Schizophrenia and Horseback Riding

This article discussed the effects of horseback riding on schizophrenic patients. This type of leisure recreation falls under psychiatric leisure rehabilitation. Therapeutic horseback riding is widely used in the recreation field but is little researched when it comes to psychiatric leisure recreation. The study was experimental and the goal is to figure if those with schizophrenia are affected positively as others who use therapeutic horseback riding.

The study was approved by the ethics board and consent obtained. The study included 6 schizophrenia patients and 6 recreation staff from mental healthcare. The participants were all from Regional Mental Health Care, the hospital is in Canada. They recruited patients who did not weigh more than 170 pounds to limit putting the horses at risk, their ages ranged from 25 to 49. For 10 weeks they attended horseback lessons for an hour and a half. Groups were broken down into 3 patients and 3 recreation staff members. In addition to the lessons they had group lunch on the way back to the hospital. There were 4 different interviews that took place that they called the pre-intervention, mid-intervention, end-of-intervention, and follow up. During the pre-intervention they took demographic information, physical examination, and a confirmed of a diagnosis of schizophrenia. The mid-intervention involved a conversation with the therapeutic horseback rider instructor and the end-of-intervention evaluation involved the recreation staff member, the participant, and the therapeutic horseback rider instructor. The follow-up evaluation involved the participating patient the interviews were all recorded. What they found was the consensus of the participants was that they had fun with the horses. The patients gained confidence in their selves and fell in to a routine whenever they were with the horses. From the quotes provided in the article their thoughts were not deep or abstract. One participant during the one year follow up said that “I felt more relaxed. I felt at ease on the horse and after I was happy.” From the recreation staff’s point of view many they were happy that the patients formed a relationship with their horse and were pleased to see them interact positively. The staff definitely saw a change in their behavior. They began to ease out of their comfort zone and become involved around the horses.

In the article they said that horseback riding is used broadly in the therapeutic recreation field. From reading the results it seems that therapeutic horseback riding certainly has positive effects on people. It should be researched further so that it can become a much more common use for those with schizophrenia. The use of horses helped increase the confidence and changed the way that some of the patients viewed life.
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C.J. Little
4/1/12

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References:


Management of Schizophrenic Symptoms

Throughout this article the researchers used activities that helped reduce the effects of schizophrenia. They broke the symptoms into three categories. The research involved preventing negative symptoms, reducing distress and anxiety and reducing positive and depressive symptoms. They used different activities to study the reaction of the schizophrenic patients. The recreational activities proved to be useful interventions and helped improved some aspects of the schizophrenic patient’s life.

For the category of preventing enduring negative symptoms they used 3 different types of recreational activities. In a study that they conducted they found that involving the patient with a lot of daily activity raised their ratings of quality of life and fewer schizophrenia symptoms. They also researched the effects of arts, craft, and music. The results showed that arts and crafts reduced negative symptoms compared to those with normal care. Music also reduced negative symptoms and improved the patients desire to participate. The researchers concluded that they should do future research. Negative symptoms such as low self-esteem, anxiety, energy levels, and social isolation changed to at least a little positive increase when the individuals with schizophrenia participated in physical activity. The physical activities included walking, running, a yoga program, and biking, caving and other things. Ultimately there are a lot of physical activities that can be done to raise negative levels and be used therapeutically. Using animals to help reduce symptoms of schizophrenia is widely used in the recreation field. In this study the use of pets helped decrease stress significantly. Self-perceived levels of stress decreased when sensory activities such as therapy ball stretching and progressive relaxation took place. The patients reported that the behaviors and strategies helped. The group that examined spiritual engagement showed 100 percent of participant accomplished social vocational and wellness goals. Although those numbers were high practitioners were advised to be cautious. It did not change the participants delusions, they also were obsessive prayers and highly ritualistic. Overcoming positive and depressive symptoms were handled by coping strategies. One lady would go for a walk, exercise, read a book or watch a scary show. She reported that it was difficult with the voices but was easier to focus on one particular thing or person.

This article provided many different looks at different activities to help schizophrenic patients deal with their situation. Most were researched and added insight about how things would work. This is helpful to the therapeutic recreation, it provides ideas that maybe were not already thought of.
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C.J. Little
4/2/12

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References:


Social Skills Training With Schizophrenia Patients

The purpose of the article was to determine the effect of social skill training on schizophrenia patients. They mentioned that there was an increase in outpatient and community based psychiatric treatment instead of traditional inpatient. A trait of schizophrenia is being asocial, which is being withdrawn from society. Consequently this means that many schizophrenic patients have a low quality of life. Building their social skills would change this and hopefully get the patients gradually comfortably involved in society.

The therapist wanted to use recreational skills and activities to try and increase the schizophrenic patient’s social capability. The program that the therapist came up with included four different intervention methods. The methods included group and individual therapy, in vivo exercises and homework. The groups had less than 8 people in them with a therapist and co-therapist directing them. A control and experimental group were established, the experimental group received the newly developed recreation therapy program and the control was given basic social skills. The article classified the tools used into measures of neurocognition, psychopathology, and social functioning. Things tested were speed of thinking, concentration, social level, their adjustment to social atmosphere, and social impairment. Their testing found that there was a lot more improvement from the experimental group than that of the control. From the neurocognitive testing they found that both groups obtained medium effects. Psychopathology testing reported the experimental group with higher effects. Social functioning indicated average results and an increase in recreational skills was only present in the experimental group. Little improvement was found in either group’s well-being, this led to an overall higher mean effect for the experimental group. In the end they concluded that the recreational therapy program targets unmet needs of the schizophrenic patients such as leisure activities. Leisure acts and recreation raise quality of life and that is a big part of what therapist try and help people do. With a higher quality of life the patients would hopefully cope better with their situation and build their social skills.

Studying ways to help schizophrenic patients improve their social competence will hopefully lead to many advances. Everyone deserves the opportunity to enjoy and function with other people. A disorder such as schizophrenia should not limit someone from that. If many begin to use the program from this article slowly schizophrenia patients may begin to show more social skill. This article is applicable to the therapeutic recreation field because there are therapists who work in psychiatric wards.
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C.J. Little
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References


Weight Loss, Recreation, and Schizophrenia

The objective of this article was to observe the effects of recreation and weight loss or gain in schizophrenic patients. Recreation provides the opportunity for fitness, fun, and self-motivation. The field of therapeutic recreation combines therapy and recreation to aid the patient. The lack of engaging in fitness and motivation to do recreation activities puts schizophrenic patients at a risk for gaining weight. To prevent this from occurring a therapeutic intervention was created.

The intervention that they created had 3 guiding principles. 1. The activities should be available, affordable and effective, 2. The activities should be structured into a therapeutic package and performed in a closed group at a reasonable time limit, 3. Intervention should be timed and able to be evaluated, and 4. The process should be able to be replicated at other facilities. Voruganti (2006) The intervention called Going Beyond had a summer and winter session that lasted for 8 weeks. The summer included things such as camping canoeing, and rock climbing while the winter session did things like snowboard, ice fish, and bowling. Results showed that there was a significant weight loss (average 12 pounds) in experimental group and a weight gain (average 9 pounds) in the control group. Other factors measured included a difference in baseline scores, cognitive deficits and self-esteem. Recreation has always been an option to help treat patients, but there has never been enough evidence to support its efficacy. But in the field of therapeutic recreation it is known that there are positive effects that can be beneficial. Using recreation as therapy also improves health, builds confidence, and allows the therapist to build a connection with the patient. This connection could lead to further improvement depending on the level of trust that is established.

I think that the article is provides a new look at well-being and therapeutic recreation. It displays that therapeutic recreation can not only help rehabilitate and treat patients but be good for their health. Many psychiatric hospitals should try to look to add this type of program into their rehab. I learned from this article that although recreation is used as therapy, there are not a lot of studies that prove its efficacy.
Leisure and Reading

In this paper there was a study done that had the purpose to increase leisure reading for schizophrenic patients. There was a program created to help increase the perseverance to read. An effect of having schizophrenia can be lack of persistence, social withdrawal, odd or irrational thinking, or the ability to focus. The goal was to have the patient overcome some of these by reading out loud or reading silently.

The client that they used was diagnosed with paranoid schizophrenia and was 26 years old. He started showing symptoms at age 19 after he enrolled in the army. For treatment he was made a part of a community based treatment program. Because of the lack of interest to read by schizophrenics most likely because of the lack of focus or lack of persistence a reinforcer was used. For many people reading and comprehending the book would be enough reinforcement to read. In this case the researchers let the patient pick his reinforcer, he chose a soft drink. Through these reading sessions he gained the confidence to eventually get a library card on his own and check out books occasionally. Sessions usually began with the patient indicating if he would prefer to read aloud or silently. The goal was to see if he could read continuously. They defined continuously as not stopping for more than 30 seconds unless for certain circumstances. Eventually goals were set that lead the patient to meet higher standards and to go out in public and buy his soft drink, this was the intervention stage. There was also a baseline stage that included no prize at the end and allowed him to stop reading at his choosing. In all these stages they kept track of how many pages he read, what difficulty of book he decided to read, what staff member he read to and where he read. Results showed that he chose to read aloud 2 out of the 5 baseline days, 76% of the time did he read during the intervention stage. Once the program was over some days he would sometimes unprovoked read. The development shown in this patient concerning his willingness to read as a leisure activity should be encouragement to further this type of study.

In therapeutic recreation leisure is a big part and having the patient choose the activity can increase their willingness to participate. I learned from this article that something as simple as reading could help improve a schizophrenic patient’s ability to focus. I think it is encouraging to see improvement in these studies.
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C.J. Little
3/25/2012

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References

Exercise and Schizophrenia

In this article they are trying to prove the effectiveness of exercise programs to schizophrenic patients. In other articles that I have read it has been a useful tool in treating schizophrenia. The current standard for treating schizophrenia is to prescribe medications. With medications though, when there is improvement likely the treatment stops and then eventually comes relapse.

Forty patients were used in this study, they were split evenly into a control and experimental group. The experimental group took place in the exercise program and attended one day a week for an hour. The control saw the outpatient clinic once a month. In the experimental group the session was broken into two parts. The first involved exercises to work on coordination, cooperation, speed, agility, and balance and group participation. The purpose was to get their emotional senses warmed up. The second involved a soccer game, this was to activate, motivate, get the patients to play and cooperate. Because some schizophrenic patients constantly get bored new rules were installed to keep them interested. The control group only had fifteen minutes a session per month. When the results were compared relapse rates for the control group were lower than before but still higher than the other groups. This suggests that using the exercise program may help lower the relapse rates and the number of people that return to the hospital. The cost for these sessions were shown in a graph and showed that that the experimental group paid 162 euros more than the control group but the effectiveness of treatments were way more beneficial for the experimental group. The outcome of this study was very productive and should serve as a guideline and basis for others to come on exercise and physical activity and people with schizophrenia.

Research stating that exercise improves confidence, health, decreases stress, and other positive things has been done. Combining exercise and treatment of schizophrenic patients needs to be researched more so that more can experience the benefits. It relates directly to therapeutic recreation because the field uses recreation activities as treatment and those activities can include exercising.
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C.J. Little
3/25/2012

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Schizophrenia and Therapeutic Recreation

The purpose of this piece is to support the use of therapeutic recreation and bring more attention so that more research will be done. The author presents an argument on why more studies should be done on the effects of therapeutic recreation on schizophrenic patients. A theme of the article is leisure and its common uses. Leisure has been proven to help maintain and improve health and quality of life.

“Leisure is defined by Webster as spare time, which usually is a negative view” Rudnick (2005) of the word a different. A more positive take is closer to spare time engaged in an enjoyable activity, such as a recreation activity. Leisure has been viewed as a type of privilege, necessity, and sin throughout history. Playing such a diverse role lead to the advance of the leisure for a wide majority rich and poor. Benefits of being active through leisure include better health, increase of quality of life, increase in social life, and a sense of competence among other things. The author classified leisure activities in to 7 categories, and then classified those into 3 group’s physical or mental activity, whether or not the activity was passive or active, or if the interest was performed in a social setting or alone. Using this classification he said that you could rehab accordingly. The rehab would follow a therapeutic recreation guideline of assessing, planning and intervention, correcting and compensating. To show evidence of this plan he provided a case study. A young man 26 years old who was diagnosed at age 20 with schizophrenia is treated by an Assertive Community Treatment team. The patient failed medicated trials repeatedly and as many with schizophrenia did not leave the house often or socialize. Together he and the team identified previous activities that he used to do and begin to work towards goals that they put together. The analysis showed that the activities were mostly physical, passive, and moderately social Rudnick (2005). The patient had the most difficult time with the social aspect. Many people with schizophrenia have agoraphobia which is “an abnormal fear of being in crowds, public places, or open areas” Dictionary (2012). The team decided that they would participate in the activities until the patient felt comfortable enough to do them alone. When the patient reported to the therapy group he stated that he felt more confident and new interest in life. He improved to the point where he would leave the house for a while to go to the nearby store. Not long after he begin to go and play basketball in his neighborhood on his own. This development was outstanding to see in this schizophrenia patient.

This article was similar to another reiterating that there was not enough research on schizophrenia and recreational therapy. In both articles there was evidence of improvement which should intrigue someone to study the effects. The article connects to therapeutic recreation because they used a rehab program and used recreation behaviors.
The schizophrenic articles all had goals that they wanted to reach or skills that they wanted to improve. Whether they used animals, music, or recreation the ultimate objective was to help reduce the symptoms of schizophrenia. As a person in my right mind I would very much appreciate it if I became a schizophrenic that there were people equipped to help treat me. These studies that the articles presented are ones that need to be spread around so that the treatments can be used to handle schizophrenics.

In some of the articles they mentioned that there was not a lot of research on the particular thing they were doing or that there was not enough proof of effectiveness. In one article the therapist used sports (basketball and ice hockey) to gradually get the patient to go out in society again. In the future as a therapist I think that could be very beneficial for a patient whether or not they had schizophrenia or not. I think doing things that at one point you were very comfortable and familiar with in your life would be to the overall advantage of the patient. At some point during the treatment they would hopefully reconnect and experience a breakthrough. In the same article because of his gained confidence to go in public and enjoy the recreation activities that he used to, it helped improve his quality of life. Improving quality of
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Life can be done many ways and recreation has been proven to do that; by improving health, social skills, improve self-image and improve confidence among some.

There was an article on weight loss and schizophrenia. The article involved 2 groups a control and experimental. Because of the sedentary life that many schizophrenics live because of their lack of motivation, they wanted to see if they could get patients to engage in recreation activities. They kept the activities structured and the results showed that in the group that did not exercise there was an average weight gain of 9 pounds, the active group lost weight. Likely they also experienced reduced anxiety among other schizophrenic symptoms. The reduction of these symptoms can put the patient at an ease. At the same time they can be drawn out of their secluded comfort zone that keeps them from being social.

As a certified recreational therapist these journals will provide background for treatments. Ideas will be motivated by tactics that are effective. As a professional it would be wise to be current with journal readings and this is a good start. Being current allows for the newest and maybe best way to do things although there are probably older techniques that work in today’s modern world. The knowledge and information provided here can be deeper motivation to help improve someone else’s life.