



## **Proactive Release**

### **Submissions on the Child and Youth Wellbeing Strategy**

August 2019

The Department of the Prime Minister and Cabinet has released the following submission received during its public consultation on the child and youth wellbeing strategy.

Some of the information contained within this release is considered to not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act).

- Where this is the case, the information has been withheld, and the relevant section of the Act that would apply, has been identified.
- Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

#### **Key to redaction codes and their reference to sections of the Act:**

- **9(2)a** – Section 9(2)(a): to protect the privacy of natural persons, including deceased people.

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## Child and Youth Wellbeing Strategy – Submission Template

This document is intended for individuals or groups who wish to make a formal submission on the child and youth wellbeing strategy.

Please complete this template and email it to: [childandyouthwellbeing@dpmc.govt.nz](mailto:childandyouthwellbeing@dpmc.govt.nz)

A guide to making a submission is available on the DPMC website <https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy>

Submissions will close on **Wednesday 5 December**.

Please provide details for a contact person in case we have some follow up questions.

<b>Contact Name:</b>	Shaun Cavanagh
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<b>Phone Number:</b>	
<b>Organisation Name:</b>	Recreation Therapy New Zealand
<b>Organisation description:</b> (tell us about your organisation – i.e. who do you represent? How many members do you have? Are you a local or national organisation?)	<p>This is a Facebook page that I administer following the closure of two teaching programs in New Zealand approximately a decade ago. It was established and is maintained on a voluntary basis, with a core belief that there is an abiding value in the taught content that is necessary to preserve.</p> <p>This background was described in articles submitted for the government's Mental Health and Addictions Inquiry, the Health Central website, and also for a nationwide US-based Therapeutic Recreation association (these articles are attached below). In each example to goal was to inform readers about the state of practice for this profession in this country. The link for the page is: <a href="https://www.facebook.com/RectherapyNZ/">https://www.facebook.com/RectherapyNZ/</a></p>

<p><b>Executive Summary:</b> (Please provide a short summary of the key points of your Submission - 200 words)</p>	<p>An anecdotal (based on experience) viewpoint of how Recreation Therapy content might add value to the child wellbeing strategy.</p> <p>While there is a substantial amount of information that is potentially relevant, this contribution will just touch on some core aspects in relation to the documents on the DPMC site.</p>
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## Submission Content

The strategy documentation<sup>1</sup> states:

*You may wish to share with us:*

*Your ideas for improving the wellbeing of children and young people;*

*Your view on how different parts of New Zealand society (government, local government, iwi, business, NGOs, Churches, etc.) can work individually and/or collectively to improve the wellbeing of children and young people;*

*Research and analysis on aspects of child and youth wellbeing.*

In the course of a three year undergraduate degree for the profession of Recreation Therapy, students were introduced to novel ideas and concepts that are considered to be particularly relevant to the child wellbeing strategy. When asked to describe what this profession is, I usually summarise it as “a profession that emphasises the therapeutic properties of leisure”. This is a succinct, but practical definition.

2018 has seen a degree of progress for the author, in graduating with a post-graduate public health diploma, and attendance a few weeks later at the Wellbeing and Public Policy Conference followed by the Child Poverty Action Group summit in September. I felt it was necessary to attend both of these events for their close relationship to academic study at both undergraduate and postgraduate levels.

I have a good theoretical understanding of the main themes of each event without a great degree of formal experience as a practitioner. For much of the past decade I’ve been working outside the health sector to make a living. This point is important because the experience teaches about the value of one’s worklife to ensure progress and development. I identify with the notion of the ‘precariat’<sup>2</sup> and see how it applies to discussion about child poverty (given that income is a central determinant of wellbeing). While I do not have children, it’s not difficult to see how measures to address child poverty have to account for the parent’s circumstances.

In attending the Wellbeing and Public Policy conference, a member of the DPMC also in attendance informed me about the strategy. An immediate association that came to mind was the thought of the US-based author and public speaker Richard Louv, known for his work *Last Child in the Woods*<sup>3</sup> and concept of ‘nature-deficit disorder’. This work is the primary example this submission seeks to present of a potential way to achieve the goals of the child wellbeing strategy. There have been examples of nature-based education appearing in Aotearoa, although there is definite scope for further growth.

The Cabinet paper<sup>4</sup> outlines sixteen focus areas for public engagement (p. 11). This submission endorses all of them as vital for child wellbeing and development, and wants to comment on the particular relevance of leisure (a core element of the Recreation Therapy profession) to the following goal:

*We seek Cabinet agreement to the following indicative long-list of focus areas, to be tested further through the public engagement process*

*59.13 Children have opportunities for civic engagement and environmental awareness<sup>4</sup>*

A particularly helpful paper<sup>5</sup> explains the true nature of leisure (beyond the contemporary ‘free-time’ definition) interprets Aristotelian thought through the writings of Sebastian de Grazia (1917- 2000), author of *Of Time, Work and Leisure* (1962). This paper explains that the classic definition of leisure means leisure is seen to be “the arena in which the virtues of civil character are sought, demonstrated, and refined” and “combining reflection and action with deeply rooted attachment to one’s community”.<sup>5</sup>

Another aspect of leisure that is an example of research and analysis<sup>7</sup> (one of the Strategy’s suggested headings) comes from the author of a book titled *Take Back Your Time* (De Graaf, 2003)<sup>8</sup>. This book was another that students were introduced to in our undergraduate degree, and contains much of relevance to a market economy (with its subsequent impact on the worklives of everyday citizens, and subsequently people’s leisure). This new article<sup>7</sup> is shared because it contains much content valuable to the child wellbeing strategy.

1. <https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy/make-formal-submission>
2. Standing, G (2014) *A Precariat Charter: From Denizens to Citizens*. London: Bloomsbury Academic
3. Louv, R. (2005) *Last Child in the Woods: Saving Our Children from Nature-Deficit Disorder* Chapel Hill, NC: Algonquin Books
4. <https://dpmc.govt.nz/sites/default/files/2018-06/Cabinet%20paper-Child%20Wellbeing%20Strategy-Scope%20and%20Public%20Engagement%20Process-May%202018.pdf>
5. Hemingway, J.L. Leisure and Civility: Reflections on a Greek Ideal. *Leisure Sciences*. Volume 10, pp. 179-191, Norfolk, VA. Old Dominion University. 1988, Taylor & Francis.
6. de Grazia, S. (1962) *Of Time, Work & Leisure*. New York: Twentieth Century Fund.  
See: [https://www.scribd.com/document/177231943/Of-Time-Work-and-Leisure#fullscreen&from\\_embed](https://www.scribd.com/document/177231943/Of-Time-Work-and-Leisure#fullscreen&from_embed)
7. De Graaf, J. (2018, Nov 28). Families and children in the next system.  
[https://thenextsystem.org/learn/stories/families-and-children-next-system?mc\\_cid=23424d85f2&mc\\_eid=7e6f04b440&fbclid=IwAR2F-g0d7OrpXCrisbLpHnYqWG0-mhvhEhuGypmUsPTBn9FHRkxWS2YQR4kA](https://thenextsystem.org/learn/stories/families-and-children-next-system?mc_cid=23424d85f2&mc_eid=7e6f04b440&fbclid=IwAR2F-g0d7OrpXCrisbLpHnYqWG0-mhvhEhuGypmUsPTBn9FHRkxWS2YQR4kA)
8. De Graaf, J. (2003) *Take Back Your Time: Fighting Overwork and Time Poverty in America*. San Francisco: Berrett-Koehler Publishers, Inc. Retrieved from: <https://www.takebackyourtime.org/>

Please note that your submission will become official information. This means that the Department of the Prime Minister and Cabinet may be required to release all or part of the information contained in your submission in response to a request under the Official Information Act 1982.

The Department of the Prime Minister and Cabinet may withhold all or parts of your submission if it is necessary to protect your privacy or if it has been supplied subject to an obligation of confidence.

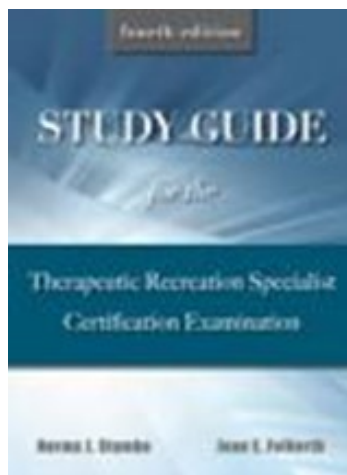
Please tell us if you don’t want all or specific parts of your submission released, and the reasons why. Your views will be taken into account in deciding whether to withhold or release any information requested under the Official Information Act and in deciding if, and how, to refer to your submission in any possible subsequent paper prepared by the Department.

## Introduction

Qualified Recreation Therapist Shaun Cavanagh calls for the Mental Health Inquiry to provide greater support to build the workforce to meet future mental health needs including new allied health disciplines like his own of Recreation Therapy, which was taught in two different settings (Napier and Invercargill) between 1999 and 2008 before discontinuation of these programmes, despite their potential contribution to the health system.

This article builds on reflections left on the Health Central website shortly after the Prime Minister made the inquiry announcement. Given that the inquiry focus is on restoration, the announcement generated a few thoughts I wanted to share about what potential Recreation Therapy has to offer.

My thoughts are based on lived experience – a US-based internship over four months in a Mental Health setting as a Recreation Therapy student, included as part of an established multi-disciplinary team. Completing this internship with supervision from a Certified Therapeutic Recreation Specialist (CTRS) allowed me to proceed as a New Zealander to sit and pass a professional exam overseen by a certifying body known as the National Council for Therapeutic Recreation Certification (NCTRC)<sup>1</sup> whose aim is to ensure the safety of recipients of practitioner services. Given the expenditure of time and energy to achieve this goal, the experience provides much scope for reflecting on how health systems are structured, and this notion of ‘building capacity’.



## Some history

The *recreationtherapy.com* website and a text *Therapeutic Recreation: A Practical Approach* written by leaders (Carter, Van Andel & Robb, 1992)<sup>2</sup> provide detailed history of the professional development of this discipline dating back to Hippocrates (460-377 B.C.) and through several phases to contemporary practice taking in several figures along the way, such as Florence Nightingale (1820-1910), Dorothea Dix (1802-1887), Jane Addams (1880-1935), Luther Gulick (1865-1900) and Joseph Lee (1862-1937). Among several other examples, these figures all recognised the value of recreational activity as therapeutic for the range of populations they served. It's vital to note that these figures are part of an overall dynamic with many players whose work informs the Recreation Therapy profession.

Benjamin Rush (1745-1813) ‘the father of US psychiatry’ signed the US Declaration of Independence and recognised the therapeutic value of recreation activities for people with mental illness.<sup>2</sup>

His nephew William Rush Dunton, Jr (1868-1966) trained as a physician, and maintained an interest in the healing potential of occupational activities for patients throughout his career, authoring the early textbook on *Occupational Therapy for Nurses* (1918).<sup>3</sup> I wanted to expand on his contribution, for in 1936 (in collaboration with Dr John Eisele Davis) he defined Recreation Therapy as:

any free, voluntary and expressive activity; motor, sensory or mental, vitalized by the expansive play spirit, sustained by deep-rooted pleasurable attitudes and evoked by wholesome emotional release; prescribed by medical authority as an adjuvant in treatment.<sup>4</sup>

This definition is also one of many, and characterises the profession in terms of an important specific allied health role. These historic expressions provide an example of why the profession has contemporary value not only to the mental health and addictions sector, but many others (In the US, 37% of all Certified Recreational Therapists currently work in behavioural health settings).



## **Background to Recreation Therapy training in New Zealand**

Recreation Therapy (often termed ‘Therapeutic Recreation’ or ‘Recreational Therapy’) was first established in Aotearoa New Zealand (Eastern Institute of Technology, Napier) in 1998 through the efforts of Dr Glenda Taylor, a New Zealander who had a PhD from Texas Women’s University and had taught at Grand Valley State University (Michigan) for 11 years. A degree programme was established in 1999 at EIT, and at the Southern Institute of Technology, Invercargill (SIT), in 2001. These programs were established after meeting New Zealand Qualifications Authority criteria and in consultation with health and human service professionals, organisers and community groups who agreed that this discipline could play an important societal role through implementation of teaching content. Important reasons conducive to the development of Recreation Therapy were that it was introduced by a Kiwi; there was strong enthusiasm from stakeholders, and institutions such as EIT and SIT were interested (for funding reasons) in a career-oriented as well as academic qualification.<sup>5</sup>

The two teaching programmes ran for close to a decade, with input from a range of American-based lecturers (representing states of Michigan, Wisconsin, California, Virginia, Indiana, Idaho, North Carolina, Utah, Oregon, and Illinois). Another lecturer originates from Queensland, Australia. We’re really grateful for their service over the years the programs were operating.

It's estimated a combined total of twelve classes graduated for EIT (7) and SIT (5) between 2001 and 2008, with graduates progressing into a range of areas (including the mental health and addictions treatment sector). Program closures were primarily due to a combination of government funding constraints and declining enrolments. A central point is that *the taught content maintains its inherent value irrespective of the closures*, but for the profession to become established and flourish in Aotearoa, there are structural factors that need to be accounted for. Among these are the need for a rigorous national body (dependent on sustained teaching programs) to oversee the profession, and recognition of the professional capacity of graduates to meet the Health Practitioner Competency (HPCA) requirements brought in by the last Labour government in 2004. These HPCA regulations are compatible with the stringent NCTRC criteria <sup>1</sup> to ensure the safety of service recipients. This speaks of the need for sustained commitment and support from stakeholders (government, tertiary institutions, social agencies, and prospective students) to establish and sustain the profession in Aotearoa New Zealand.

To this graduate reflecting on personal experience, these desired outcomes will stem from honouring Henri Fayol's (1841-1925) concept of 'Stability of Tenure' for teaching Recreation Therapy content. Applied to the notion of 'building capacity', this concept implies that patient, respectful adherence to the (still relevant) original principles and ideals upon which the teaching programmes were established offers value to restoration of the mental health/addictions sector. This statement acknowledges the basics, purpose and scope of the inquiry. <sup>6</sup>

### Concepts and their proponents

The course of study introduces students to various examples of innovative contemporary applications of leisure-related works also. These are introductory concepts requiring in-depth follow-up to become proficient. These stimulate further interest in the value of the content, and demonstrate their real strength as therapeutic approaches when viewed in conjunction with each other. These works include *Flow/Beyond Boredom and Anxiety* (Mihaly Csikszentmihalyi)<sup>7</sup>, *Signature Strengths/Flourish* (Martin Seligman)<sup>8</sup>, *Last Child in the Woods/Vitamin N* (Richard Louv)<sup>9</sup> and *Take Back Your Time* (John de Graaf).<sup>10</sup>

There is significant value in the example of John Muir (1838-1914), 'father of the US National Parks' whose voice deserves contemporary recognition for sourcing the therapeutic properties of leisure.





I was in the US in January 2009 when President-elect Obama gave his articulate inaugural address.<sup>11</sup> One aspect of his speech stood out for me. It's something that I interpret as an example of how contemporary western society overvalues the sphere of work, and underestimates the true value of the meaning of leisure. A line in his speech positioned leisure in a negative way, and this contrasted with the ways the various scholars whose work I was reading treated this concept.

We know from history that Aristotle's (384-322 B.C.) psychology was better than his cosmology. An extremely helpful paper <sup>12</sup> explains Aristotelian leisure through the eyes of Josef Pieper (1904-97) and Sebastian de Grazia (1917-2000). A central point is that the meaning of leisure transcends the contemporary association with 'free time' and closely aligns with civic participation. Leisure scholar James Murphy <sup>13</sup> described this classical leisure view as 'freedom from the necessity of being occupied'. To manifest the true value contained within these works, respect for time as a resource is implied, both for scholars and for the discipline they constitute.

An example of 'upstream' thinking (necessary for addressing social issues) exists in the etymology of words: where do they stem from? The work of leisure scholars who've examined the origins of contemporary terms acknowledge that leisure relates to our concept of *licence, permission and freedom*. These concepts are the basis for the belief that Recreation Therapy has a distinct, unique professional identity in its own right based on foundation principles. The desire of this article is for the profession to be nurtured over time to ensure it flourishes.

In respect of positive approaches to mental health, I want to endorse proponents of an Unconditional Basic Income (UBI) which is regarded by this writer as consistent with the spirit of leisure, and demonstrated in the advocacy of these figures. For example, when Guy Standing (UK)<sup>14</sup> refers to the 'occupational narrative', it's about the use of time. When Philippe Van Parijs (Belgium)<sup>15</sup> discusses 'real freedom for all' in the context of his meeting with political philosopher John Rawls (1921-2002), this closely aligns with the etymology of 'leisure' previously discussed. Te Tiriti o Waitangi is yet to be mentioned, but the connections between UBI, Leisure and Article 2 are not hard to observe. These surface comparisons between various concepts that make up society provide further indication that Recreation Therapy content *once developed* adds potential value to society.



## Recreation Therapy and Diversional Therapy

What's in a name? This was a topic of discussion while we were training. A significant point of difference is that when the 'TR' (Therapeutic Recreation) teaching programmes were being set up (1999-2001), Diversional Therapy or 'DT' was already well established. According to the national association's (DTANZ) website <sup>16</sup>, the first discussions occurred in the Bay of Plenty around 1989-90 (with a focus on aged care), they have a strong membership, constitution, rules and code of ethics. Another aspect of DT in Aotearoa is that they have a qualifications framework to ensure standards of practice are met in the range of settings where DT's practice. According to Careers NZ, the number of diversional therapists grew from 822 in 2006 to 1,008 in 2013. This growth is due to an ageing population, and increasing numbers of people with disabilities in supported living. <sup>17</sup> An example of this further growth is a DT teaching program planned for Unitec Auckland in 2018. In Australia, there is collaboration between the two disciplines where the respective titles are the predominant difference.

The DTANZ website Objective (4) states 'to encourage cooperation between Diversional Therapy and others in related fields'.<sup>16</sup> There is a significant crossover in content, principles, practice and in the populations served that allows collaboration with Recreation Therapy, which I regard as a distinct, but related field (the symbolic use of the 'tree' in the DTANZ logo aligns with a Recreation Therapy focus on nature as a therapeutic modality – aka John Muir). The DTANZ website continues to state that "Diversional Therapists, Recreational Therapists, Motivation Therapists, Activity Coordinators and Occupational Therapy Aides – all come under the umbrella of the New Zealand Society of Diversional Therapists". <sup>16</sup> This statement reflects the current scenario where DT is the established profession, although (for reasons outlined below), there's good reason why Recreation Therapy could aspire to being more independent in this country.

In the context of an opinion piece, I offer this reflection stating my thoughts:

A leader in the field (David Austin) has addressed graduates with his text: *'Lessons Learned: An Open Letter to Recreational Therapy Students and Practitioners'* (2011). <sup>18</sup> Firm in the belief that 'Recreational Therapy is a Lot More than Diversion!', he emphasises that:

a designation as a diversional therapist implies a lack of clinical intent and expertise on the part of recreational therapists that is demeaning to them... most recreational therapists dislike being thought of as "diversional therapists"... Through the years, recreational therapists have had to defend themselves from the unfair charge that they offer nothing more than diversion for clients...<sup>18</sup>

This resembles the distinction that Josef Pieper made about leisure not existing for the sake of work. <sup>19</sup> Rather, leisure transcended the everyday sphere of work to be 'the basis of culture'. <sup>19</sup> Similarly, leisure can be said to transcend diversion, and is a core component of the profession known as *Recreation Therapy*. In my view, that's an important distinction that contains why this profession is vital to contemporary society. Personally, I would prefer to be identified by the title "Recreation Therapist", acknowledging those who've contributed to the body of TR knowledge historically and contemporarily.

This stance is also consistent with the American Therapeutic Recreation Association (ATRA) position that the use of leisure and recreation modalities in designed intervention strategies is a unique feature of RT/TR that makes it different from other therapies. <sup>20</sup>

## Summary



“Friendship is a single soul dwelling in two bodies” (Aristotle). To undertake a course of study means several different people come together for the purpose of integrating specific information that they will go on to share in common. Ideally, there is continuity in this process to ensure renewal. There is an element of intellectual space implied in this quote. Preparing this article generated associations with human development, socio-economic and physiological content that I wanted to include, but that would turn the article into a book chapter. It does indicate that in the context of this inquiry, Recreation Therapy content affords potential value as a distinct allied health profession be included in future health planning. But to flourish, it needs to be nourished.

## References

<sup>1</sup> National Council for Therapeutic Recreation Certification.

Retrieved from: <https://nctrc.org/about-nctrc/about-recreational-therapy/>

<sup>2</sup> Carter, M.J., Van Andel, G, & Robb, G.M. (1992) *Therapeutic Recreation: A Practical Approach* St Louis, MI: Times Mirror Mosby College Publishing.

Retrieved from: <https://archive.org/details/therapeuticrecre00cart>

<sup>3</sup> Frederick E. Knowles, III, M.D. Memories of Dr. Dunton, [Maryland Psychiatrist Newsletter, June 1995; Vol. 22 No. 3]. Retrieved from:

[http://www.dunton.org/archive/biographies/William\\_Rush\\_Dunton\\_Jr.htm](http://www.dunton.org/archive/biographies/William_Rush_Dunton_Jr.htm)

<sup>4</sup> recreationtherapy.com Definitions of recreational therapy

Retrieved from: <https://www.recreationtherapy.com/define.htm>

<sup>5</sup> Fran Stanat, Ph.D. (2004, August) *Therapeutic Recreation in New Zealand: The Kiwi Factor*. Presentation in Queenstown. (Purpose: “To track and identify sociocultural variables that affect the development of Therapeutic Recreation in New Zealand”).

<sup>6</sup> Health Central NZ: Mental Health Inquiry: details at a glance.

Retrieved from: <http://healthcentral.nz/mental-health-inquiry-details-at-a-glance/>

<sup>7</sup> Csikszentmihalyi, M. (2002) *Flow: The classic work on how to achieve happiness*. London: Random House Group Ltd.

Retrieved from: <https://positivepsychologyprogram.com/mihaly-csikszentmihalyi-father-of-flow/>

<sup>8</sup> Seligman, M.E.P (2011) *Flourish: A Visionary New Understanding of Happiness and Well-being* New York: Simon and Schuster, Inc

Retrieved from: [http://www.simonandschuster.com/books/Flourish/Martin-E-P-Seligman/9781439190760/browse\\_inside](http://www.simonandschuster.com/books/Flourish/Martin-E-P-Seligman/9781439190760/browse_inside)

<sup>9</sup> Louv, R. *Last Child in the Woods: Saving Our Children from Nature-Deficit Disorder* Chapel Hill, NC: Algonquin Books

Retrieved from: <http://richardlouv.com/books/last-child/>

<sup>10</sup> De Graaf, J. (2003) *Take Back Your Time: Fighting Overwork and Time Poverty in America*.

San Francisco: Berrett-Koehler Publishers, Inc.

Retrieved from: <https://www.takebackyourtime.org/>

<sup>11</sup> The White House (Jan 21, 2009) President Barack Obama's Inaugural Address. Retrieved from: <https://obamawhitehouse.archives.gov/blog/2009/01/21/president-barack-obamas-inaugural-address>

<sup>12</sup> Hemingway, J.L. Leisure and Civility: Reflections on a Greek Ideal. *Leisure Sciences*. Volume 10, pp. 179-191, Norfolk, VA. Old Dominion University. 1988, Taylor & Francis.

<sup>13</sup> Murphy, J.F. (1974) *Concepts of Leisure: Philosophical Implications*. Englewood Cliffs, NJ: Prentice-Hall

<sup>14</sup> Standing, G (2014) *A Precariat Charter: From Denizens to Citizens*.

London: Bloomsbury Academic

<sup>15</sup> Van Parijs, P. & Vanderborght, Y. (2017) *Basic Income: A Radical Proposal for a Free Society and a Sane Economy*. Cambridge, MA: Harvard University Press.

<sup>16</sup> Diversional Therapy Association of New Zealand. Retrieved from:

<http://www.diversionaltherapy.net.nz/about/>

<sup>17</sup> Careers New Zealand. Diversional Therapy.

Retrieved from: <https://www.careers.govt.nz/jobs-database/health-and-community/community-services/diversional-therapist/>

<sup>18</sup> David Austin (2011) Lessons learned: *An Open Letter to Recreational Therapy Students and Practitioners*.

Retrieved from: <http://www.sagamorepub.com/products/lessons-learned>

<sup>19</sup> Pieper, J. (1952) *Leisure, the basis of culture*. New York: Pantheon Books Inc

<sup>20</sup> American Therapeutic Recreation Association (ATRA) How are RT/TR services different from other therapies? Retrieved from: <https://www.atra-online.com/what/FAQ>

### **Additional Information: Research into benefits for populations served**

Recreational Therapy: A Summary of Health Outcomes (based upon):

Coyle, C.P., Kinney, W.B., Riley, B., & Shank, J.W. (Eds) (1991) *Benefits of Therapeutic Recreation: A Consensus View*. Ravensdale, WA: Idyll Arbor, Inc.

### **Images used**

NCTRC Study Guide. Retrieved from: <https://www.sagamorepub.com/products/study-guide-therapeutic-recreation-specialist-certification-examination-4th-ed>

Kitten playing. Retrieved from: [http://www.humanesociety.org/animals/cats/tips/cat\\_toys.html](http://www.humanesociety.org/animals/cats/tips/cat_toys.html)

John Muir stamp and coin. Retrieved from:  
[https://vault.sierraclub.org/john\\_muir\\_exhibit/stamps/us\\_postage\\_stamp\\_1964.aspx](https://vault.sierraclub.org/john_muir_exhibit/stamps/us_postage_stamp_1964.aspx)  
[https://vault.sierraclub.org/john\\_muir\\_exhibit/coin/default.aspx](https://vault.sierraclub.org/john_muir_exhibit/coin/default.aspx)

David Austin. *Lessons learned: An Open Letter to Recreational Therapy Students and Practitioners*  
Retrieved from: <https://www.sagamorepub.com/products/lessons-learned>

Camera photo: Otago University Central Library shelves , Leisure books.

Pieper, J. (1952) *Leisure, the basis of culture*. New York: Pantheon Books Ltd.

Plato / Aristotle: Retrieved from: <https://www.artofmanliness.com/2010/02/04/man-knowledge-the-greek-philosophers/>

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