Recreation Therapy-Private Practice-A Concept to Strengthen the Growth of the Profession

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This article examines the entrepreneur decisions and some of the important stages in development of a business approach.

During the many conferences, meetings and parties I have attended since entering private practice, the same confused looks and questions arise when I am introduced and asked to elaborate on what I do for a living. After a brief combined biography, sales pitch and question and answer period, the individuals leave to mingle with the other participants a little more enlightened and convinced that something can be done to improve the physical and psychological capabilities and well being of the disabled other than what is currently provided by the traditional rehabilitation approaches. They also become aware of the need for education programs and committed individual participation in activities that preserve health and prevent disabling conditions. The results of these brief encounters are referrals for individualized treatment programs for degenerating, stagnating, disabled individuals, invitations to address organizations, and inquiries for provision of group therapeutic recreation and preventive health education programs.

During conferences and meetings with my peers, the look is one of shock, disbelief and wonder when I state I am in private practice and running my own company that provides therapeutic recreation and preventive health programs and services. The first and foremost question is how do I get third party providers to cover recreation therapy? The answer is determination and perseverance. Physicians rarely have time to sit and discuss treatment approaches and philosophy outside of their spheres of knowledge, no matter how progressive their specialization. Once this objective is achieved and the physician is convinced that recreation therapy, as provided by my company, Recreational Associates, is a necessary and vital method for assisting in the recuperation and
return of their patients to an active, meaningful and realistic lifestyle, referrals are generated.

Getting the referral is only half the battle and referrals can take up to a year to be generated after meeting and maintaining contact with the physician. The other half of the battle focuses on obtaining third party approval. Some providers are very progressive and committed to the benefit and well being of their clients. These providers approve recommended programs requesting only progress reports and that you do the best job possible for their clients. The majority of providers, however, put cost above everything else. The improvement, long and short term, mean little. The bottom line is the dollar and how to find the least expensive way to provide or avoid provision of services. Unfortunately, in most instances, this means utilization of standard approaches long after the client has plateaued. The client's gains are minimal and they are caught in the vicious cycle of hospital readmissions, increased pain and stress, medication and treatment dependency, and an inability to return to meaningful avocational and vocational lifestyles. The concomitant psychological damage resulting from the injury, pain experienced, reduced socialization, reduced recreational activity and excess leisure time, reduced family and peer support accompanied by the provider's refusal to recognize these factors as integral for successful rehabilitation costs the provider more in the long run than they thought they would save by rejecting a therapeutic program such as Recreational Associates provides.

One method we employ to expand awareness and reduce provider resistance and focus on short term results is presentations of our documented treatment approaches at their national and regional operating centers. Getting in to make a presentation requires the same determination and persistence as making the initial physician contact because the providers perceive recreation therapy as another expense to be avoided or eliminated from the growing list of medical expenditures required to rehabilitate people experiencing physical and/or psychological injury.

The motivation to enter private practice emerged from several factors in my professional life. As the founder and Director of the Recreational Therapy Department at a major South Jersey Rehabilitation and Medical Center, this author had the prestige, benefits, educational opportunity and salary most recreation professionals strive to obtain. I also had the problems most therapeutic recreation administrators experience, which were, shrinking budgets, insufficient and non-existent support staff, long hours without compensation, resistance to innovative programming, and lack of cooperation, understanding and acknowledgement of treatment objectives and benefits by administration and other adjunctive therapy services.

After singlehandedly conducting the business of the Department and providing a full schedule of diversional and therapeutic programs and services for rehabilitation, dialysis, psychiatric, and general floor patients, in addition to assisting in the development of a preventive health program for three and one half years, the author decided the drawbacks outweighed the benefits of job security. It was also evident that the return rate of rehabilitation and psychiatric patients unable to
transfer their clinical gains to the home and community setting required initiation of a more comprehensive outpatient support service to prevent the rapid physical and psychological deterioration resulting from enforced inactivity and address their concerns regarding capabilities and limitations. The hospital administrators, due to the economic stresses and funding uncertainties faced by most inner-city hospitals were sympathetic, but unwilling to expand what they termed as a non-income producing luxury department. This stigma of "non-income producing" has plagued recreation therapy, but is not accurate.

Combining the above factors, along with the recognized needs of patients unable to successfully transfer clinical gains, the author decided to embark upon a private practice. With the same determination and motivation used to establish the Recreational Therapy Department, this author and his wife gathered their financial resources and decided to put theory into practice by establishing a full time private therapeutic recreation practice, now known as Recreational Associates. This author's wife's administrative expertise in law, medicine, and business played an integral role in the development, promotion and success of the venture. It hasn't been easy. The hours are sometimes longer, the risks (financial, professional and personal) are much greater, but the rewards are well worth it.

After a full Assessment and Evaluation, each one of our clients is matched with a Personal Therapeutic Consultant who provides, in addition to the Individual Treatment Program, the following therapeutic services:

1. 24 Hour On-Call Duty;
2. Full Transportation;
3. Pain and Stress Management;
4. Physical and Psychological Support for Reintegration into Home, Community and Work Settings;
5. Individual Corrective Exercise Training;
6. Leisure/Lifestyle Counseling;
7. Avocational Counseling;
8. Reinforcement Towards a Positive Outlook on Life;
9. Complete Instruction for Family and/or Friends, When Determined Necessary and Appropriate, to Assist, Maintain, and Expand Treatment Goals;
10. Reinforcement for Appropriate Use of Leisure Time;
11. Awareness of Community Services; and,
12. Socialization Skills
Clients who were referred to Recreational Associates with a variety of disabling conditions are now achieving successful returns to active, healthy, meaningful realistic leisure and lifestyle activities as a result of the programs and services developed for them.

We are able to provide services for the residents of Southern New Jersey, Philadelphia and its suburbs and parts of Delaware at the present time. All referrals and inquiries are welcomed. Please contact Recreational Associates directly at (609) 662-6035 for more information.