The Role of Recreational Therapists in Assisted Living

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Recreation is very common in assisted living facilities. Most ALFs have activities such as dance classes, art programs, and music events. However, as beneficial and enjoyable as recreational activities are, they must not be confused with recreational therapy.

Recreational therapy can play an important role in assisted living. It can help maintain resident functioning, enhance quality of life, and even help reduce risks such as falling or wandering.

What Is a Recreational Therapist?

Recreational therapists provide active treatments designed to help residents improve skills and abilities for daily life. The American Therapeutic Recreation Association defines therapeutic recreation as: "the provision of treatment services and the provision of recreation services to persons with illnesses or disabling conditions. The primary purpose of treatment services is to restore, remediate, or rehabilitate in order to improve functioning and independence as well as cut or eliminate the effects of illness or disability." The professionals who provide these services are trained and certified, registered, and/or licensed to provide therapeutic recreation.

Clearly, while recreational activities are beneficial for all residents, not all individuals need recreational therapy. These services are provided on an individual basis according to need and medical necessity. The resident's physician requests an assessment to determine a need for services. After the recreational therapist's work-up, a plan is developed for the interventions to be used with the resident. This includes consideration of the resident's current functional abilities and deficits, the resident's goals and expectations, and that individual's interests and routines. Once the physician writes the order that details the scope of treatment and the frequency/duration of recreational therapy, treatment can begin via individual or group therapy sessions. Co-treatments with other therapy disciplines also may be appropriate, depending on the resident's needs and goals.

Recreational therapies can help address a variety of issues including preventing falls and wandering, improving activities of daily living performance, reduce/eliminate restraint use, and working to resolve inappropriate behaviors.

Recreational therapists may use the resident's leisure and recreational interests as a motivator and treatment modality. For example, if a recent amputee is having trouble with balance after receiving a new prosthetic, the therapist might use the individual's interest in playing billiards to help improve his balance and increase self-confidence.

How Effective are RT Services?

Employing recreation and leisure as a treatment modality has proven to be a highly effective means of motivating and engaging residents in a way that improves/maximizes functional skills. These activities also can distract residents from other issues such as pain, anxiety, or depression.

In the assisted living setting, recreational therapy encourages social interaction and enables residents to continue participating in the activities and hobbies they enjoy.

The recreational therapist will not just implement the treatment. He or she always should evaluate a resident's response to determine if the interventions are effective and if progress toward goals is being made. In response to these evaluations, interventions are modified accordingly; and treatment continues until goals are met.

How Does the Recreational Therapist Work in AL?

In long term care settings such as assisted living, recreational therapists can help address a variety of issues including preventing falls and wandering, improving activities of daily living performance, reducing/eliminating restraint use, and working to resolve inappropriate behaviors. In their efforts with residents with dementia, recreational therapists help maintain cognitive abilities. Decline may be inevitable, but utilizing cognitive, physical, and social skills can help maintain these abilities for as long as possible. This, in turn, helps residents age in place. By providing meaningful

activity and structured routines, recreational therapists address psychosocial issues and adjustment as well.

Do these interventions really work? Research has demonstrated clear benefits and positive outcomes in improved physical, cognitive, social, communication, and emotional functioning, as well as in leisure involvement. Recreational therapy interventions have been shown to improve levels of active engagement and interaction and increase quality of life.

In the areas of physical functioning, the benefits of recreational therapy include fall and injury reduction; improved balance, endurance, and posture; and increased flexibility, strength, range of motion, and ambulation. As for cognitive functioning, this type of therapy has been shown to enhance memory, attention span, awareness of surroundings, and alertness. Recreational therapy also has been demonstrated to result in improved mood, decreased feelings of loneliness, increased relaxation and coping strategies, reduced symptoms of depression, and reduced agitation and disturbing behaviors in demented residents.

It is important to note that recreational therapy is not covered by Medicare in assisted living. However, it can be written into HMO and other health care/long term care insurance contracts. ALFs also may want to consider including a fee for such services in their costs to residents/families. The plus side of this is that they can promote these services in their marketing materials. By explaining how recreational therapy benefits residents and enables them to age in place, facilities can distinguish themselves from the competition.

Even if residents/families or facilities have to pay for recreational therapy services, the benefits far outweigh the costs. By maximizing independence and functioning, these interventions result in decreased nursing and caregiving time. By preventing and/or reducing falls and wandering, recreational therapy services also can help avoid injuries and hospitalizations. At the same time, by documenting the recreational therapy services they utilize, facilities gain a valuable risk management tool that can help reduce or eliminate litigation and liability costs.

To find a recreational therapist in your region or to learn more about recreational therapy, check out these Web sites: nctrc.org, atra-tr.org, and recreationtherapy.com. ALC

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Urge Incontinence

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between the agents lie in their specificity to the muscarinic receptors and their adverse effect profile. If the efficacy of an individual agent is insufficient or adverse effects become intolerable, utilization of another anticholinergic agent is reasonable. The ideal agent is patient specific but can be selected on its administration, medication costs, and adverse effect profile.

In the ALF environment, treatment of UI outweighs the risks of suffering adverse effects from anticholinergic therapy; and the results of treatment are positive. Residents are happier, more independent, and confident enough to be active and involved in the facility. And staff members are less stressed and have more time to interact with and help residents in other areas of care. ALC

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