Beyond Bingo & Glue: the RT as a Valuable Resource
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We RTs are well aware that many of you think of us primarily as the "bingo and popcorn people." It's okay, really. For the most part, we don't mind… After all, no matter how challenging our interventions are to the mind, body, or spirit, it's hard to shake the reputation of "running the fun groups." And there is good reason for that. Much of the work we do appears, on the surface, to be just plain fun. But if you are willing to take a deeper look, you will find that your unit RT can, and often does, quietly contribute much to improving everything from the unit milieu in general, to the data-driven, evidence-based measurements of patient care.

So, who are the Rehabilitation Therapists? Despite many people understandably mistaking the "R" in RT for "Recreation," the Rehabilitation Therapy Department is actually comprised of three very different disciplines, pretty seamlessly integrated. We are Recreation Therapists, Music Therapists, and Art Therapists. And the first thing you should know about us is our differences, because each discipline has a distinct area of expertise; when you fully understand our various strengths, you add precision tools to the toolbox used in facilitating positive change in our patients.

Recreation Therapists are the athletes and adventurers. They teach sports rules and fundamentals, develop teamwork and sportsmanship, improve confidence and coping, and help to restore functioning in motor, social, and cognitive areas. They help patients recover physical functioning by entraining muscle memory to challenge functional limitations. Research into surviving a stroke or traumatic brain injury has found that movement is perhaps the most efficient way to rewire around damaged areas in the brain. Rec Therapists also engage the brain in the practice of planning and strategy. They use a wide variety of activities such as games, crafts, music, dance, martial arts, and these are not just fun ways to pass the time… they are inviting, assessing, challenging, and strengthening identified areas of need. It may look like just another game of ping pong, but it could be a carefully crafted way to help a patient feel a competitive rush, work on hand-eye-coordination, or just get them started moving their bodies. Chasing that little white ball might be the best antidote to chasing the endless spin of negative thoughts. In the same way that sports and games facilitate critical aspects of child development, these can be powerful interventions for many of our patients. Competitive games may be the best way for some patients to challenge (or even break) existing rules and structure, without endangering anyone else’s safety, while other patients may find this to be the best way to learn the social benefits of working together as a team to accomplish a shared goal.

Music Therapists use the vehicle of music to address social, emotional, cognitive, and physical needs. Most humans enjoy music, and that attraction is used by MTs to engage patients in all aspects of treatment. The physical movement of
playing an instrument offers immediate feedback to the interplay of listening and responding. When it’s done well, the payoff is immense, focusing the attention deep into the task, a natural motivator to keep at it. Deciding what sounds to make and when to make them activates the planning and decision-making areas of the cortex, while listening alone can quiet the mind and calm the nervous system. For those who have difficulty expressing themselves verbally, singing can be a freeing experience which releases tension, and develops an entirely new avenue for communication. Simply moving to the music loosens up rigidity in the body, and activates sensory and motor areas of the brain; again, input and output begin to merge into fluid functioning. Perhaps most importantly, music in general and Music Therapy interventions provide powerful emotional support for patients, and help them feel connected to others.

Art Therapists work with imagery, both in production and imagination. In a visual-rich world, images do so much to improve our understanding; adding one illustration to so many words helps us process that text and embed it into memory. Artwork naturally brings up unconscious material. Drawing three sailboats or a dozen birds may signify something very personal: the number of years..., siblings, goals, or victims. Good patient rapport allows us to ask carefully phrased, often pointed, questions that bring the unconscious material into awareness. Guided image-making provides a safe container to externalize inner processes and support vulnerable feelings. It can be a healthy way to project inner turmoil, and "get it out" in a satisfying emotional discharge, without hurting anyone. Working with images activates visual-spatial processing, and strengthens creative problem solving. The ability to visualize problems, and work with them creatively offers huge benefits to behavior change. As I learned doing graduate work based in clinical neuroscience, the left and right brains have very different preferences. The left brain wants a good story that works, and doesn't care so much if it's true. In contrast, the right brain cannot lie; emotional memory is right-brain biased, and imagery often reveals truths that are either beyond the accuracy of words entirely, or that require integration with the left brain story. The process of art therapy combines the use of imagery and words to engage both sides of the brain to process and integrate challenging material. This provides deep support to the clinical work being done elsewhere in the patient's treatment, by processing material brought up in other groups, and by kicking up new material to consider. Art Therapists also provide key vocational training, assisting patients in discovering new talents and then developing those talents into pathways for improving personal economic stability.

The Rehabilitation Therapy Department should probably take the previously mentioned mistake as a huge compliment. If you have trouble distinguishing between our disciplines, it's only because we are so good at supporting each other, integrating our disciplines into new and existing groups, learning from each other, maximizing our individual strengths across disciplines, and simply engaging in good, old-fashioned team work. Like other clinicians, RTs complete comprehensive assessments of each patient, with annual updates, and attend
the treatment team conferences. Many of us, even on ICF units, have covered caseloads up to 50, and we facilitate an average of 12 hours of group per week. We are on the front line of hospital safety in terms of contraband control. Now that you know more about our areas of expertise, how does all this come together to benefit the unit and the patients? Below are a few bullet-points to consider. But don’t take my word for it. Ask your patients why they go to RT groups, and what they feel they gain through working with us both inside and outside of the group setting.

- developing early rapport with patients
- decreasing unit tension
- helping patients manage stress
- motivating patients to participate in treatment
- teaching appropriate use of materials
- helping patients adapt to keeping a schedule
- improving patient responsibility (check-out of materials)
- increasing pro-social interactions
- helping patients communicate needs and complaints
- soothing the nervous system
- calming aggravation
- improving self-expression
- enhancing group and unit cohesion (connectivity to each other)
- essential vocational training in the arts
- assistance developing a portfolio of music or art

Particularly in a forensic setting, Rehabilitation Therapists assist the patients in developing healthy leisure skills and outlets. Time after time patients report that they committed their crimes during their poorly structured free time. Rehabilitation Therapists are able to educate the patients giving them the knowledge and skills to replace what used to be a void filled with harmful activities that lead them to troubling situations; with enjoyable healthy leisure outlets that are meaningful and important to the patient’s physical and mental wellbeing.

A few final thoughts: I’m sure many of our fellow (non-RT) clinicians have at times felt that you are working your tails off (and you are!) to get patients to engage in core treatment work, while the RTs focus on having fun. I hope that after reading this, you will be reminded that we are all working to get them to the same place. We just get there by taking a different sidewalk, where we can sing, dance, and hop-scotch across our chalk-art murals on our way to the same classroom. Taking a breath, making something beautiful (or beautifully dark), or playing a favorite theme-song is a palette cleanser for the brain, and helps us all reset, and re-commit to our focus. More importantly, embedding enjoyable activities into core treatment groups increases overall processing, and dramatically improves both memory retention and motivation to return to continue that work, even deepen and expand it. This brings me to my last point.
All the benefits that come from engaging in art, music and recreational activities are not just reserved for patients. Staff, too, can use these modalities at any time, here and at home, to improve job satisfaction and reduce burnout. If you need some self care, sit in on an activity group, cover, or co-facilitate an RT-run group, and allow yourself to personally experience new methods of self-expression and discovery. I think you will be amazed at the places in you that unexpectedly open up to healing.