



The Importance of Therapeutic Recreation to Quality of Life In Long-Term Care (LTC)

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Purpose for Meeting:

- 1. Create a better understanding of Therapeutic Recreation (TR) and its valued role in LTC**
 - Acknowledge that social and recreation are in the LTC Act – discuss the impact of TR in this realm
- 2. Discuss how TR can be a resource in addressing the issues in LTC**
 - MOHLTC has committed to 5,000 new beds by 2021, another 30,000 over the next decade. TR can support residents to live quality lives and bring peace-of-mind to families



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About TRO

- Formed in 1999
- 1700 members (*student, associate, Professional, Registered Professional, Education Institutions*)
- Volunteer-led, member-driven
- Members set the direction at the Annual General Meeting



Membership Services

- **Registration Designation (R/TRO and R/TRO DIP)**
 - Demonstrates excellence in the field of Therapeutic Recreation having met the minimum criteria in 4 areas: formal education, practical TR experience, professional contributions and affiliation.
 - Maintenance demonstrates accountability, ensuring practitioners stay current in their field through professional contributions and continued learning



- **Support of Rigorous Applied Research:**
 - Therapeutic Recreation and Practice Research Journal (TRPR) of TRO
 - Published by University of Waterloo, Recreation and Leisure Studies Department



Membership Services

- **Establishment, implementation and maintenance of:**
 - Code of Ethics
 - Essential Competency Framework
 - Standards of Practice
 - Scope of Practice
 - Therapeutic Recreation (TR) and assistant TR role descriptions
- **Educational opportunities:**
 - Annual conference, webinars, regional groups
- **Advocacy**
 - Advocate on behalf of the profession
- **Information**
 - E-news, website, social media



TRO Scope of Practice

Therapeutic Recreation is a collaborative and purposeful process facilitated by trained professionals offering recreation and leisure assessment, planning, intervention and evaluation to achieve individual goals. The profession uses meaningful recreation and leisure education, counselling and experiences to promote, restore, rehabilitate, and/or maintain quality of life and well-being. Therapeutic Recreation supports the development of strengths while addressing social, emotional, physical, spiritual and cognitive needs.



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Alzheimer Society
ONTARIO

camh Centre for Addiction
and Mental Health

 **Sunnybrook**
HEALTH SCIENCES CENTRE

 **Epilepsy
Support
Centre**

Where is TR Practiced?

- Hospitals and Rehabilitation Centres
- Addiction and Mental Health Centres
- Long-Term Care
- Continuing Complex Care
- Seniors, Veterans and Dementia Programs – Day and LTC
- Community Health and Disability Day Programs
- Community Health Centres
- Private Practice
- Etc...

Sienna
SENIOR LIVING

Holland Bloorview
Kids Rehabilitation Hospital Foundation

 **MARCH
OF DIMES
CANADA**



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- **In LTC Therapeutic Recreation Is Not:**
 - Diversional Therapy
 - Activity for the sake of being busy
 - A distraction
- **In LTC Therapeutic Recreation Is About:**
 - Thriving – Enhancing quality of life
 - Maintaining continuity in life through valued activities as well as opportunities to grow and develop by discovering new abilities and learning new skills and talents
 - Developing and nurturing strong relationships critical for quality care and support
 - Providing non-pharmacological interventions



Therapeutic Recreation in LTC:

- **Person-and Relationship-Centred:** Knowing the person (what is important and of value to them) and making relationships a priority
- **Collaborative:** As part of the health care team, TR shares information about the person with other care team members (e.g. nursing, OT, PT, PSW) to help them engage in more meaningful interactions and address care needs
- **Inclusive:** TR's were at the forefront of the accessibility movement in Canada and have the education and expertise to be able to accommodate and ensure inclusion (e.g., how to include someone with aphasia in a discussion club)



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Therapeutic Recreation Leads in LTC by:

- Utilizing person-centred and relational models of living
- Supporting choice and self-determination
- Nurturing body, mind and spirit
- Supporting continued abilities
- Ensuring residents voices are heard, respected and involved in decision-making
- Creating enabling, normalizing environments
- Considering and supporting the wellness of all
- Building and nurturing close interdependent relationships

*“In nursing homes, assisted living facilities and adult day programs we supply our elders with the necessities of survival, but they are too often deprived of the necessities of **LIVING**” (Fagan, 2003, p. 127)*



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Many studies have demonstrated that “older adults living in long-term care settings participate in fewer activities, spend larger amounts of time doing nothing, ... have less social contact than their counterparts living in the community” and have few opportunities to participate *in* community (Dupuis et al., 2005, p. 278). As a consequence, feelings of isolation, loneliness, helplessness, boredom, decreased self-esteem, and depression are often reported by residents.

Dupuis, S.L., Whyte, C., & Carson, J. (2012). Leisure in long-term care settings. In J. Singleton & H. Gibson (Eds.), *Leisure and aging: Theory and practice* (217-237). United States: Human Kinetics.



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Research demonstrates that therapeutic recreation and leisure contributes to:

- **increased positive affect** (Kolanowski, Buettner, Costa, & Litaker, 2001)
- **improvements in functional capacity** (Hsu et al., 2010)
- **increased sense of self and self-worth** (Pedlar, Dupuis, & Gilbert, 1996)
- **decreased responsive behaviours** (Buettner & Fitzsimmons, 2002; Kolanowski, Fick, & Buettner, 2009; Livingston et al., 2005; Richeson, 2012; Sellers, 2005)
- **more positive adjustment to a long-term care home** (Kydd, 2001)
- **decreased loneliness, boredom, and depression** (Buettner & Fitzsimmons, 2002)
- **increased social engagement, “enlivened relationships”, and sense of belonging** (Bernstein, Friedmann & Malaspina, 2015; Crispi & Heitner, 2002; Richeson, 2012; Sellers, 2005; Sullivan, Pedlar, & Piller, 2002)
- **increased life satisfaction, quality of life, and ageing well** (Chung, 2004; Dupuis, 2008; Lloyd & Auld, 2002; Marshall & Hutchinson, 2001; Voelkl, Galecki, & Fries, 1996; Yuen et al., 2008)
- **improved family visits and increased family involvement** ((Buettner, 1999; Dupuis & Pedlar, 1995; Fink & Bedall-Fink, 1986)
- **development and support of relational citizenship** (Dupuis et al., 2016; Kontos, Miller, & Kontos, 2017).



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The Process of Therapeutic Recreation:

- Employs a systematic series of steps to meet the needs of the people they serve:
 - Assessment, Planning, Implementation and Evaluation.

Anderson, L. & Heyne, L. (2012). *Therapeutic recreation practice: A strengths approach*. State College, PA: Venture Publishing.



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- **Case Example: “Cocktails before Dinner”**
 - Creating a normalizing environment
- 91 year old female with Dementia
- Experiences sundowning, with behaviours including: rummaging, shouting, clapping
- Disruptive to other residents – increasing their own agitation
- Beverages cranberry/apple juice offered and served in a wine glasses
- Residents invited to gather in lounge or garden patio with other residents
- Meaningful conversation takes place in a home like environment



In Summary:

Therapeutic recreation, when delivered by qualified practitioners, enables individuals to achieve quality of life and optimal well-being through authentic and meaningful participation in recreation and leisure across variety of settings. In Long-Term Care, therapeutic recreation is not about diversional therapy, activity for the sake of being busy or a distraction. Therapeutic recreation is about:

- ▶ enhancing quality of life. Through individualized support, residents have meaningful experiences during the day
- ▶ recognition of resident's strengths through their involvement in leisure. Leisure provides opportunity for residents to demonstrate strengths otherwise unrecognized by staff and other residents. By increasing their sense of self-worth, staff and other residents see the individual in a more positive way



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- ▶ maintaining continuity and a sense of purpose through valued activities, as well as opportunities to grow and develop by discovering new abilities and learning new skills and talent
- ▶ developing and nurturing strong relationships critical for quality care and support
- ▶ staff having the skills and ability to address responsive behaviours before they escalate
- ▶ normalizing the sleep/wake cycle as resident is tired from engaging in leisure activities during the day
- ▶ providing non-pharmacological interventions that have positive results without negative side effects



To Support Quality of Life in LTC, TRO Recommends:

1. Establish a life enrichment protected envelope of funding that supports TR in LTC settings
2. Increase Therapeutic Recreation (TR) programs delivered by qualified practitioners (LTC and in community)
3. Establish hiring standards which include consistent education requirements, job titles and appropriate compensation for TRs
4. Increase the ratio of TR practitioners to residents in Ontario's Long-Term Care homes (in some homes this can be as high as 1 RT to 150 residents)



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