



**THE FUN
ENCYCLOPEDIA
FOR THERAPISTS**
**Proven Activities
for Therapists**

David R. Austin • Colleen A. Cooke

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for Therapists**
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Colleen A. Cooke

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Preface

This book consolidates the very best activities drawn from a number of top publications and resources, including Harbin's (1955, 1968) classic work *The Fun Encyclopedia*. This new work, titled *The Fun Encyclopedia for Therapists*, provides therapists with hundreds of activities at their fingertips that they may apply with their clients. It largely follows the organizational pattern of Harbin's original *Fun Encyclopedia* but goes far beyond the categories of activities presented in that publication. Additional types of activities have emerged since Harbin's book including cooperative games, adventure therapy activities, activities for persons with dementia, reminiscence activities, physical activities, and video games.

The contents of this book will provide therapists with a number of proven activities to use with clients in therapy and rehabilitation programs, as well as in health and wellness programs. With such a large selection of activities from which to choose, the book has activities that will address the treatment needs of almost any type of client and situation.

The activities in *The Fun Encyclopedia for Therapists* are designed to focus on specific goals and objectives so that activities may be used as therapeutic tools. Most activities have discussion prompts for therapists/leaders to employ with clients to stimulate debriefing conversations following the activities so participants can talk about what went on and what they learned from their participation.

While activities from the book will likely be directly adopted and employed, at times therapists may simply draw upon concepts from the book to stimulate their creativity. Harbin (1955, 1968) had some good advice regarding the use of activities when he suggested that readers "try out some of them. Improve on them. Breathe the breath of life into them. And see what fun it is" (p. 7).

Evidence-based practice (EBP) should be employed in the selection of activities to use as interventions. In *The Fun Encyclopedia for Therapists*, we present research evidence to support the use of activities when it is available. Unfortunately, research evidence is not abundant. When research evidence is not available, we have turned to evidence derived from respected authorities who have presented published activities and to the clinical experiences of therapists who have years of successful experience in practice.

A number of seasoned therapists have provided for *The Fun Encyclopedia for Therapists* activities that they have found through their clinical experiences to be successful in reaching therapeutic outcomes with their clients. We are deeply grateful to the recreational therapists who submitted activities for the book. Those who contributed activities include Jared Allsop, Kathy Brill, Kim Clarke, Jennifer Hinton, Bob Krider, Robin Kunstler, Laurie Lee, Bryan McCormick, Danny Pettry, and Anne-Marie Sullivan. Thanks also go to Jenn Taylor, who reviewed a manuscript of our book.

We believe the result of bringing together proven activities will offer therapists/leaders access to interventions that they will enjoy providing for their clients and from which clients will receive many therapeutic benefits. As authors, we have relished our collaboration, from which we have learned a great deal. We hope our positive experience in developing this encyclopedia of activities is shared by therapists/leaders who employ the activities with their clients.

David R. Austin, PhD, FDRT, FALS

Colleen A. Cooke, EdD, CTRS, FDRT, CHP, CLL

Authors



David R. Austin, PhD, FDRT, FALS, is professor emeritus of recreational therapy in the School of Public Health, Indiana University, Bloomington. He began his career as a recreational therapist working in hospitals of the Indiana Department of Mental Health and now has more than 50 years of experience in recreational therapy as a therapist, educator, researcher, and author. He is the author of over 150 articles and several textbooks, including the widely used book *Therapeutic Recreation Processes and Techniques: Evidence-Based Recreational Therapy*, now in its eighth edition. He is the only individual to have received the NTRS Distinguished Service Award, the ATRA Distinguished Fellow Award, and the

SPRE Distinguished Fellow Award. These are the highest awards bestowed by these professional societies. He was honored by Indiana University, which awarded him its highest teaching award, the Frederic Bachman Lieber Award.



Colleen A. Cooke, EdD, FDRT, CTRS, CLL, CHP, is a professor of recreational therapy in the College of Health, Engineering, and Science at Slippery Rock University in Pennsylvania. She began her career as a recreational therapist working with elderly populations in a nursing home setting and went on to work with individuals with intellectual disabilities, people with physical disabilities, and people with severe, persistent mental illness. She has over 35 years of experience in recreational therapy as a practitioner, educator, author, and consultant. Her research and professional growth interests include addictions, mental health, and the impacts of laughter and humor on overall quality of life. She is a Certified Laughter Leader (CLL) with the World Laughter Tour and a Certified Humor

Professional (CHP) through the Association of Applied and Therapeutic Humor.

CHAPTER

1

Fun With a Purpose

Almost all of us have some amount of anxiety when entering into new experiences. Therapists are no exception. While novice therapists/leaders may have anxiety because they are not sure of themselves, they should recognize that feelings of uncertainty are common among those who are new to group leadership. Likely, inexperienced therapists/leaders will learn that seasoned therapists were anxious too when they began to lead groups, but that they developed their skills and abilities by gaining leadership experiences and receiving support from seasoned therapists.

With practice will come the development of an awareness of which leadership style best suits the therapist's/leader's abilities and personality. Successful therapists/leaders adopt a style with which they feel comfortable most of the time, but they understand that they need to remain flexible so that they may deviate from their usual style when clients or situations dictate another style (Austin, 2018).

Of course, having the ability to access the numerous activities in this book will provide assurances to even the least experienced therapist/leader that many activities have been proven effective for use with clients in therapy and rehabilitation programs and in health and wellness programs. The activities in the book have a range of applications across almost any type of client and situation.

The activities in *The Fun Encyclopedia for Therapists* have been designed to focus on specific goals and objectives for use as therapeutic tools. Most activities have debriefing questions for therapists/leaders to employ to stimulate discussion among participants. In some instances, activities have discussion built into their procedures and so

do not require debriefing. However employed, the discussion of activities by participants is a key element in the therapeutic use of activities.

Characteristics of Therapeutic Activities

Austin (2015) listed the following activity characteristics that hold the potential for therapeutic outcomes:

- *Goal directed.* They are never “time fillers” but are done for a purpose, with an intended outcome.
- *Require participants to actively participate.* Clients need to be involved to the greatest extent possible in choosing activities and engaging in meaningful participation in which they affect the results so they may gain feelings of self-efficacy and competence.
- *Have meaning and value to the client.* Clients must understand that activities are a means for them to achieve therapeutic benefits. The therapist/leader typically does processing with group members so they may gain personal awareness of their thoughts, behaviors, and feelings, and understand the outcomes resulting from their participation.
- *Offer potential for pleasure and satisfaction.* A primary objective is that the activities produce pleasurable, satisfying experiences for clients. Activities should be fun, which will encourage ongoing participation.
- *Are selected with the guidance of the therapist.* Because activities make inherent

demands on participants, therapists must be familiar with activities to guide clients toward participation in activities that possess characteristics in which client strengths may be utilized and clients' needs met. (pp. 58–59)

Selecting Activities

Therapists/leaders should examine any potential activity to determine its appropriateness to the clients being served. They need to analyze activities to determine the potential of the activities to help clients reach the sought therapeutic outcomes. It is critical that therapists/leaders be completely familiar with any activity and its features before implementing it. For example, is the activity appropriate for the clients' functioning levels? Do the clients have the skills and abilities to complete the activity and achieve feelings of accomplishment and enjoyment? Therapists/leaders should also consider if the group members will like the activity. Will group members be interested in it? Will group members have opportunities for making choices within the activity?

Evidence-based practice (EBP) should provide a guide in terms of the selection of activities for use as interventions. A critical element in EBP is research evidence that supports the use of a particular intervention. Yet limited research evidence exists on which to base the selection of activities. Therefore, when research evidence does not exist, therapists may turn to diverse sources of evidence such as their own clinical experience and the opinions of respected authorities and expert committees (Lee & Chun, 2017). A number of therapists have provided for this book activities that they have found through their clinical experiences to be successful in reaching therapeutic outcomes with their clients.

The therapist/leader also needs to be knowledgeable about the activity and comfortable in leading it. Familiarity with the activity will help the therapist/leader to focus on the group members and their reactions to the activity, rather than on the rules or procedures followed in the activity. A basic tenet in conducting activities is that the emphasis is always on the client, not the activity (Austin, 2018). Austin (2011) accented this when

he wrote that activities are not the focus but rather “simply vehicles through which therapeutic outcomes are realized” (p. 21).

Posthuma (2002) stipulated that the therapist/leader consider these questions when selecting an activity:

1. What is the purpose of the activity?
2. Is the purpose congruent with the goals of individual members and the goals of the group as a whole?
3. What outcomes can be expected? (p. 224)

Austin (2018) emphasized that the therapist/leader must be aware of potential consequences, intended and unintended, of the activity. Thus, the therapist/leader must think about how the activity could go wrong and how to respond if it does. It is good to have a few alternative activities in mind in case the chosen activity is not working.

Schwartzberg, Howe, and Barnes (2008) provided a number of considerations that summarize the activity selection process:

- The goals of the activity should have meaning for the group members. The meaning of any activity will vary depending on the stages of development of the group. The activity should be useful to individual members and related to their culture, interests, life roles, and so forth. Of course, the goals of the activity need to relate directly to each client's goals.
- The group members should be able to participate in choosing or adapting the given activity to the greatest extent possible, which promotes a maximum level of self-initiated mental, social, or physical participation. For the highest levels of participation, there should be a balance between the demands of the activity and the abilities of the participants.
- The activity demands should enable members to take an active role in the group. The activity should arouse member interest, and the demands of the activity should elicit an adaptive response. For the highest level of participation, there should be a balance between the demands of the activity and the abilities of the participants.

- The therapist/leader should choose the activity according to members' skills, ages, and/or performance levels. This includes an awareness of individuals' extent of participation with, identification with, and relationship to the group, as well as the role of the group.

Phases in Activity Programs

The three phases for conducting activity programs include the warm-up phase, the experience phase, and the wrap-up phase. The *warm-up phase* is the beginning part of the activity and involves the establishment of a relaxed, welcoming atmosphere. In the first meeting of a group, the therapist/leader has the members get to know each other and him- or herself, as well as goes over any rules for the group (e.g., not touching without permission, maintaining confidentiality). In following group sessions, the therapist/leader welcomes clients and reviews the prior session. The therapist/leader can use icebreakers in the initial session and sessions that follow to involve the participants in having fun and to set a tone, to make members feel a part of the group.

During the *experience phase*, the therapist/leader uses activities to help clients in the group to have fun while meeting their goals and objectives. Here the therapist/leader selects activities that are appropriate for meeting the goals and objectives of individuals and the group as a whole. While conducting an activity, the therapist/leader facilitates the group process by giving assistance when needed, helping stimulate interactions, and giving supportive feedback. In most instances, the therapist/leader devotes the final part of the experience phase to the debriefing of the activity, at which time participants reflect on what happened during the activity, what they learned from it, and how what was learned can benefit them in the future.

The *wrap-up phase* is sometimes referred to as the cooldown phase. Here the session concludes with items such as (a) the group members and therapist/leader summarizing key points of the session; (b) the therapist/leader identifying assignments for members to complete for the next session; (c) the therapist/leader providing remarks

on what clients can look forward to in the next session; (d) the therapist/leader providing clients with feedback and a final opportunity to discuss or ask questions about their experience of participating; (e) the therapist/leader providing contact information so clients can connect with him or her between sessions; (f) the therapist/leader and participants cleaning up the room or area if required; (g) if needed, the therapist/leader labeling and securing all completed projects; and (h) the therapist/leader ensuring a plan for residential clients to get to their next session, room, or meal, and for clients residing in the community to have transportation to return to their residences (Kunstler & Stavola Daly, 2010).

Points to Keep in Mind

Dynes (2017) listed points for the therapist/leader to keep in mind when preparing to conduct activities:

- Think through what you are going to do and plan the activities.
- Choose activities which you can adapt and make suitable to the size of the group, space available and the resources and support you can provide. Take into account the therapeutic needs of participants and their ability to concentrate and interact with each other. The activity or session should be challenging but not too long. Make adjustments accordingly.
- Plan assistance for those who need support.
- Make sure you are familiar with the activity and can explain what has to be done. Do any preparation well in advance so you don't have to keep people waiting.
- Introduce the activity in a manner which sets the tone and explains why it is being used.
- Be prepared to repeat and clarify instructions, several times if necessary, for those who have not heard or understood.
- Be liberal with praise and encouragement.
- Respect participants' rights not to share feelings, emotions and private information.
- Maintain a sense of humor. It will frequently save the day.
- At the end of the activity, discuss what occurred during the activity as necessary and

summarize what has happened. Show interest in whether or not people have enjoyed it or found it to be useful to them. (p. 13)

Group Processing

Shank and Coyle (2002) define processing as a “therapeutic technique primarily involving verbal discussion of client behaviors, as well as their thoughts, feelings, and other external factors that relate to the behavior” (p. 219). Processing is typically conducted as debriefing following participation in an activity. During processing, participants reflect on what occurred during the activity, deriving self-awareness by making connections between their participation in the activity and their everyday lives. On occasion, processing also occurs before the activity or during the activity. Thus, the term *processing* encompasses other techniques in addition to debriefing. These include frontloading, providing feedback, and using metaphors that help participants to learn about themselves or gain insights from engaging in an activity.

Debriefing allows clients to talk about what occurred during the activity and to express their feelings about it. The members of the group should take primary responsibility for the discussion. The therapist/leader begins the debriefing and only enters into the discussion when it bogs down. Dilemmas are resolved by the group, not the therapist/leader, who only raises questions or makes statements to stimulate group discussion.

Frontloading is a processing technique also known as framing, briefing, or prebriefing. In this technique, the therapist/leader sets up the experience before the activity begins, providing a heads-up of the activity for the participants. The provision of *feedback* is still another technique. It is used during the activity. When noticing a part in the activity in which to give corrective action, the therapist/leader might stop the activity and ask the participants to talk about what has occurred and then give feedback before restarting the activity. The therapist/leader may also employ reframing to provide the group with a different way to look at what has occurred. Metaphors during processing are another tool for the therapist/leader to use. An example is referring to climbing a ladder to

symbolize moving forward as clients take steps up the ladder while achieving progress (Austin, 2018).

While some therapists have training in group processing, others need to review related literature and then observe or colead with a therapist who is experienced in using processing techniques. Literature on processing within recreational therapy may be found in Austin’s (2018) *Therapeutic Recreation Processes and Techniques* and Kunstler and Stavola Daly’s (2010) *Therapeutic Recreation Leadership and Programming*. Other sources include Rohnke’s (1989) *Cowstails and Cobras II* and Schoel, Prouty, and Radcliffe’s (1988) *Islands of Healing*. The authors of these books propose the use of the popular debriefing sequence of *What?* (What occurred?), *So what?* (What can be learned from it?), and *Now what?* (How will this influence my future thoughts, feelings, and behaviors?). It is recommended that the therapist/leader use open-ended questions as much as possible during the debriefing process because these tend to elicit deeper, more thorough, and more thoughtful responses from participants.

A classic debriefing strategy from the values clarification literature, “I Learned Statements,” (Simon, Howe, & Kirschenbaum, 1972) provides the group and therapist/leader with feedback following an activity by clarifying and reinforcing what participants have learned. Using this approach, the therapist/leader posts these statements:

- I learned that I...
- I realized that I...
- I relearned that I...
- I was surprised that I...
- I noticed that I...
- I was pleased that I...
- I discovered that I...
- I was displeased that I...

Following the activity, the therapist/leader asks participants to think about what they learned through the activity. The participants then use any one of the sentence stems to share with the group one or more responses. Participants are not forced to respond but are asked to volunteer. Another technique is to call on participants but allow them to say “Pass” if they are not ready to share their thoughts. The therapist/leader can break the participants into groups of three to five to share and

discuss their “I Learned Statements” with one another.

Evaluation

A basic leadership technique should be the evaluation of all activity sessions. Ongoing evaluation ensures the fulfillment of any needed changes

that improve the effectiveness of activities delivered to clients. Therapists/leaders can share evaluation data that indicate successes in specific activities with others considering implementing similar activity programs. Evaluations should include what did and did not work, level of participation of the clients, client feedback, and the degree of achievement of activity goals and client outcomes.