

Recipe for Success

How the Recreation Therapist Plays a Vital Role in Helping Kids Return to Their Communities.

By Shawn Rhine, CTRS

Creating adapted recreational activities for a child learning to adapt to a chronic illness or disability is just one of the critical roles of a therapeutic recreation specialist in an inpatient setting. Underlying what seems like fun and games, it is the TRS's mission to help smooth the transition back to pre-hospitalized life by enabling the child to participate in everyday life activities with confidence.

During rehabilitation, the TRS and the treatment team strive to bring the patient to functional motoric and cognitive levels (e.g., walk with an assistive device, communicate with an AAC or bathe with minimal assistance). The pediatric/adolescent treatment team typically includes the physiatrist, other physicians, physical therapists, occupational therapists, speech pathologists, child life specialists, therapeutic recreation specialists, psychologists, parents and other family members.

At The Hospital for Sick Children in Washington, DC., the

have to take time to adjust to hospital routines.

Hospitalization can limit the level of control that they have over their lives, which may lead to a decrease in motivation and self-esteem. It is difficult for children and adolescents to understand why they now have this disability and why the incident happened to them. Their peer support outside the hospital may be limited or lost completely, because of friends' lack of understanding of what has happened. These perceived barriers have a direct effect on the child's social and emotional development.

The TRS is also involved in promoting independence and the associated self-esteem it brings for children who are hospitalized. It's a common reaction of staff and family to step in and want to perform activities of daily living for hospitalized children—even when the children are capable of doing it themselves. Promoting independence helps add a sense of control to a child's life and facilitates progress through developmental stages.

It is equally important to explain procedures to children who are developmentally delayed. In one case at The Hospital for Sick



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TRS helps focus the team on what developmental stage the child is in and how that relates to his or her treatment. It is also this specialization's role to help members of the team recognize the basis of a child's temporary regression, infantile behaviors or acting out, which might relate to the disruption of familiar routines by hospitalization and a new or worsening disability.

Recently hospitalized children and adolescents face major social and emotional obstacles. Being in acute care for two or three weeks, and then in rehab for many more weeks or months, disrupts routines and relationships that are important for development. They often feel grief over the loss of friendships, and sometimes guilt for their behavior if it contributed to their injury. It's common for children to wonder whether their parents will still love them. Children also

Children, an adolescent male who is severely and profoundly delayed could easily be left out of the decision-making. However, when approached for an invasive medical procedure such as drawing blood, he becomes distraught-yelling and flailing his arms. If, instead, the procedure is explained and he is allowed to choose which arm the blood is drawn from, he is much calmer. The staff can work with him more easily and he increases his sense of control of the environment.

In many cases, patients have not fully returned to their prior functional status before they are discharged to an outpatient rehab, home or school setting. This situation might cause frustra-



Shawn Rhine, CIRS(center), with Rim, a 19-Year-old who was diagnosed with a chronic neuromuscular disease three years ago, and Marlin, 6, who has a neurologic disorder that resulted in an acquired brain injury.

tion when the child wants to go back to leisure and daily life activities. The TRS works with the rehab team to address how the child's condition will play out in his or her life. If it's obvious a child has unrealistic expectations about what leisure activities he or she will be able to do when back home, the TRS can work with the physiatrist to explain the new limitations to the child and the family, and ways to adapt to them.

On the other hand, the TRS can also help the team understand

go back to the recreation center and play ball with his friends again. Although he may never play on a formal team the way he used to, he will go back to the center and regain his social network and have growth in his self-esteem.

The treatment team incorporates this into George's plan of care. The TRS might shoot baskets with him, while physical and occupational therapists might incorporate basketball into strengthening exercises. As the teen becomes stronger, his confidence in his basketball skills will increase. Usually, this increase in confidence will cross over into other areas, such as dressing or feeding. The patient will start to realize that he can live his life, even if it has changed since his injury or the onset of a chronic illness.

The Hospital for Sick Children has several interdisciplinary programs for adolescents that facilitate patient planning and decision-making. Disabilities of the participants vary and include children who use wheelchairs, and those with neuromuscular disorders, traumatic brain injury, and other conditions. Similar groups with more age-appropriate activities work with younger children.

Community Meal

One activity, called the "Community Meal," allows the adolescent patients to plan a meal, shop for the food and cook with the assistance of staff. After preparation, the meal is served and eaten

ough developmental stages.

the child's perspective on how important it is to find a way to participate in favorite activities. It's easy for adults to discount the importance of basketball or cheerleading. For children, these types of activities are important as a measure of self-worth and an opportunity for social interaction.

George, 13, enjoys playing basketball with his friends at the local community recreation center. Since the onset of juvenile arthritis, he has been in extreme pain and has not had the strength to play ball with his friends. He has lost contact with his peers, and now his primary leisure activity is watching TV with his grandmother. His motivational goal is to increase his strength so he can



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family-style around a table. Patients invite family, friends and staff to join them.

Patients have the opportunity to choose what they like to eat, as well as to practice fundamental cooking skills with adaptive equipment.

- Cooking gives the patients a boost in self-esteem, because they take pride in their meal, and they can invite family members and staff to participate.

- On Thursday, the group meets to plan the meal, selecting foods from various food groups. On the following Tuesday, the group goes to the grocery store and shops.

- Wednesday is cooking day, when the children spend three or four hours preparing the food for their guests.

- These activities are flexible to accommodate the participants' other therapy sessions, and often include as many as seven adolescents at a time.



Spending time in a less clinical setting helps children and young adults develop a trusting relationship with the TRS.

Community Skills

Another activity, the "Community Skills" group, revolves around the adolescents' choosing an outing such as a visit to the aquarium, shopping at the mall, or going bowling or to a museum.

The group takes ideas from all members, which facilitates a group decision-making process.

The children will research logistics for each suggested outing to determine cost, location and level of accessibility.

Eventually, after weighing the pros and cons, the group will come to a consensus.

The group is responsible for making transportation arrangements and discussing changes in schedule with any

parents, siblings and even the patient's friends. The patient's family and friends are able to see that the child can participate in the same activities as children without disabilities. It is important that the child's family or primary caregiver attends outings, so they learn more about the child's special requirements in the community, such as equipment and nutritional or medical needs, in addition to the child's everyday needs such as diapers or extra clothing.

Taking the patient, whether child or adolescent, out into the community as many times as possible before discharge will help him or her adjust to being seen while practicing skills in a normalized setting. Setting goals with the patients that require them to interact with persons they do not know or to practice physical or cognitive skills such as transfers or money handling will boost the patient's self-esteem.

A 13-year-old girl, diagnosed with Guillain-Barre syndrome, assumed she would leave the hospital walking, without any need of a wheelchair. She refused to go on planned outings because she believed that strangers would see her using a wheelchair and assume she was "retarded." As her stay progressed, the team determined that, although she was walking, she would need a wheelchair for long trips and in school. This frightened her because it meant she would have to be seen by not only strangers but also classmates.

Therapists arranged a weekend visit from some of her school friends to the hospital. The following Monday, she said that the visit "wasn't that bad" and that she and her friends had fun. The second outing was two weekend day passes to home, where she saw other friends and was able to get around in her house with little assistance. Lastly, just before discharge, the TRS persuaded the girl and her mother to take a short trip to the mall, where the girl was able to walk, as well as to say when she was tired and needed to use the wheelchair. This "success story" demonstrates the need to take initial community re-entry steps slowly and to base them on patient and family needs.

Another important part of community re-entry with children and adolescents is to make sure that they interact with nondisabled children. Most discharged patients will not be in a setting where all of their peers have disabilities. While this has many long-term benefits for both the child and the other students, the short term can be extremely difficult for children adjusting to a disability. The TRS can explain to the students what their classmate's special needs may be. School visits before discharge, with the child present, can help ease the transition back to school for the child, parents and teacher, empowering the child to answer questions about his or disability or illness.


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Children are usually motivated to participate, because they are able to say where to go and when. They also reschedule any missed therapy sessions. This process gives the patients more control over their environment; it also promotes independence and responsibility. On occasion, the group did not come to a consensus in time to schedule transportation, so the trip was canceled.

"Community Meal" and "Community Skills" are just two examples of ways to empower the patients to have more control over their environment.

Outings become a major part of not only the young patient's adjustment to his or her disability, but also the adjustment of the

An important part of the pediatric rehabilitation process is to assist in the child's or adolescent's adjustment to a disability or chronic illness. Although all members of the treatment team assist with this process, the therapy recreation specialist plays a vital role by helping the child gain some control in his or her life while hospitalized, as well as empowerment at home and in the community to begin living and enjoying his or her life as the child did before the onset of a life-changing chronic illness or injury. 

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