An Exploration of Therapeutic Recreation in Adult Federal Medical Centers and Wisconsin Correctional Facilities

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ABSTRACT
Currently, a directory of Therapeutic Recreation Specialists working in adult correctional facilities does not exist. This makes it challenging for students and professionals to network and obtain valuable programming information. The purpose of this study was to (1) begin the process of establishing a directory of Therapeutic Recreation professionals in correctional facilities; and (2) offer insight into Therapeutic Recreation services currently being provided. A descriptive survey, adapted from Widmer and Munson (1999), requesting information pertaining to personal demographics, facility information, and unit statistics was sent to ten Therapeutic Recreation Specialists at six Federal Medical Centers in the US and to twenty-three Therapeutic Recreation professionals at four correctional and forensic institutions in Wisconsin. Results were obtained from eight Federal Medical Center employees and thirteen Wisconsin employees.

INTRODUCTION
This research study is based on survey results requesting demographic and treatment information from professionals involved in the provision of Therapeutic Recreation services for incarcerated adults in Federal Medical Centers (FMCs) and Wisconsin correctional facilities. Therapeutic Recreation (TR) programs are designed to meet the needs of individuals with a variety of disabilities, impairments, or illnesses by providing specific services such as recreational activities, leisure education, and skills training in the cognitive, physical, behavioral, social, and affective domains. Therapeutic Recreation services address the ultimate goal of preparing the inmate to re-enter society by focusing on the acquisition of appropriate life skills.

METHODOLGY
The addresses and phone numbers of the ten Federal Medical Centers in the US were located on the website of the Federal Bureau of Prisons. Information for the Wisconsin correctional facilities was obtained on the website of the Wisconsin Department of Corrections. Recreation Departments at each facility were contacted and email addresses were obtained for further correspondence. All Therapeutic Recreation employees at the FMCs were sent a cover letter describing the purpose of the study and were asked to complete the survey on a voluntary basis. All correspondence, including the completed survey, was accomplished via email with the Wisconsin employees. Only facilities that identified the use of Therapeutic Recreation services were included in the results of this study. The results will be sent to those who completed the survey and are part of the directory.

RESULTS
Demographic information regarding the participants was a key component of this study. Tables 1 and 2 depict the gender, age, and ethnicity results for participants in Therapeutic Recreation programs in the FMCs and Wisconsin correctional facilities.
Table 1. Demographic Results of FMC TR Employees (N = 13)

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Table 2. Demographic Results of WI TR Employees (N = 13)

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Of the twenty-one participants who worked at the federal and state level, eighteen had a minimum of a Bachelor’s Degree in Therapeutic Recreation, or a closely related field. Fifteen recognized themselves as a Certified Therapeutic Recreation Specialists (CTRS). Ten participants noted additional degrees in Psychology, Recreation Management, or Physical Education. Three of the participants also earned a Master’s Degree. Seven participants belonged to a professional Therapeutic Recreation or Park and Recreation organization, and two belonged to other organizations. Most employees have worked at their facility between one and fifteen years, with three participants working over twenty years. The salary range fell between $20,000-$80,000 per year.

For the inmates who received Therapeutic Recreation services, the prominent crimes included: substance and chemical related offenses, assault, kidnapping, property offenses, arson, weapons related offenses, national security, internet crimes, child abuse, sexual offenses, immigration violations, and fraud or bribery. Common types of special needs or disabilities displayed by the inmates were: behavior disorders, substance and chemical abuse, chronic mental illness or personality disorders, and developmental disorders were noted in every facility.

All participants stated they provided Therapeutic Recreation services to eligible inmates. Twenty participants used “in-house” or “facility specific” assessments to address the functional and activity skill levels of their clients. Thirteen participants stated they developed individualized treatment goals from the completed assessments. Other participants provided treatment activities based on general needs, abilities, and interests. Written narratives were the most common documentation used to record or monitor treatment progress. Observations were the primary evaluation tool used to track program effectiveness. Leisure education was the most popular intervention tool employed by the professionals in this study. Leisure education was used to increase one’s awareness of leisure activities, resources, and benefits.

Other common activities used in Therapeutic Recreation programs were: arts, crafts, board or card games, music, sports or physical fitness, gardening, and reading activities. Unique activities identified by the study participants included: relaxation therapy, experiential education, animal assisted therapy, anger management, parenting groups, diet and wellness groups, trust building groups, martial arts, humor therapy, and current events.

DISCUSSION

The exploratory stage of this study has been successful in establishing a directory of Therapeutic Recreation professionals in the Federal Medical Centers and in four Wisconsin correctional facilities. From the collected data, it is evident that the specific crime, disability, and number of inmates drive the structure of each Therapeutic Recreation program. Many professionals noted the significance of understaffed departments and large inmate caseloads. This has made it difficult to develop treatment plans and track inmate progress.
RECOMMENDATIONS

It is recommended that some categories of the survey be combined in order to reduce the length and repetition of the survey tool. Some examples include combining the facility and unit questions and eliminating the General Recreation Section, since general recreation professionals were not included in this study. In addition, it would be beneficial to have professionals note specific benefits or outcomes of their programs, and possibly include inmate testimonials to illustrate the effectiveness of Therapeutic Recreation activities. Lastly, in attempt to network with others who could be a part of this study, participants could be encouraged to note any other professionals they are aware of who are involved in the provision of Therapeutic Recreation services.

ACKNOWLEDGMENTS

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REFERENCES

