

Conceptual Paper

Beyond Curriculum Reform: Therapeutic Recreation's Hidden Curriculum

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Abstract

Educators in the field of therapeutic recreation influence their students through formal and informal means, and overt and covert behaviors. Formal means and overt behaviors are the traditional teaching that occurs in the course of instruction. Informal means and covert behaviors are what occur in the context of the learning environment, not only in the classroom but in interacting outside of the classroom and observing faculty behavior and departmental messages. These informal and covert means, termed "hidden curriculum," may influence student's beliefs about the field as strongly as the formal and overt behaviors. This article defines hidden curriculum, describes the faculty, structural and cultural influences on hidden curricula, describes the current state that many therapeutic recreation curricula exist within, and offers suggestions for faculty and administrators to consider when examining their programs.

KEYWORDS: Curriculum reform, formal education, hidden curriculum, informal education, professional preparation

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Curriculum is the primary vehicle for assuring quality professional preparation for those who enter the therapeutic recreation profession. What occurs within therapeutic recreation in the 21st century will largely be determined by the type of curriculum provided those studying in our universities. Thus the future of our profession rests in great measure on how we prepare those entering our profession. As Compton (2008) proclaimed: "Education and training is the life blood of any legitimate profession" (p. 212). Yet studies have found that university therapeutic recreation curricula are perceived as lacking the depth and breadth required by graduates (Compton & Austin, 1994/95; Hamilton & Austin, 1992). As a result there have been a number of calls for curriculum reform in therapeutic recreation (e.g., Austin, 2002a; Brasile, 1992; Compton, Austin, & Yang, 2001) and two conferences for therapeutic recreation educators (TREC and TREC II) were conducted within the past 5 years in order for faculty to critically examine curricular reform (Compton).

Without exception, those dealing with therapeutic recreation curriculum have focused on the formal curriculum reflected in courses and course syllabi. Neglected in the literature of therapeutic recreation has been what is termed the "hidden curriculum," or the curriculum "composed of dimensions other than the intended and explicit curriculum..." (Hafferty, 1998, p. 404).

It has been argued that the hidden curriculum can have even more of an impact on learning outcomes than the formal curriculum (Gordon, 1982). In fact, the renowned educational philosopher John Dewey has been cited by Wear and Skillicorn (2009) as suggesting it is "the collateral learning that goes on in educational settings that may have more of a lasting effect on learners than the formal curriculum"(p.

452). These authors thus concluded that "...the hidden curriculum shapes behavior so much that mastery of the hidden curriculum is as important as mastery of the formal one" (p. 452).

It is interesting to note that at least one kindred profession has taken the concept of the hidden curriculum seriously. Much of the literature on the hidden curriculum in higher education has focused on the field of medical education (e.g., Aultman, 2005; Cribb & Bignold, 1999; D'Eon, Lear, Turner, & Jones, 2007; Hafferty, 1998; Hafferty & Franks, 1994; Lempp & Seale, 2004; Ozolins, Hall, & Peterson, 2008; Stephenson, Higgs, Sugarman, 2001). Ozolins et al. (2008) found that medical students were aware that hidden curriculum existed and played an integral part in their education. Wear and Skillicorn (2009) identified three hidden curriculum themes in their research on training in psychiatry. These themes involved the influences of role modeling, the use of time by practitioners, and the value of experience and intuition as contrasted with textbook learning. Lempp and Seale (2004) reported that medical students identified both positive (e.g., positive role models, approachable teachers) and negative (e.g., competitive atmosphere, teaching by humiliation) aspects of hidden curriculum. Hafferty (1998) illustrated the importance of the hidden curriculum in medical education stating that:

Not all of what is taught during medical training is captured in course catalogs, class syllabi, lecture notes and handouts, or the mountains of documents compiled during accreditation reviews. Indeed, a great deal of what is taught—and most of what is learned—in medical school takes place not within formal course offerings but within medicine's 'hidden curriculum.' (p. 403)

We believe a similar statement to that of Hafferty's words on medical education could be made about therapeutic recreation education. In this paper we will introduce the concept of the hidden curriculum, illustrate ways in which it can and has affected professional preparation in therapeutic recreation, and suggest approaches that educators and institutions need to take in order to fully consider the hidden curriculum. In so doing, we hope to alert educators and practitioners to the existence of the hidden curriculum and to challenge what have been unacknowledged practices that have had a great impact on the therapeutic recreation profession.

Defining the Hidden Curriculum

It is important to recognize that a hidden curriculum coexists with both formal and informal curricula. Hafferty (1998) characterized the formal curriculum as that which is intended, formally stated, and endorsed. Examples of the formal curriculum in therapeutic recreation include course syllabi, course catalogues, and student handbooks. In contrast, the informal curriculum has been characterized as principally interpersonal and ad hoc in nature. The informal curriculum is transmitted through interactions between teachers and trainees and often represents unplanned instruction in which teachers' transmit beliefs about what students should learn (Wear & Sillicorn, 2009). Overlaid on both the formal and informal curriculum is the hidden curriculum.

Horn (2003) has described hidden curriculum as "a broad category that includes all of the unrecognized and sometimes unintended knowledge, values, and beliefs that are part of the learning process..." (p. 298). According to a number of scholars in the medical education field, hidden curriculum incorporates overt and cover demands related to scholarship (Bergen-

henegouwen, 1987; Stephenson & Higgs, 2001), and social expectations about the field (Wirtz, Cribb, & Barber, 2003). In one of the most recent interpretations of hidden curriculum, Wear and Skillicorn (2009) indicated it "includes the ideological and subliminal messages of both the formal and informal curricula" (p. 452). Further, they posit that the hidden curriculum can be conveyed based on behavior or through institutional practice. Thus, one type of influence is that of faculty on students that takes place through interactions inside and outside the classroom. A second type of influence is that of the structure and culture of the organization in which the curriculum is delivered. From these descriptions, hidden curriculum can be summarized as overt and covert messages that impact student learning and socialization to the field.

It is to these two major areas that we now turn in order to explore the impact on the field of the hidden curriculum in therapeutic recreation. First, we review potential influences of therapeutic recreation faculty on students. Then, we examine structural and cultural influences on what is learned by therapeutic recreation students through the hidden curriculum.

Influences of Faculty

To begin the discussion of faculty influences on students it must be acknowledged that the formal and hidden curricula are in dynamic interplay. The formal curriculum provides an important vehicle around which faculty organize learning and is one means through which faculty transmit hidden curriculum. Faculty members can easily convey hidden curriculum. Each has his or her individual standards of excellence, rigor, values, beliefs, biases, expectations, relationship style, and passion for the profession; all of which can be readily displayed in interactions with students.

Faculty influences may be felt from

the time of initial contacts with students. Because students typically depend on the therapeutic recreation faculty to acquaint them with the field, faculty may provide a clinical or a non-clinical interpretation of what professionals do in therapeutic recreation.¹ Thus, the very foundation for the student's learning can be set by their basic understanding of the field gained from the faculty person whom they first encounter.

Another example of faculty influence is with the way they approach a course. What may be taught or emphasized by one instructor in a course with the same title and catalog description may be very different from what is emphasized by another instructor. An example would be the instructor's choice of the textbook for the course. This choice can signal a certain approach to the course. For instance, an instructor who wishes to influence students toward a non-clinical approach to therapeutic recreation may adopt a textbook that does not emphasize clinical practice.

Because the formal curriculum does not exist in a vacuum (Hafferty & Frank, 1994), faculty may strongly influence students by expressing their values, attitudes, and beliefs. Faculty views may be expressed in classrooms or in informal interactions before or after class in the hall, the faculty member's office, or virtually any venue where faculty and students interact. It is through this socialization process that students tend to obtain their views. The potential to have a great impact on students is enormous in a profession that has not yet established a firm set of professional values that reflect the profession's attitudes and beliefs (Austin, 2009).

Faculty may also influence students through role modeling. Students often

learn what they perceive to be the norms and expectations for their profession by observing their professors. If faculty are highly engaged members of professional associations students will likely observe this professional behavior and assume that they should become active in professional organizations. Of course, should faculty neglect professionalism, students will likely not realize the importance of maintaining professional affiliations.

Additionally, students generally gain knowledge about, and an appreciation for, research and scholarship through their interactions with faculty. If faculty engage in scholarly activities such as authoring textbooks and conducting research, students will come to understand and prize scholarship. If faculty do not engage in scholarship there is an obvious danger that their students may fail to see importance of professional literature or empirical findings, which may lead them to become anti-intellectual practitioners.

Finally, the types of internship placements (e.g., highly clinical or non-clinical) that faculty steer students toward can greatly influence student perceptions of what therapeutic recreation is and how it should be provided. Similarly, the level of professionalism displayed by intern supervisors can send messages to student interns about the level of professionalism that is expected by those actually practicing in the field.

These are some of the ways that faculty can significantly influence their students through the hidden curriculum. It should be clear that student behaviors, norms, attitudes, and values may be shaped by university faculty outside of the delivery of the formal curriculum or through faculty

¹ *The term clinical as used here does not denote a traditional medical model or medical setting. Similarly, non-clinical does not denote a non-medical setting. Rather clinical is used in the context of the delivery of purposeful interventions employing the systematic process of assessment, planning an intervention, implementing the intervention, and evaluating outcomes. The setting in which services occur is unrelated to our use of the terms clinical and non-clinical. See Austin (2002a) for further interpretation of the term clinical.*

influencing students through the formal curriculum in ways unarticulated by the official curriculum.

Structural and Cultural Influences

To recognize that therapeutic recreation education includes a hidden curriculum also encourages the examination of the effect organizational structures and cultures can have on what students learn. Much of what are students learn can come from effects the university, school, and department housing their curriculum have on them.

University, school, and department policies can play a large role in influencing what constitutes the therapeutic recreation curriculum in a given institution. For instance, universities and schools regularly have general education requirements that all graduates must meet. Typically, the type of school in which the department housing the curriculum is located influences school requirements. For example, students in a department located in a school of education will likely be have to take at least a few education courses and be exposed to the hidden curriculum evolving out of a culture that reflects educational terms, norms, attitudes, values, and beliefs.

An even greater impact on therapeutic recreation students can come from the culture reflected by the department in which the therapeutic recreation curriculum is located. Therapeutic recreation curricula are commonly housed in departments of recreation, parks, and tourism and in recreation programs in departments of health, physical education, recreation, and dance (HPERD; Stumbo, Carter, & Kim, 2004). If the department faculty views therapeutic recreation as a specialization within recreation and parks, it is likely that the therapeutic recreation curriculum will be thought of as not a separate professional entity but simply as an emphasis within recreation. This will place the therapeutic

recreation curriculum on a par with other emphases such as outdoor recreation, sport management, park management, and tourism. In such instances the entire departmental faculty hold the responsibility to approve the therapeutic recreation curriculum because of its standing of being an emphasis within the overall recreation curriculum. Thus the hidden curriculum of the standing of therapeutic recreation as a profession versus a specialization or emphasis is often embedded in the structure of the department.

In an instance where the overriding mission of a department or program is preparing students to organize, market, and deliver recreation services there may be a direct conflict with the mission of the therapeutic recreation curriculum if it exists to prepare students to use recreation primarily as a medium to restore and promote health. In this instance, the therapeutic recreation students would likely receive mixed messages through the hidden curriculum. On one side, the overall faculty and the culture of the department would likely transmit messages regarding the importance of recreation as an end in itself, while the therapeutic recreation faculty would deliver messages about the value of recreation as a means to the end of health enhancement. Adams (1992) emphasized the potentially powerful effect faculty may have on students due to the fact that they can transmit the cultural systems they embrace both through the control they exercise over the curriculum and how they teach.

Thus, the structures and culture of the university, school, and particularly the department, can have a large and direct impact on faculty attitudes, values and beliefs that are likely to be reflected in both the formal curriculum and hidden curriculum. This, as has been indicated, has direct ramifications for therapeutic recreation

students and what they are exposed to through both the formal and hidden curricula.

Status of Hidden Curriculum in Therapeutic Recreation

It is conceivable that every therapeutic recreation professional preparation program has a hidden curriculum that impacts on the attitudes, values, and beliefs that students take away from their educational experiences. Further, we believe the current state of therapeutic recreation curricula can be understood, at least in part, by comprehending the notion of the hidden curriculum.

Because therapeutic recreation curricula exist primarily in departments of recreation, parks, and tourism and recreation programs in departments of HPERD, to a large degree they have taken on the culture that is a part of those departments. Broadly, faculty in recreation, parks, and tourism curricula wish their students to develop positive attitudes toward recreation and leisure experiences that they believe all people should enjoy. Further, these units promote values and beliefs regarding the professional's responsibility to develop and deliver recreation and leisure services that satisfy people's needs for recreation.

With the culture of these departments focused around the delivery of positive recreation experiences, it would be natural for faculty to perceive therapeutic recreation specialists as an occupational group that seek to bring recreation to persons with illnesses and disabilities. It should be noted that this view of therapeutic recreation is in sharp contrast to those therapeutic recreation practitioners in healthcare agencies that employ recreation as a modality to be used in treatment or rehabilitation (Austin, 2009).

In the 1970s and 1980s the field of therapeutic recreation was struggling with understanding its own identity. Some saw

the mission of therapeutic recreation to be the provision of special recreation services for persons with disabilities. Others perceived therapeutic recreation to be a healthcare profession directed toward health enhancement (Austin, 2002b). In an effort to provide a conceptual foundation for practice, University of Illinois professors Carol Peterson and Scout Gunn (1984) developed the first formal conceptual model for therapeutic recreation. They termed it the Leisure Ability Model. Under this model therapeutic recreation existed to facilitate "the development, maintenance, and expression of an appropriate leisure lifestyle" (Peterson & Gunn, 1984, p. 15) for individuals with disabilities.

This model was quickly adopted by many university faculty members who instructed students in therapeutic recreation. In retrospect, three major reasons seem to have enhanced its adoption. One reason for the embracement of the Peterson/Gunn model was that it appeared in their widely used textbook titled *Therapeutic Recreation Program Design* (Peterson & Gunn, 1984). The second reason was that Peterson and Gunn were charismatic national figures who continually disseminated their model across the United States. While Gunn has since left the profession, the significant influence of Peterson has been made abundantly clear in a tribute by Sneegas (2002). The third, and perhaps major reason for the acceptance of the model was that the Leisure Ability Model fit perfectly within the culture of recreation, parks, and tourism departments and recreation programs in HPERD departments that had as their mission preparing students for careers directed to the development and delivery of recreation services. The model matched the values, attitudes, and beliefs expounded within the departments that housed therapeutic recreation professional preparation programs.

The Leisure Ability Model has been criticized in the literature of therapeutic recreation (e.g., Austin, 2009; Bullock, 1987) and was perceived by respondents in one study to be less than adequate as a conceptual model (Hamilton & Austin, 1992). Nevertheless, the Leisure Ability Model continues to be widely embraced and has been termed “the best-known model of therapeutic recreation” (Austin, p. 168). The utility of this model may lead general recreation, parks, and tourism faculty and therapeutic recreation faculty to hold the view of therapeutic recreation as being largely the delivery of recreation services to persons with disabilities. This necessarily influences the values, attitudes, and beliefs they share with therapeutic recreation students.

These conveyors of hidden curriculum espouse views that stand in contrast to the position that therapeutic recreation exists as a profession that employs recreation as a purposeful intervention to bring about specific health enhancing outcomes. This has occurred in a period of time when much of the literature of therapeutic recreation curriculum is focused therapeutic recreation’s place in healthcare (e.g., Keogh Hoss, Powell, & Sable, 2005; Riley & Skalko, 1998; Shank & Coyle, 2002) so there is the obvious potential for the hidden curriculum conveyed by many faculty to not coincide with what is occurring within therapeutic recreation. Recognition of this conflict between the non-clinical and clinical approaches to therapeutic recreation prompted Brasile (2005) to state that “Instead of buying in to an old and antiquated paradigm, we now need to ascertain just who we (i.e., those in therapeutic recreation) are and where we are as a profession today, and then determine where we fit within the health care or parks and recreation discipline” (p. 3).

One method to incorporate a health related model that would speak clearly about the place of therapeutic recreation within the healthcare framework would be to incorporate the World Health Organization’s (WHO) International Classification of Function, Disability and Health (ICF; WHO, 2001). Both the American Therapeutic Recreation Association and National Therapeutic Recreation Society have each issued statements embracing the model (American Therapeutic Recreation Association, 2005; personal communication, Alexis McKenney, June 19, 2008). Further, therapeutic recreation scholars have described the model and its potential use in research, education and practice in recent manuscripts (Howard, Browning, & Lee, 2007; Porter & Van Puymbroeck, 2007; Van Puymbroeck, Porter, & McCormick, 2009). Finally, a book using the ICF model as the framework for practice was recently published (Porter & Burlingame, 2006). In addition, there have been a number of presentations related to the ICF and its utility in therapeutic recreation practice at a number of national and state conferences (e.g., Howard, McCormick, & Van Puymbroeck, 2005; Howard & Van Puymbroeck, 2006; Van Puymbroeck, McCormick, Howard, & Lee, 2006; Van Puymbroeck, 2007). Thus, while the exposure of the ICF model within the field has been great, students within therapeutic recreation curricula will not be learning the nomenclature, structure, or philosophy behind the ICF if it is not integrated into the classroom. If the hope is that students will be able to function as part of a multidisciplinary health related team, it will be important for them to utilize a model understood by individuals in allied health fields.

Hopefully resulting from this explanation is an understanding of how the attitudes, values, and beliefs held by those in a department can impact on both the estab-

ishment of the official curriculum and the transmission of hidden curriculum. Yet, to date there has been no explicit acknowledgement of how the culture of departments and the views of individual faculty influence the educational outcomes of students in therapeutic recreation.

Conclusion and Recommendations

Adams (1992) exclaimed that: "In academe, as in any culture of origin, many of the most sacrosanct practices remain unstated, unexamined and unacknowledged unless they are challenged by divergent beliefs from outside the predominant culture" (p.1). This statement certainly can be applied to the notion of hidden curriculum in therapeutic recreation. While there has been a substantial amount of literature appear on hidden curriculum (Wear & Skillicorn, 2009), its existence has not been acknowledged by those responsible for professional preparation in therapeutic recreation. It is time that university personnel fully acknowledge the culture that has affected therapeutic recreation curricula since their inception.

Without an awareness of the hidden curriculum, unacknowledged influences will continue to operate on therapeutic recreation curricula. Further, without examination of the attitudes, values, and beliefs imbedded within departments and held by faculty, both the formal curricula and hidden curricula of therapeutic recreation are likely to be covertly influenced without recognition of what attitudes, values, and beliefs are being transmitted.

It seems imperative that faculty, administrators, students, and other key constituencies (e.g., advisory councils) at each university join together in the identification of hidden curriculum that exists within the therapeutic recreation professional preparation program. Methods used to examine hidden curriculum have included

interviews (Lempp & Seale, 2004) and focus groups (Ozolins et al., 2008; Wear & Skillicorn, 2009). Masella (2006) has recommended surveying senior students and alumni to determine components of hidden curriculum.

Once identified, the positive components of the hidden curriculum need to be strengthened and negative ones eliminated. Of course, in order to begin the process of identification of the hidden curriculum it is critical that faculty and administrators acquaint themselves with the notion of the hidden curriculum and acknowledge the need to examine it.

It would appear that therapeutic recreation faculty should become the catalysts to ignite a national examination of hidden curriculum in departments with therapeutic recreation curricula. It is also therapeutic recreation faculty who will primarily transmit the attitudes, values, and beliefs needed by their graduates by proclaiming them to students and modeling them for students. Learning from faculty can be transformational as students make connections between their inner motivational systems and the attitudes, values, and beliefs shared by those in the therapeutic recreation profession.

Because of the potentially powerful impact of faculty on students it is imperative that we have exceptional faculty that are well prepared as teachers and scholars and who demonstrate to students their passion for their profession. Unfortunately, for some time there has existed a shortage of highly prepared faculty in therapeutic recreation (Ashton-Shaeffer, Kunstler, Skalko, & Voelkl, 2005; Compton & Austin, 1994/95; Compton, Austin, & Yang, 2001; Hamilton & Austin, 1992). The shortage of qualified faculty is a real concern for the successful transmission to students of the attitudes, values, and beliefs shared by those in therapeutic recreation,

as well as achieving success in launching a movement to examine hidden curricula.

In closing, it should be emphasized that while the focus of this paper is on the hidden curriculum, it is not meant to detract from the importance of the formal curriculum. It is critical that advancements be made in terms of improving formal curricula in therapeutic recreation. Formal and hidden curricula are in dynamic interplay and that both the formal and implicitly imparted components of curriculum need to be acknowledged and considered in therapeutic recreation professional preparation programs.

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