Analysis of University Writing: The Differences of Writing in Recreation Therapy

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Introduction

Writing is different depending on the area of focus in therapeutic recreation. Recreation therapists can work in clinical and non-clinical environments once out of school and into their practice. While still attending a university, students will take classes to learn what leisure is, medical terminology, how to be a leader, and how to specialize care according to certain disabilities. Depending on the class, the writing can vary significantly. The majority of the writing will be done in American Psychological Association (APA) format but, other methods of writing are assigned in order to prepare students for the real world job requirements. University writing is varied for aspiring recreational therapists based on the class the writing is for and their specific area of focus.

Recreational therapists fall under two categories: clinical and non-clinical. Recreation therapists in the clinical field, work in hospital settings to help those within the hospital to achieve a goal of physical or mental health. Therapeutic recreation specialists in the clinical field use the Health Protection-Health Promotion Model in order to treat, rehabilitate, and maintain the health of a patient after a debilitating illness or injury (McLean, Hurd, 2015. Pg.199).

Recreation therapists who do not choose to work in a clinical setting can be hired by the parks and recreation agencies within their municipalities. Non-clinical programs use the Leisure Ability Model which provides functional interventions, leisure education, and recreation participation (McLean & Hurd, 2015, p.199). These components are used to help individuals improve in their ability to participate in leisure activities. These therapeutic recreation specialists will work to provide inclusion for those with disabilities, however “Community TR does not
deliberately gear programs to achieve specific treatment or rehabilitative goals within a clinical framework, but those providing special or inclusive recreation do have important purposes.” (p. 198). Non-clinical recreational therapists focus mainly on making sure people with disabilities enjoy all the same activities that people without disabilities can participate in. They create adaptations in order to include all people in any form of recreation.

**Methods and/or Materials**

When beginning research about therapeutic recreation, methods for writing and the types of literature in therapeutic recreation, several types of sources were used. Information about the differences between clinical and non-clinical therapeutic recreation were found in *Recreation and Leisure in Modern Society* by McLean and Hurd. The techniques and models used by each type of recreational therapist was described along with examples of how the techniques would be implemented in the field. This is a book that is being used at Longwood University to teach students the foundations of leisure. In order to gather information about the definition of a discourse community, an excerpt from John Swales’ article “The Concept of Discourse Community” was used in order to describe the clinical field of recreational therapy. An interview with a therapeutic recreation professor at Longwood University who has also worked in the professional field was conducted to learn how writing in this profession is used in the real world. Finally, two academic articles from the Greenwood Library database that provide examples of clinical and non-clinical writing styles were found online.

**Results**

Clinical and non-clinical literature in therapeutic recreation have differences while still remaining their own discourse community, or community with a broadly agreed set of
public goals (Swales, 1990, para. 11). While the main goal of this discourse community is to promote a happy and healthy life, the approach taken to get to this state of well being varies according to the setting a therapist is in. Literature in recreational therapy is specific to either the hospital or community setting. Professor Whitely of Longwood University has worked in both clinical and non-clinical settings of recreational therapy and has had experience with the literature in both. In this quote, Professor Whitely gives examples of writing she has done while in the therapeutic recreation field both the hospital and community setting.

“When you work in the community in community parks and recreation the writing that you are going to do there is typically going to be non-clinical so it is going to be writing programs essentially. And then you are going to be producing brochures and program manuals for people to sign up for the programs you are creating. So you are creating the programming and then putting the advertisement out. On the clinical side of the house, you are going to be doing clinical writing. So you’re going to be doing assessments, logging data, keeping progress notes, writing discharge notes, writing treatment plans, things of that nature.” (K. Whitely, personal communication, April 7, 2015).

Clinical literature involves tracking data and progress of patients, writing medical notes, and creating treatment plans. Non-clinical literature focuses mainly on creating a written itinerary of the activities in a program and advertising them to the public. Another difference between these two types of recreational therapy is that clinical literature is all kept confidential and non-clinical is heavily shown to the public. The differences in literature represent the models that each setting uses. The Leisure Ability Model for non-clinical recreational therapy works towards helping all people, no matter what their disability is, participate in leisure activities. Because of the goal for overall inclusion, this type of literature is very public and advertised in order to reach out to the people in the community. Clinical recreational therapists use the Health Protection-Health Promotion Model which guides patients to reach an end goal. Patients who
participate in recreational therapy in a hospital setting are doing so in order to be rehabilitated from a debilitating illness or injury. In order to reach these goals, all information about the patient and his or her progress must be kept confidential.

Studies that are conducted in the clinical and non-clinical settings also show variations in their literature. Two academic articles, one clinical and one non-clinical, can be compared to show obvious differences in the style and content of the writing while still focusing on the same method of animal assisted therapy for treatment.

In the article “Paws for a Study Break” (Bell, 2013) a therapy dog and her handler were put in place at a library at the University of Toronto for students during exam week and the responses of the program were evaluated. “During the first week of the program, we provided coffee and candy in the room but found that students weren’t interested in the refreshments.” (Bell, 2015, p. 5). The language and content from the results section of this article are informal and purely observational. This experiment was done in a public university setting for students with and without physical and mental disabilities.

A clinical study of animal assisted therapy begins its variation from the experiment in Toronto with just the title: “Evaluation of cerebral activity in the prefrontal cortex in mood [affective] disorders during animal assisted therapy (AAT) by near-infrared spectroscopy (NIRS): A pilot study” (Aoki et al., 2011). In this study, the activity in the brain was recorded during animal assisted therapy to see what changes occurred. An excerpt from this article reads as follows - “A significant increase in [oxy-Hb] changes occurred during the task period relative to the non-task period (baseline) at 40 channels (ch1-3, ch6-42; t=25.799 to 51.178,
Bonferroni-corrected P>0.005)...”. The information from the results section in this clinical study show objective data.

**Discussion**

Further studies which combine both clinical and non-clinical methods would be very beneficial to those who can not afford to participate in recreational therapy in the hospital setting. The inclusion and accessibility of the parks and recreation setting with the treatment style and goals of the hospital setting would provide treatment and rehabilitation to more people in need.

Therapeutic recreation is a relatively new form of therapy with discrepancies in the way to provide the best treatment. Both clinical and non-clinical therapeutic recreation provide necessary help and happiness to individuals who may not be able to participate in leisure activities without these therapists. Because of their differences in settings, rules and necessary information, the literature from clinical and non-clinical recreational therapy varies.
References


