as a result of using this text.
Health and Human Service in the 21st Century

“Today’s health-care system is continuing to undergo significant changes” (Sullivan & Decker, 2009, p. 3). Change is the norm. Change is constant and affects the organization and delivery of health and human services. As a change agent, the manager is a role model and advocate for positive outcomes that improve client programs. A climate of change presents new opportunities for professionals and our profession. Change is necessary for growth and viability of clients, organizations, and professions. A number of forces are changing health and human services. These trends and issues are briefly summarized in Table 1.1.

Change and the rapid pace of constant change is a leading force in the evolving nature of health and human service organizations and services. Technology is a primary contributor to the rapid pace of change. Health information technology, electronic medical records, and robotics, for example, are changing administrative responsibilities, facility operations, and client care approaches (Hoss, Powell, & Sable, 2006).

Health care is a business (Stumbo & Hoss, 2009; Sullivan & Decker, 2009). Given this, managers focus on containing costs even with increasingly limited resources in order to sustain services in a competitive environment. The growth rate of health-care spending continues to advance in developed countries, and paying for services is challenging for North American governments and individual clients. Accountability demands, benchmarking, and need to reduce medical errors continue to force the manager to improve quality and outcomes and focus on safety in the workplace. A third issue worldwide is access to care among various cultures, generations, and economic groups. Native Canadians, the elderly, and the financially poor experience health disparities. The recent release of Healthy People 2020 identifies one of four foundational health measures as disparities; the intent is to monitor progress in attaining the highest level of health in all people in the USA (U.S. Department of Health and Human Services, 2010).

Health care is a global public concern. Globalization yields common threats like natural disasters, terrorism, and pandemics, and it yields solutions like tele-a-medicine and alternative delivery models to manage escalating health spending and financing. Demographics worldwide like aging, income levels, and violence are adding demands to an overburdened system. The World Health Organization’s International Classification of Functioning, Disability, and Health (ICF) provides a universal language and framework to describe health and disability (2002). This bio-psycho-social model integrates the medical, social, and human aspects of health. Disability is a universal human experience. As therapists, embracing this model suggests we capitalize on client strengths and include the interrelationships of our environments and human functioning as we assess and deliver interventions (Sylvester, 2011).

As the care continuum moves beyond the doctor’s office and hospital to primary care in community centers, a broader array of health-care professionals are providing holistic patient-centered care (Hoss, Powell, & Sable, 2006; Sullivan & Decker, 2009). Informed citizens are participating in health-care decisions. Integrated-care networks rely on technology to share and organize client plans among professionals through community models like Medical Homes. This encourages fiscal prudence by focusing on the performance of an interdisciplinary team to produce outcomes in a timely manner (value-based performance). Concern for accessible and accommodating experiences is shifting to universal design and collaborative interventions. Similarly, while there remains a concern for management of chronic diseases like cardiovascular issues, there is an increasing acknowledgment of lifestyle behaviors that contribute to issues like obesity. This shift is prompting a focus on health-related quality of life and well-being or preventative and participation measures.

Evidence-based practice grew out of a desire to use scientific evidence to make clinical decisions (Sullivan & Decker, 2009). This effort complements challenges to improve safety, reduce costs, and validate the appropriateness of specific interventions to produce consistent client outcomes. Managers guide professionals as research is conducted to validate various practice models and theories in order to develop clinical guidelines and protocols. While efficacy research may be a challenge in day-to-day practice, program evaluation helps justify the effectiveness and viability of recreation therapy in holistic health. Along with education, research supports change and contributes to professionals’ continued growth and advancement, which are essential to our careers and the vitality of our profession.
Chapter 1: Introducing First-Line Management

Table 1.1 Trends, Issues, and Challenges in Recreation Therapy/Therapeutic Recreation

<table>
<thead>
<tr>
<th>Trend/Issue</th>
<th>Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change</td>
<td>Rapid, constant rate creates stressful environment and need to be flexible</td>
</tr>
<tr>
<td>Technology</td>
<td>Advancements change job functions and create information overload</td>
</tr>
<tr>
<td>Health-care business</td>
<td>Accountability measures, productivity levels, creative budgeting are used</td>
</tr>
<tr>
<td>Globalization</td>
<td>Cultural and demographic disparities are evident worldwide</td>
</tr>
<tr>
<td>Demographics</td>
<td>Income levels and aging societies overburden system and escalate costs</td>
</tr>
<tr>
<td>Care continuum</td>
<td>Practice integration, transparency, and continuous relationships are critical</td>
</tr>
<tr>
<td>Holistic care</td>
<td>Interdisciplinary cooperation and access to complementary care essential</td>
</tr>
<tr>
<td>Patient-centered care</td>
<td>Client and advocates guide intervention with professional facilitation</td>
</tr>
<tr>
<td>Evidence-based practice</td>
<td>Documentation and sharing of outcomes are crucial to profession</td>
</tr>
<tr>
<td>Research</td>
<td>Contributes to viability of profession and program effectiveness</td>
</tr>
<tr>
<td>Education</td>
<td>Professional advancement and growth aid in adapting to change</td>
</tr>
</tbody>
</table>

LEARNING OUTCOME
Outline trends, issues, and challenges influencing management in our profession.

First-Line Managers

Settings and Populations

The scope of recreation therapy/therapeutic recreation reveals a wide range of services to individuals with an equally diverse set of health and functional issues. Services are provided to individuals in residential facilities, community-based health and human service agencies and centers, rehab and outpatient services, home health agencies, hospices, and day-treatment and social programs (e.g., summer day camp, adult social clubs, and inclusion buddy aquatic programs). Populations benefiting from services vary from persons who are considered:

- old-old (85 and older) to those not yet born;
- from those with temporary dysfunction (e.g., recovering from orthopedic surgery) to those with permanent dysfunction (e.g., spinal cord injuries);
- from those with chronic lifelong disorders (e.g., autism spectrum disorder) to those with acute incidents (e.g., cardiac conditions); and
- from those with syndromes with clearly defined characteristics (e.g., intellectual disabilities) to those with non-specific definitions (e.g., persons with social and mental health needs, the abused, those with PTSD).

According to the National Council for Therapeutic Recreation Certification (NCTRC), there are 12,000 CTRs (Certified Therapeutic Recreation Specialists) in the United States and Canada, and 70% are employed full-time with the title of therapist or therapist supervisor while 6% have administrator titles. The majority of the CTRs practice in hospitals and skilled nursing facilities, while others are found in residential/transitional, community parks and recreation, outpatient/day treatment, and human services settings (NCTRC, 2009). Populations with whom employment is primarily found are behavioral/mental health and geriatrics (NCTRC, 2009).

“Students entering the field of therapeutic recreation need to be cognizant that there is no single definition for the delivery of therapeutic recreation services for persons with disabilities in a global society” (Genoe & Singleton, 2009, p. 39). Differing terms describe therapeutic recreation like “Diversional Therapy” in Australia and New Zealand and “Therapeutic Recreation” in Canada with “Recreation Therapy” and “Therapeutic Recreation” used in the United States. The titles used in various cultures to describe service delivery to persons with disabilities reflect social and professional constructs—government policies, social beliefs about individual abilities, and professional standards and regulations.

Research also suggests that practicing professionals differ in their perceptions of their jobs and that the scope of their responsibilities is also changing. A study of practicing professionals in North Carolina found that those persons who have been in the field and their current positions longer were more satisfied with the nature of their jobs and relationships with supervisors and coworkers (Stone, Kline, & Hammond, 2009). Professionals in
another state (Pennsylvania) identified that they are increasingly performing duties beyond the traditional scope of therapeutic responsibilities as departments transition to unit-based programming and satisfy cost-containment needs (Witman & Rakos, 2008). Several tasks mentioned most frequently included ADLs (activities of daily living), safety, special events, education, and assuming various administrative responsibilities like budgeting, customer service, quality improvement, and HR (human resource) issues. Thus not only are settings and populations diverse, practicing professionals differ in their job satisfaction and are experiencing expanding job responsibilities.

Managerial Qualities, Responsibilities, Professional Expectations

Even though the first-line manager holds a bottom-rung managerial position in the organization, that position is one of the most critical and valuable roles within the administration of the organization. The manager’s responsibility is to turn a plan of operation into reality. The majority of objectives for any therapeutic recreation service, regardless of setting, relate to the consumer, and the first-line therapeutic recreation manager is the administrative channel through which these objectives ultimately succeed or fail. This professional must ensure that quality services for clients are delivered efficiently in an ever-changing environment of standards and regulations, consumer activism, and budget limitations. Planning for the unit, for example, is in vain if the therapeutic recreation manager cannot translate the objectives into concrete action. The first-line manager also serves as a linking agent by advocating and representing the interests of subordinates to the next managerial level and communicating, clarifying, and enforcing the directives of his or her supervisor. The first-line manager networks with those above and below to influence the status of staff and quality of services provided to clients (Whitehead, Weiss, & Tappen, 2010).

The new manager needs to have an appreciation of the organization as a functioning system. While the manager will certainly understand the dynamics of the unit as a practitioner, he or she now must develop an understanding of the interdependency of the process and events occurring in the organization, such as:

- the exchange relationships and social marketing that must occur between the organization and its task environments;
- the effects of organization, structure, and climate on communication, practitioner motivation, and performance;
- the importance of occupational commitments and professional vested interests as determinants of individual and group behavior; and
- the dynamics underlying various problems like balancing cost with quality and inter-professional conflict.

Effective managers have a common affinity for understanding the nature of the larger organization within which they work. In other words, a special effort is made to understand the inner workings of the larger organization of which their unit is a part. They observe, inquire, and integrate so they feel competent in representing their employees and their organization (Whitehead, Weiss, & Tappen, 2010).

Other characteristics of a successful first-line therapeutic recreation manager would include the following: the ability to negotiate to resolve problems by using creative solutions, being able to rebound from the frustrations of today and recognize that tomorrow is another day with its own challenges and rewards, and a sense of humor—without the latter, the environment can rapidly create management burnout. The changing and challenging health and human service system requires the manager to allocate scarce resources appropriately “and to be visionary and proactive in planning for challenges yet to come” (Marquis & Huston, 2009, p. 52).

Managerial responsibilities vary with the nature of the setting, populations served, and influence of government and professional regulations and standards. Regardless, the focus in this text is on managerial job tasks and knowledge, skills, and abilities (KSAs) defined by our credentialing body and professional organizations. Table 1.2 presents a summary of the professional knowledge domains of the NCTRC job analysis organized by chapter in which the content appears (CTRA, 2006; NCTRC, 2007; West, Kinney, & Witman, 2008).

LEARNING OUTCOME
Identify settings and populations where first-line managers are employed.
Within each chapter, student learning outcomes articulate competencies of first-line managers. Each setting is unique with protocols and policies governing performance expectations. To illustrate, we introduce staffing responsibilities, realizing managers craft specific policies related to hiring, supervising, and competency assessment appropriate to their work setting. We provide example statements, documents, and web information asking you to participate in the learning experience by reviewing key words, responding to review questions, and viewing chapter PowerPoints.

Professionals are held to higher expectations due to their specialized education and training. First-line managers, therefore, not only represent their employees and the organization but also our profession to internal and external audiences. This added layer of responsibility

### Managerial Responsibilities by NCTRC Professional Knowledge Domains

<table>
<thead>
<tr>
<th>Managerial Responsibilities</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundational Knowledge</strong></td>
<td></td>
</tr>
<tr>
<td>Legislation</td>
<td>8, 9</td>
</tr>
<tr>
<td>Relevant guidelines/standards</td>
<td>13–16</td>
</tr>
<tr>
<td>Principles of group interaction/leadership</td>
<td>2, 4</td>
</tr>
<tr>
<td><strong>Practice of Therapeutic Recreation/Recreation Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>Standards of practice</td>
<td>13–15</td>
</tr>
<tr>
<td>Codes of ethics</td>
<td>16</td>
</tr>
<tr>
<td><strong>Organization of Therapeutic Recreation/Recreation Therapy Service</strong></td>
<td></td>
</tr>
<tr>
<td>Documentation procedures</td>
<td>13</td>
</tr>
<tr>
<td>Evaluating agency/TR/RT service program</td>
<td>6, 13, 15</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>15</td>
</tr>
<tr>
<td>TR/RT service plan of operation</td>
<td>3</td>
</tr>
<tr>
<td>Personnel/intern/volunteer supervision</td>
<td>4–5, 9–10, 12</td>
</tr>
<tr>
<td>Payment system</td>
<td>8</td>
</tr>
<tr>
<td>Facility/equipment management</td>
<td>14</td>
</tr>
<tr>
<td>Budgeting/fiscal responsibility</td>
<td>8</td>
</tr>
<tr>
<td><strong>Advancement of the Profession</strong></td>
<td></td>
</tr>
<tr>
<td>Accreditation standards/regulations</td>
<td>8–10, 13</td>
</tr>
<tr>
<td>Professionalism</td>
<td>2, 11, 16</td>
</tr>
<tr>
<td>TR/RT certification/recertification</td>
<td>9, 10, 16</td>
</tr>
<tr>
<td>Advocacy</td>
<td>7, 11</td>
</tr>
<tr>
<td>Legislation/regulations</td>
<td>6, 8, 9, 14, 15</td>
</tr>
<tr>
<td>Professional standards/ethical guidelines</td>
<td>16</td>
</tr>
<tr>
<td>Public relations/marketing</td>
<td>7</td>
</tr>
<tr>
<td>Maintaining/upgrading professional competencies</td>
<td>9, 13, 16</td>
</tr>
<tr>
<td>Professional associations/organizations</td>
<td>16</td>
</tr>
<tr>
<td>Partnership for advancement of the TR/RT profession</td>
<td>7</td>
</tr>
<tr>
<td>Continuing education/in-service training</td>
<td>16</td>
</tr>
</tbody>
</table>


**LEARNING OUTCOME**

Outline qualities, responsibilities, and professional expectations of first-line managers.

**LEARNING OUTCOME**

Describe topics and outcomes students may expect with use of this text.
requires the first-line manager to model and articulate ethical behaviors and professional practices, monitor staff development, establish mentee-mentor relationships to advance their career and foster staff growth, engage in professional organizations to self-regulate the practice, contribute to the body of evidence and theories justifying our practice, and to advocate for recreation therapy/therapeutic recreation as a necessary public service and essential care team participant. The text concludes with a summary of professional expectations. Together with the trends, issues, and challenges introduced in this opening section, these professional expectations significantly influence the first-line manager’s effectiveness in achieving client outcomes through unit operation. The first-line manager and our profession are judged by not only practice effectiveness but also by how fluid and competently the first-line manager represents the profession as a change agent.

References


