Surviving versus Thriving in LTC:
The Importance of Therapeutic Recreation to Quality of Life

Meeting with:
John Fraser, MPP, Parliamentary Assistant to the Minister of Health and Long-Term Care
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About TRO

• Formed in 1999
• 1600 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 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.
What is the Purpose of Therapeutic Recreation?

To enable all individuals to achieve quality of life and optimal health through meaningful participation in recreation and leisure.
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...
• **Therapeutic Recreation Is Not:**
  • Diversional Therapy
  • Activity for the sake of being busy
  • A distraction

• **Therapeutic Recreation Is About:**
  • The difference between living vs. surviving/existing
  • 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)
Therapeutic Recreation Driving Culture Change 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)
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.

Research demonstrates that therapeutic recreation, leisure and the arts 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, Pedar, & 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).
How Therapeutic Recreation Meaningfully Supports Residents in LTC:

• Employs a systematic series of steps to meet the needs of the people they serve: Assessment, Planning, Implementation and Evaluation.
  
  • **Assessment** involves gathering specific information about an individual and his or her environment for the purpose of identifying aspirations and strengths and collaboratively making decisions about the individual’s plans to meet their goals. The process is person-centered and solution-focused in order to ensure the individual receives the right services.
  
  • **Planning** outlines specific strategies and modalities based on assessment results. The individualized plan is achieved via a collaborative approach including the participant and support networks to attain a person-centered outcome oriented process.
How Therapeutic Recreation Meaningfully Supports Residents in LTC:

• **Implementation** puts the plan into action using carefully selected strategies, interventions, and approaches. To effectively implement plans using a strengths approach, the TR practitioner needs to understand how to analyze and modify diverse activities as well as how to select and effectively use facilitation techniques, approaches, modalities, and interventions. What’s most important to people is to have meaningful experiences in their lives.

• **Evaluation** therapeutic recreation evaluation involves TR professionals effectively evaluating TR services and participant intervention plans in order to ensure quality service delivery. Therapeutic recreation evaluation highlights the impact and effectiveness of the interventions offered and assists in streamlining services by showing what works and what does not work.

• **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
What Needs to Happen to Ensure Residents Are Thriving in LTC?

1. Ensure Adequate and Protected Resources for TR to support the wellness of residents, families and other staff:

TR is able to support well-lived lives in LTC, including supporting the wellness of residents, families and other staff. This requires removing TR from the Nursing budget and establishing a life enrichment protected envelope of funding that would support TR in LTC settings and establishing hiring standards which include consistent education requirements, job titles and adequate compensation for TRs.
2. Value and Include Therapeutic Recreation:

Thriving rather than existing in LTC requires the valuing and inclusion of therapeutic recreation. TR not only improves quality of life and wellness but also addresses many of the other pressing issues in long-term care such as decreasing responsive behaviours and reducing the need for psychotropic medications.
3. Culture Change: Shift from medical models that focus on body care to person-centred and relational models

Approaches to LTC currently privilege managing bodies and just surviving/existing. Yet, researchers and professionals alike from across the globe have been calling for the urgent need for culture change in LTC, culture change that moves away from medical models that focus on body care to person-centred and relational models that support living life to the fullest and nurturing strong relationships between all in the LTC context.
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