

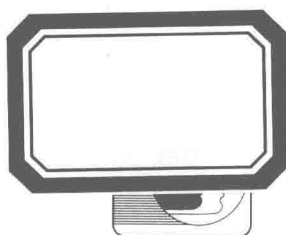
# Issues in Therapeutic Recreation:

*A Profession in Transition*

David M. Compton, Editor

# **Issues in Therapeutic Recreation:** *A Profession in Transition*

**David M. Compton, Ed.**  
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*This book is dedicated to a profession and professionals searching for identity, clarity and unity. To each of you I issue a challenge—persevere!*

*The book is also dedicated to my family of support (Paula, Lisa, Tiffany and Marc) who sacrifice much to allow me the privilege of inquiry and study. Finally, I dedicate this book to my parents who have been a continual source of inspiration to achieve regardless of the odds. Thanks to all of you for your inspiration and confidence.*

*—DMC*



*photo courtesy of San Francisco Recreation Center for the Handicapped*

We need not be immobilized by our debates. We must continue to move forward for the sake of our ideals of quality of care to our clients, our constituencies, and ourselves as professionals.

—Peg Connolly

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## FOREWORD

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The “profession in transition,” the “emerging profession”—these and many other terms applied to the field of therapeutic recreation imply the dynamics of growth, development, and change—and along with this change is a natural state of uncertainty. We have seen a struggle toward defining our profession and our services, and we have seen history repeat itself as this debate about who we are has gone on and on from the 1950s to the debates of the 1980s.

I dare say these debates will continue in the future as they show evidence of a concern for bringing meaning and defining the potential of our field. My hope for the profession is that we recognize this struggle for identity as a positive means of continually evaluating our worth as a profession, and defining areas in which we wish to improve our professional services. We will probably never have 100 percent agreement amongst ourselves as to a solitary purpose, function, and outcome for our field, but I believe we need not be immobilized by our debates, and that we must continue to move forward for the sake of our ideals of quality of care to our clients, our constituencies, and ourselves as professionals.

You have before you a collection of articles that portray our thinking on the critical issues facing our field at this time. While the articles may seem diverse and complicated, they are intricately related and reflective of the global issues concerning the quality of our services and our profession. One cannot separate philosophical issues from reimbursement, or from credentialing, as there is a connectedness between these and many of the other topics covered in this book. While we may study the issues such as reimbursement or ethics in a singular fashion, please attempt to recognize how each is related to the other issues of professionalism. As you read and ponder the enclosed information, seek to understand the concept, and to then perceive it within the perspective of the total profession.

We and other health care/human service professions face some incredible dilemmas in the next two decades. We will experience an increase in health care opportunities in our country through the year 2000. The U.S. Bureau of Labor Statistics projects that there will be a

3 percent growth in health services and a 2 percent growth in social services between 1986 and 2000. While the fastest employment growth will be in business, health services will provide as many or more jobs than the business sector. In 1986, there were 7.6 million jobs in health services and by the year 2000 that number is expected to grow to over 10 million jobs. Of all health services jobs, those in hospitals will remain high at 42 percent, and provide 2 of every 5 jobs in the health service arena. In 1988 alone, over 200,000 positions were added in hospitals in the United States. The next highest growing areas will be physician offices and nursing homes.

At the same time that we will experience more opportunities for our field, there is a dramatic shortage of personnel to fill these increased health care positions, in all health care professions. Part of this is explainable by our population census, which for the first time is experiencing a reduction in the 16-24 age labor force. Traditionally, this age group has filled many entry-level positions. However, because of low birth rates in 1960, we will not see an increase in this age group for the labor force until 1992-2000 when the baby-boomers' babies come into the 16-24 age bracket. So who will fill these entry-level positions that are so essential to health care? It is projected that all professions must re-examine their entry-level workforce. Our future workforce will include more women and minorities. However, it will be our responsibility to recruit and train these individuals for access to our field.

While we have not conducted a comprehensive supply-demand study of our own field at this time, the U.S. Department of Labor Statistics projects that there were approximately 29,000 positions in Recreation Therapy as in 1986. It is further projected that positions in our field will grow at the rate of 20 percent through the year 2000. The field is healthy, then, in a labor and occupational outlook, but how will we fill these employment needs?

At this time of transition in our field, we must not only look at critical issues and professional tradition, but examine how we will provide our services in the future. It is time to take a critical look at our current values concerning personnel and professional service delivery. The shortage of qualified therapeutic recreation personnel in this country is significant, and at the same time, there seems to be an increased demand for our services as evidenced by increased job opportunities in the field. Related to this is the reduced pool of therapeutic recreation educators to fill academic positions that are so critical to the future training needs of our profession.

I believe it is time to examine our service provision practices and to consider career ladder opportunities. It is time to stop the lip-service regarding increased involvement of minorities and to actively create educational opportunities that allow the non-traditional entry-level person the opportunity to complete training and education requirements while being actively employed in service delivery.

Considering the critical issues facing our field, the need for greater sophistication in, our techniques of practice, our methods of research and evaluation, and in our professional concepts, it is sometimes frustrating to imagine a lesser reliance on professional level personnel and a greater use of extender or assistant staff who develop their skills via on-the-job training and certificate programs. On the other hand, the labor supply of entry-level personnel willing to enter educational programs in the health care professions is at the lowest level ever in our society and we must be creative in our efforts to recruit and develop our own entry-level labor pool who may progress through levels of education throughout their work careers. Further, while we examine these non-traditional methods of personnel use in our field, we must continue to strive for improved quality in our services.

I believe we can look at this stage and transition in our profession in a positive light. I believe we will be able to adequately address the critical issues we now identify and ponder, and at the same time, we will be able to address the personnel needs for our field. Our focus must remain on the development and delivery of quality services. Our energies may need to be directed to creative and non-traditional methods of educating our future professionals. But our hopes for our profession should remain high. We have accomplished so much in the past ten years that it has made us aware of all that remains to be accomplished and we have not lessened our vigor with which we face our challenges as a profession. Please read, ponder, and think of your own contribution in this process. Each of us has much to contribute to the advancement of the therapeutic recreation profession.

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David M. Compton, Ed.D.  
Dean and Professor  
University of Utah



## Philosophical and Historical Issues



*photo courtesy of San Francisco Recreation Center for the Handicapped*

All serious daring starts from within.  
—Eudora Welty

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## IMPRESSIONS OF THE INTELLECTUAL PAST AND FUTURE OF THERAPEUTIC RECREATION: *Implications for Professionalization*

Charles Sylvester

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### Introduction

Scholars have debated at length the attributes of a profession and which occupations qualify to what degree along an idealized scale ranging from "nonprofession" to "profession." (e.g., Cogan, 1953; Etzioni, 1969; Flexner, 1915; Goode, 1960; Greenwood, 1966; Hughes, 1963; Vollmer & Mills, 1966). In his classic analysis, Flexner claimed that professions are distinguished by (1) intellectual operations; (2) science and learning; (3) clear, unambiguous practical ends; (4) teachable techniques transmitted through professional education; (5) strong internal organization; and (6) unselfish devotion to the public good. Flexner was particularly emphatic that professions are essentially altruistic and intellectual, asserting that "the real character of the activity is the thinking process; a free, resourceful and unhampered intelligence applied to problems and seeking to understand and master them—that is in the first instance characteristic of a profession" (p. 902). Although all occupations involve some type of skill, Greenwood (1966) also asserts that the crucial distinction between a professional occupation and a nonprofessional one rests in the former's "fund of knowledge that has been organized into an internally consistent system, called a *body of theory* . . . a feature virtually absent in the training of the nonprofessional" (p. 11).

The primary role of theoretical knowledge in professional education can be traced to Plato's *Republic* (Sabine, 1961), and the autonomous use of theory-based knowledge to meet individual and social needs dates back to the sixteenth century (Charlton, 1973). The intellectual basis of professions also has wide and ample modern support. Turner and Hodge (1970) call the essential underpinning of theory a "ubiquitous assumption in writings on professions" (p.26).

Millerson (1964) found that skill based on theoretical knowledge was among the most frequently cited characteristics of a profession. Assessing the status of therapeutic recreation, Reynolds and O'Morrow (1985) also confirm that in addition to publicly sanctioned authority to practice and mechanisms to protect the public, professions are characterized by "both a general and specialized body of knowledge that can be used to benefit the consumer" (p. 11). A profession, therefore, is based on a body of theory-based knowledge, which is founded on and funded by ideas. Without legitimate foundational ideas (basic beliefs and values) to explicate presuppositions, justify fundamental goals, and serve as guides to research and practice, a body of knowledge would not be possible. And without a valid body of knowledge, practitioners would literally have no idea of what to do, how to do it, and, most importantly, why they do it. Ideas are the soil from which all professional activities sprout, including ethics, research, standards, curricula, and credentialing.

The complex idea of a body of knowledge implies three interrelated parts. First it suggests *theory*, which is an explicative system of ideas that provides the basis for professional knowledge and activity. The goal of theory is knowledge itself, including the laws, facts, values, and principles that direct practice. *Practice* refers to organized moral and political activity. It is the social field of action where abstract knowledge (theory) is structured and applied to achieve concrete goals. Finally, *technique* involves specific skills used to make or to do something related to practice. Its concern is how to apply skills to achieve practical purposes. None of these elements may be ignored without weakening the structural integrity of a profession.

Whether therapeutic recreation sufficiently demonstrates the attributes of a profession, especially the basic qualities of service and theory, has been a prominent issue (see Peterson, 1981; Reynolds & Morrow, 1985; Rowthorn, 1978). Therapeutic recreation has undoubtedly served the public; but despite admirable attempts (e.g., Avedon, 1974; Ball, 1970; Meyer, 1976), false starts, and occasional pretense, it does not yet have the intellectual character comparable to the systematic bodies of knowledge evidenced by such bona fide professions as law, medicine, and engineering. Consequently, it is an occupation whose professional aspirations have been frustrated by intellectual insufficiency and by excessive reliance on other disciplines for most of its theoretical knowledge.

As I elucidate this situation, I will trace several of therapeutic recreation's intellectual moments, regretful that I cannot cover them all.