

Diversional and Recreation Therapy

Diversional and Recreation Therapy is a client centred practice which recognises that leisure and recreational experiences are the right of all individuals

www.diversionaltherapy.org.au

DRTA Philosophy

Diversional and Recreation Therapy practitioners provide, facilitate and coordinate leisure and recreational activities which are designed to support, challenge and enhance the psychological, spiritual, social, emotional and physical wellbeing of individuals who experience barriers to participation in leisure and recreational pursuits thus affecting their quality of life

DRTA Mission Statement

Diversional and Recreation Therapy Australia is committed to promoting, fostering and advancing the development of the profession of Diversional and Recreational Therapy in Australia and internationally.

Its mission is to ensure that the practice of Diversional and Recreation Therapy continues to be viable and relevant, contributing to the wellbeing of clients and the community, while encouraging education, professional and personal development in its members.

What areas do Diversional Therapists work in?

- * Child & Adolescent Services
 - * Justice Health
 - * Drug & Alcohol Units
- * Education / Consultancy
 - * Aged Care Facilities
 - * Rehabilitation
 - * Mental Health
 - * Disability
 - * Palliative Care



Celebrating 10 years as Australia's National Body



Where do Diversional Therapists Work?

- * Aged Care Facilities
 - * Day Centres
 - * Hospital Units
 - Respite Services
 - Correctional Facilities
 - * Disability Programs
 - * Local Governments
 - * Community Centre
- * Dementia Specific Units
- * Education Providers: Universities/TAFE



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Diversional Therapists have the following skills & knowledge

- * Leisure counselling and education
- * Assessment of leisure related needs and abilities
- * Individual personal programs
- * Facilitating client choice and decision making
- * Leisure programming for individuals and groups
- * Lifestyle management
- * Activity analysis and modification
- * Documentation of professional practice and client care
- * Continuous quality Improvement and evaluation
- * Teaching and facilitation
- * Health promotion
- * Management
- * Team / group work facilitation
- * Creative and expressive recreation

Benefits of a Diversional and Recreation Therapy Program

The benefits of any leisure and recreational activity can be divided into the following six categories:

- * Physical
- * Cognitive
- * Psychological
- * Social
- * Spiritual
- * Emotional



Benefits of a Diversional and Recreation Therapy Program

Physical

- * Relief of tension
- * Relaxation
- * Exercise
- * Co-ordination
- * Endurance
- * Rejuvenation

Cognitive

- * Mastery
- * Discovery
- * Learning
- * New experience
- * Insight
- * Problem solving

Benefits of a Diversional and Recreation Therapy Program

Psychological

- * Reflection
- * Challenge
- * Accomplishment
- * Excitement
- * Pleasure
- * Self expression

Social

- * Friendships
- * Companionship
- * Trust
- * Cultural sharing
- * Concern for others
- * Belonging

Benefits of a Diversional and Recreation Therapy Program

Spiritual

- * Knowledge expansion
 - * Revelation
 - * Release
- * Contemplation
 - * Mediation
- * Wonderment

Emotional

- * Learn Coping Skills
 - * Improve Morale
 - * Life Satisfaction
- * Sense of Freedom
 - * Independence
- * Leadership skills

Case Study 1

Name: Helen Wright

Age: 93

Background:

- Diabetic / Heart Condition / Frontal Lobe Dementia
- Matron of hospital for many years
- Matron of Boys High School
- Never married / had children

Case Study 1

Barriers to Participation:

- * Yells / Hits out at other residents / staff
- * Doesn't enjoy social settings
- * STML
- * Disrobing in main lounge room
- * Eats food with fingers not cutlery

Case Study 1

- * Leisure Interests: Corgi Breeder, Champion Crested Canaries, Anglican, Adelaide Crows, Strong Sweet Tooth, Enjoys keeping in touch with previous students & enjoys reading about the places they have been overseas.
- * Goals of Intervention:
 - Decrease wandering
 - Decrease aggressive behaviors
 - Resume previous leisure interests

Case Study 1

Activity	Implementation
Pets as Therapy	<ul style="list-style-type: none">• Resident joins in with weekly P.A.T visits• Resident to look after imitation dog• Resident to look after imitation canaries
Travel Scrapbook	<ul style="list-style-type: none">• Resident to identify pictures of places overseas in magazines• Resident to watch travel DVD's

Case Study 2

Name: Zoe

Age: 15

Diagnosis: Major Depressive Episode, Social Anxiety

Background:

- Lives at home with Mum and 3 siblings
- Currently attending school in year 10

Case Study 2

- History of low mood for previous 12 months, decline in mood including self harm and suicidal ideation past 3 months
- History of bullying at school, withdrawing and isolating from social situations due to increase anxiety

Case Study 2

Barriers to Participation:

- * Decreased Motivation
- * Anhedonia (inability to feel pleasure from activities)
- * Increased social anxiety
- * Withdrawn/Isolated
- * Low energy levels
- * Low mood
- * Reduced social circle

Case Study 2

* Leisure Interests: Music, Art, Sports, Spending time with friends

* Goals of Intervention:

- Reduce social anxiety
- Increase social interactions
- Develop distraction skills

Case Study 2

Activity	Implementation
Leisure Education	<ul style="list-style-type: none">• Develop leisure goals• Explore person and community based resource
Integration back to previous leisure activities	<ul style="list-style-type: none">• Referral to free gym program• Attend gym program twice a week• Integration back to Scouts
Increase social interactions	<ul style="list-style-type: none">• Joined after school arts program

Case Study 3

Name: Abdul

Age: 21

Background:

- pedestrian struck by car sustaining traumatic brain injury
- post traumatic seizures
- completed year 12 HSC prior to accident
- lives at home with mother and 3 siblings
- receives Disability Support Pension
- participates in active rehabilitation program

Case Study 3

Barriers to Participation:

- * Decrease in balance
- * Decrease in strength and coordination in left hand
- * Double vision
- * Slow speed of processing
- * Lacks insight into impairment
- * Decrease in frustration tolerance
- * Distractibility and impulsivity
- * Limited leisure partners
- * Limited finances and has difficulty adhering to budget

Case Study 3

* Leisure Interests: Chess, Cricket, Photography, Martial Arts
and Gaming

* Goals of Intervention:

- Improve upper limb function
- Increase independence in recreation participation skills
- Practice social interaction skills and self monitoring in group settings

Case Study 3

Activity	Implementation
Leisure Education	<ul style="list-style-type: none">• Develop individual recreation goals• Explore personal & community based recreation resources
Chess	<ul style="list-style-type: none">• Home practice twice weekly• Attend Weekly chess group

Case Study 3

Activity	Implementation
Photography	<ul style="list-style-type: none">• Borrow photography books from local library• Develop photography profile with DT support• Individual photography tutoring sessions with a professional photographer• Take camera when attending martial arts centre to continue practice

Thriving on Change



For more information about Diversional and Recreation Therapy



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