

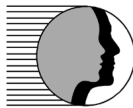
Lessons Learned

*An Open Letter to Recreational Therapy
Students and Practitioners*

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I dedicate this book to all who have taught me what I know about the phenomenal profession of recreational therapy. I have been extremely blessed to have had wonderful colleagues, professors, students, and clients from whom I have learned many lessons.

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Preface

Some of my best ideas have come from other people! That is certainly true for this book.

The inspiration for this book grew out of the enthusiastic responses I received from Canadian and American recreational therapists to two keynote addresses I delivered in 2008. The talks were titled, “This I Believe About Recreational Therapy.” During my presentations, I was able to relate to others in my profession of recreational therapy the core beliefs I had developed over the course of 40 some years in the field.

Those talks allowed me to put forth twelve core beliefs I held about recreational therapy. I knew that I would enjoy sharing my most cherished beliefs about recreational therapy, but I wasn’t prepared for what happened next. Following my presentations, those that heard my thoughts were really stimulated by what I had to say. Many related their reactions to me. Most agreed with my beliefs, but several were able to debate some of the points I had made. Receiving this reaction to my presentations made me to wonder how I could get my message out to an even larger audience of the recreational therapy professionals.

About that time, I happened across a book by Irvin Yalom, M.D. Yalom, a noted psychotherapist, had written a book titled *The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients*. In this book, Yalom shared insights he had gained over his career with the intent of passing on those insights to a new generation of psychotherapists.

I quickly bought Yalom’s book and read it cover to cover. His approach was fascinating. Born from a concern for the future of training in clinical psychology, Yalom’s book offered thoughts gained throughout his life on virtually every aspect of psychotherapy.

Yalom mentions in his book that while he never consciously attempted to offer tips to psychotherapists on how to practice, he had in fact done so. The book is filled with advice gained from Yalom’s 45 years of clinical practice.

The unique format Yalom used in presenting his ideas made for a book that was easy to read and very digestible. His format of using short chapters filled with examples and few citations was one that I have attempted to emulate in this book. Hopefully readers will find my book to be as easily consumable as Yalom’s book.

Yalom’s approach in writing his book would provide a model for me as he simply wrote down ideas to share and then took what he believed to be the best of those to use in his book. I used a similar but not identical approach with this book.

I began by jotting down ideas as they came to me, and as I did, I attempted to recall specific instances that illustrated these concepts or ideas. In addition, I went back over my notes for the “This I Believe” presentations for concepts I thought should be included in my book. Finally, I completed what I would have to admit was a rather unsystematic review of the literature I had authored over the years. As

I went, I tossed aside those things that really didn't seem to merit coverage in my book and tried to keep those that I thought would resonate with readers.

All in all, I am pleased with the result. I think my book will, for recreational therapy, accomplish much of what Yalom has for psychotherapy. It gives tips, advice, and raises issues that hopefully will help to guide practice in recreational therapy in years ahead.

The profession of recreational therapy has been very good to me. It has provided me a passion, as well as a living. I truly cherish the years I have had in my beloved profession and I would like to see it continue to grow and prosper.

Perhaps the greatest gift one generation can give to the next is what that generation gained from its experience. As someone who has been identified as a "pioneer" in recreational therapy, I think I am in a unique position to share what I have learned over many years. I present this book with the hope the next generations of recreational therapists will find what I have learned useful to them.

—David R. Austin, Ph.D., FALS, FDRT

Recreational Therapy is a Lot More than Diversion!

When I started my career as a recreational therapist, I believed the aim of recreational therapy was helping the psychiatric patients at the hospital where I worked to enjoy themselves through their participation in recreational activities. Such activities had the therapeutic benefit of diverting them from their mental illnesses.

There was nothing “wrong” with this, because all human beings need to escape our problems and concerns from time to time. And recreation activities are one means of diverting ourselves.

Providing diversion is a valid aim recreational therapists may have in helping their clients. Yet, while diversion may be helpful, most recreational therapists dislike being thought of as “diversional therapists.”

This is because many times colleagues from other allied health disciplines have attempted to portray recreational therapists as doing nothing but supplying clients with diversions from their problems. Of course, a designation as a diversional therapist implies a lack of clinical intent and expertise on the part of recreational therapists that is demeaning to them. This designation unjustly places recreational therapists on a low level as health care professionals. Through the years, recreational therapists have had to defend themselves from the unfair charge that they offer nothing more than diversion for clients.

This charge that recreational therapy is strictly diversional is unjust from many perspectives. First, recreation as a diversion is not purely escapism. As has already been stated, clients’ diversion from their problems can be positive because spending a great deal of their time going over and over their problems is not therapeutic. All of us need time away from the stressors in our lives, and recreation can provide this relief.

Second, and more important in my mind, is that the positive emotions (e.g., enjoyment, fun, feelings of accomplishment) gained from recreation participation lead to far more than diversion or a “feel-good” experience.

Positive emotions can counteract lingering negative emotions. They can ward off negative emotions. Experiencing positive emotions from recreation participation also opens doors for change.

When individuals experience positive emotions, they begin to loosen up, to feel free or less encumbered. They open themselves up so they are more receptive to new thoughts and behaviors. They are far more prone to stretch themselves and to try new experiences that they might avoid if they were not feeling happy or being in a good mood. Think about yourself; are you more open to try new things if you are in a positive, optimistic frame of mind? Of course you are. So are clients.

In fact, a psychologist has constructed a theory to explain the phenomenon of positive emotions producing optimistic actions. The notion that positive emotions broaden people's perspectives and open them to new experiences in which they can build their skills has been formally expressed by Fredrickson (2001) in her book, *Broaden and Build Theory of Positive Emotion*.

Thus, the claim that recreational therapy is solely diversional simply is not true (and besides we know that diversion is not necessarily a bad thing for clients). Recreation participation can and does create positive emotions. In turn, experiencing positive emotions negates negative emotions and opens clients up to risk entering into new experiences. Entering into new experiences can have great therapeutic value by providing opportunities for producing therapeutic change in clients.

At one point in my career as a recreational therapist, I saw my task primarily as applying treatments to remove the symptoms suffered by the psychiatric patients who I served. If someone suffered from anxiety, I attempted to make him less anxious. If a patient were depressed, I tried to get her out of depression.

Again, as with diversion, there was nothing "wrong" with seeking to reduce the symptoms of patients. It is painful to suffer from anxiety or depression so, as a therapist, I should have done anything I could do to help patients gain relief from these negative feelings. For example, patients might find that jogging relaxed them and helped them to feel less anxious so I would assist them to set up a jogging routine. Or for those suffering from depression, I might suggest almost any activity I could engage them in just to get them active and out of their doldrums.

The approach to the patients' total treatment program was diverse and holistic. My recreational therapy interventions were seen as one means for clients to reduce their symptoms. Doctors prescribed drugs to reduce clients' psychiatric symptoms, and I provided activities that helped my clients with symptom reduction. Being focused on treatment gave me a sense of being a part of the treatment team and a real purpose for what I did as a recreational therapist.

But as we go through life, new insights often reveal themselves to us. While it took me a while to realize it, before long I discovered that as a recreational therapist I could help clients beyond just providing symptom reduction. I could do more, much more.

Specifically, once obstacles to health were identified, I could help my clients build traits and abilities that would prepare them to remove or overcome these barriers and then to deal with future life challenges as they encountered them.

I guess you could term this to be rehabilitation (to rebuild traits and abilities) or habilitation (to build traits and abilities). But, in my mind, the terms rehabilitation and habilitation carry medical connotations. What I discovered was rather than concentrating exclusively on medical aspects and client pathology, recreational therapy could also focus on the positive aspects of our clients.

We, in recreational therapy, can alleviate distress by helping our clients gain relief from their symptoms, but additionally we can go far beyond this, helping clients to develop and use their strengths and potentials to deal with barriers to health and to facilitate optimal functioning. We cannot only help our clients to become well again, we can help them to become better than they were before they came to us.

The central element in this approach is focusing on the positive or what is right with the client, rather than on the pathology or disability. The particular pathology or disability represents only one small part of our clients. Our clients are made up of much more. Many positives are to be found in the “intact part” of our clients. Emphasis on the positive by building on client strengths (i.e., traits and abilities) creates a sense of optimism because all people possess strengths that they can develop and use to remove or overcome barriers to health and to promote wellness.

This strengths-based approach provides clients with means to meet barriers that have gotten in the way of the attainment of positive health (which I believe is experienced when barriers to self-actualization are removed). This is what I now believe is what we recreational therapists do best. We use our interpersonal skills to assist our clients to achieve their potentials. We concentrate on positive experiences and fostering client strengths that allow our clients to exercise their actualizing tendencies. As clients become what they have the capability of becoming, they can remove or overcome barriers that prevent them from obtaining healthful lives.

In sum, providing diversional activities is one simple outcome that recreational therapists can offer. Another outcome of recreational therapy is the provision of recreational opportunities that negate negative emotions by producing positive emotions that lead clients to being open to expanding their horizons. Also important in recreational therapy is the provision of the treatments or interventions that reduce symptoms that occur with health problems. Most important, however, is that recreational therapists supply a positive, strengths-based perspective that can lead clients to overcome barriers to health and to enjoy the highest levels of health available to them.