

“ATRA – Famous since 1983 – Founded in 1984”: The Early  
History of the American Therapeutic Recreation Association

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Abstract

This article traces the impetus for beginning the American Therapeutic Recreation Association (ATRA) and early efforts in forming the organization. The purpose of the article is to provide today's ATRA members with a sense of their heritage. Emphasis is initially placed on structural and philosophical factors that brought about the formation of ATRA. The entrepreneurial phase in the organization's development is then examined. It is concluded that ATRA leaders met structural concerns by using innovative and creative approaches in bringing about an autonomous, independent organization. Less evident, however, has been the resolution of philosophical concerns that contributed to the formation of ATRA.

*Key Words:* American Therapeutic Recreation Association; history; National Therapeutic Recreation Society; recreational therapy; therapeutic recreation

Author's Note: For their critical reviews of prior drafts of this paper, the author would like to acknowledge and thank: Peg Connolly, Ph.D., CTRS, Western Carolina University; Jerry Kelley, Ph.D., Hendersonville, NC; Bryan McCormick, Ph.D., CTRS, Indiana University Bloomington; Glen Van Andel, Re.D., CTRS, Calvin College; and Ray West, MS, LRT/CTRS, Chapel Hill, NC. Also special thanks go to Mary Ann Aquadro, M.S., CTRS, who served as the ATRA Board Liaison to the author.

**“ATRA – Famous since 1983 – Founded in 1984”:**

**The Early History of the American Therapeutic Recreation Association**

There are many reasons to write a history of any organization. Perhaps the classic reason given for preparing a history is so others may study it, learn from the described pitfalls, and not repeat the mistakes of those who have gone before. This is probably a valid reason for doing history.

For the members of the American Therapeutic Recreation Association (ATRA), conceivably more important than avoiding past mistakes is that knowing the history of their professional organization may provide them with a sense of their heritage. It has been stated: “Heritage is the desire to know the heroes, heroines and villains of the past, the great triumphs and failures which shaped the institutions of today. In understanding and claiming a heritage you graft on to or are adopted in a tradition or profession” (Department of Medical History, 2006).

This understanding of heritage can lead ATRA members to gain an appreciation of the efforts of those who preceded them and to grasp knowledge of their identity or from where they came. As Dock and Stewart (1938) wrote years ago: “No occupation can be intelligently followed or correctly understood unless it is, at least to some extent, illuminated by the light of history interpreted from a human standpoint” (p. 3). Once understood in the context of history, today’s challenges can be better placed in a context and then addressed (Keeling, 2001).

Rousmaniere (2004), a historian, wrote that: “...it’s important to keep in mind that history ultimately does more than tell a story about the past. History also helps to make meaning about the present.” Thus, history must do more than recite a chronology of facts.

I have not limited this early history of the American Therapeutic Recreation Association to a simple chronology of events. I wanted to tell a story about colleagues and the frustrations and achievements they experienced in forming and developing ATRA. Because this history contains much more than a series of facts, to some degree it rests on my background and values.

### The Roots of ATRA

One of the most interesting parts in the development of the American Therapeutic Recreation Association took place long before the Articles of Incorporation for ATRA were filed on June 12, 1984 (Articles of Incorporation of American Therapeutic Recreation Association “ATRA”, 1984). To say that ATRA was born out of tumultuous times is an understatement.

ATRA resulted from a large level of dissatisfaction felt by many members of the National Therapeutic Recreation Society (NTRS). NTRS was formed in the mid-1960s as a branch of the National Recreation and Park Association (NRPA). At the time, NTRS was one of a number of organizations that came together to form NRPA. The founders of NRPA had the dream of building a large national organization that would unify parks and recreation in the United States. A 1957 article by one of the founders of NRPA, Garrett Eppley, initially articulated the vision of bringing together both lay members (who were largely members of park and recreation boards) and professionals into one organization that would promote parks and recreation.

Two major obstacles seemed to spell trouble for NTRS from the beginning. First, NTRS seemed to have little focus philosophically. Its mission was extremely broad. It stood for both recreational therapy treatment services, as well as the provision of park and recreation services for persons with disabilities (O’Morrow, 2001; Park, 1995). Thus there were continual philosophical battles within NTRS between those who were treatment orientated and those who wished to promote recreation for all.

Secondly, NTRS was just a branch of a much larger organization. As a branch, NTRS had little autonomy in controlling budget or staff. Decisions for the organization were ultimately made by the NRPA Board of Trustees (composed of both lay and professional representatives) that had little interest in health care issues. Thus, NTRS members often felt far removed from the parent organization and with little control over their own affairs (O’Morrow, 2001; O’Morrow, 1986; Van Andel, 2001).

### NTRS’s Philosophical Dilemma

The “treatment” versus “recreation for persons with disabilities” debate much preceded the 1960s and the forming of NTRS. Prior to NTRS there existed two very different organizations that represented recreational therapists and recreators who served persons who were ill or disabled. The National Association of Recreational Therapists (NART) was largely composed of recreational therapists who worked in state psychiatric hospitals and state schools for persons with mental retardation. Their philosophy was one in which recreation was viewed as a tool for treatment and rehabilitation. The other was the Hospital Recreation Section of the old American Recreation Society (HRS/ARS). HRS/ARS members embraced a “recreation for all” philosophy in which recreation was perceived to be a right of all, whether ill or disabled or not. These two professional organizations merged to form NTRS but they never truly married their philosophical positions (Austin, 2002a).

The philosophical dilemma was apparent within NTRS from the beginning and was acknowledged by those at the highest levels of NTRS. In Gary Robb’s President’s Message in the second quarter of 1978 *Therapeutic Recreation Journal* a central theme was NTRS’s lack of identity. Robb (1978b) wrote:

While I believe that we have seen much progress in many areas in the professionalization of therapeutic recreation over the past few years, the basic problem of identity exists today that existed in the ‘40s, ‘50s and ‘60s and was the central issue at the time of the merger of professional groups with the National Recreation and Park Association in 1966. It has only merged its head from time to time but has constantly been with us – eating away at our effectiveness as a national organization and profession and I believe kept us from progressing as a professional discipline as rapidly as we might have expected and desired ( p. 3).

Robb went on in his message to directly state that NTRS’s long-standing lack of boundaries had retarded the work of “therapists” in favor of “recreators.” He stated: “I believe that in some ways, our professional organization (NTRS) over the past few years has let the

‘therapists’ down; that we’ve gone over board with concepts of mainstreaming and neglected those most in need of the UNIQUE support, and services that can potentially be provided by the national organization” (p. 4).

Lee Meyer was a leading national figure within therapeutic recreation in the 1970s and 1980s. Meyer (1980) questioned whether NTRS could represent both recreational therapists and special recreators (as they were termed at the time). He wrote:

Some might argue that there are not two cadres of practitioners, only one – therapeutic recreators. To reason in this fashion is to ignore the obvious differences between these two subspecializations in regard to purpose, work setting, accountability structure, etc. Therapists and special recreators function in different worlds. Given such significant differences it is only a matter of time...when one or the other of these specializations seeks their independence from the other. (pp. 40, 41)

As the profession entered the 1980s, it was becoming clear that there was much dissatisfaction with NTRS. NTRS simply was not able to emphasize the health orientated approach favored by the majority of recreational therapists. In NTRS’s desire to “be all things to all people” it had not clearly defined the field. This lack of demarcation of boundaries for the profession made it difficult to interpret the field to other publics and interfered with developing the focus needed to advance clinical practice (Austin, 1997; 2002b). This situation helped to fuel the movement to form a new professional organization that would better represent recreational therapists functioning in health care settings.

#### NTRS’s Structural Dilemma

As previously mentioned, NTRS’s status within its parent organization, the National Recreation and Park Association (NRPA), was that of a branch. While NTRS had a board of directors, because of its branch status the board could exercise little control over budget, staff, or NPRA policies and practices. In short, members of NTRS had little autonomy.

While, from the beginning of its existence NTRS regarded itself as the national professional organization for therapeutic recreation, NRPA did not. To NRPA, NTRS was only a branch in its organization. Moreover, when financial and management problems became paramount within NRPA in the mid-1970s, the organization determined its branches (such as NTRS) should be deemphasized. With the approval of the *Goals Implementation Committee Report* on May 14, 1976, NRPA demanded that branches conduct self-evaluations for submission, by April of 1977, at which time each branch would be examined by the NRPA Board of Trustees to determine if the branch would continue or cease to exist. Further, in the *Goals Implementation Committee Report* the expression “special interest section” was used, instead of “branch” (which seemed to further diminish the status of NTRS and other branches). Finally, the document called for no Association staff to be assigned to any branch and for the primary focus to be on a strong, central NRPA in which “special interest identification should be a secondary focus” (p.7).

NTRS decided to form a self-evaluation study committee, headed by David Austin. Austin’s Self-Evaluation Committee prepared the required report (*Self-Evaluation Report*, 1976), which the NTRS Board approved and submitted to the NRPA Board of Trustees. As a result, NTRS was ultimately granted approval to continue its existence within NRPA. The process of having to defend its existence seemed however to have a profound impact on NTRS as it perceived what seemed to be its diminished status as a national professional organization for therapeutic recreation.

As a result NTRS leaders began to seriously examine the situation. NTRS president Gary Robb established the Presidential Commission for the Assessment of Critical Issues (PCACI) through which a committee on branch governance was established to make recommendations on how best to position the only national professional society that represented therapeutic recreation at that time. Robb named Stephen Anderson and David Austin as co-chairs of the branch governance committee. Following a year of exploration, Anderson and Austin’s (1978)

committee report recommended that NTRS enter into a federation arrangement with NRPA through which it was anticipated NTRS would have much more autonomy. While not directly asking for federation, NTRS president Gary Robb (1978a) then made a presentation to the NRPA Board of Trustees in which he first indicated that therapeutic recreation was a health care profession. He stated:

...we are extremely cognizant and sensitive to our (i.e., NTRS) identity in the allied health fields. While much emphasis today is being focused on moving ill, disabled and handicapped into the community, the fact remains that the majority of our professionals remain employed in clinical settings....This is where the National Therapeutic Recreation Society must concentrate its major effort and resources. This is where our uniqueness within this organization lies. These are the professionals that are fighting for professional recognition as an allied health team member along with the occupational therapist, the physical therapist and others. (p. 2)

Robb then went on to emphasize the nature of the Society when he said:

We see ourselves as a *professional society*, and in this regard, we feel the urgency and responsibility to provide the leadership (needed for our profession). (p.3)

Finally, Robb spoke of the need for NTRS to have autonomy in its operation. He emphasized:

At this time it is imperative that we, the National Therapeutic Recreation Society, be able to more effectively and more quickly respond to the needs of the professionals in our field. We feel, that in order to do this, that greater *branch autonomy* and *self determination*, along with *fiscal responsibility* would allow us to act on behalf of NRPA in meeting our commitments to the handicapped and to the professionals that serve them. We feel that under the current system, we cannot do this ( p. 4).

Robb's presentation to the NRPA Board of Trustees was not successful in altering the place of NTRS within NRPA. Making such a plea was nevertheless important in that it signaled

to all that those in NTRS had made every effort to make their case for the necessity of operating the Society within a structure that would allow for strong national leadership in order to support clinical practice and to permit practitioners to compete within the world of health care.

It became clear however that NRPA saw itself as being invested in parks and recreation with little concern for health care issues. As James (1998) has explained:

In the latter 1970s and early 1980s...the parent organization had little interest in health care issues. As NRPA became more centralized, NTRS lost any influence it may have once had on the goals and resources of the association. NRPA was not directly involved in the arenas in which health care issues were being resolved. For example, while the American Occupational Therapy Association and the American Physical Therapy Association were involved in writing the home health care legislation, NRPA legislative staff was preoccupied with the Land and Water Conservation Fund and the Bureau of Outdoor Recreation. As fiscal management issues and changes became of critical importance to recreational therapists working in the health care industry, their frustrations and impatience with NRPA's lack of leadership in confronting these issues grew. (p. 29)

Due to the lack of autonomy experienced by NTRS and lack of concern for health care issues by NRPA, the NTRS leadership determined it needed to examine alternatives so that the interests of the membership were met. In October of 1982, NTRS President Viki Annand called a meeting of NTRS past presidents so that they might advise her and the board. It was concluded by the past presidents that the existing organizational structure was not working and a new one needed to be sought. Ann James was put in charge of a study to determine what structure should be pursued. After months of investigation and upon receiving feedback from NRPA officials that they wanted no changes in the NRPA/NTRS relationship, James advised Ray West (chair of the committee to investigate structures external to NRPA) that he and his colleagues should move forward to establish an independent organization to represent the profession (James, 1998).

Both Philosophy and Structure Lead to ATRA

In separate interviews on the history of therapeutic recreation, Gary Robb (2001), Ray West (2001) and Dave Park (1995) all indicated that early in the 1980s there existed a clear need for an independent organization to meet the clinical needs of the field. While some (e.g., Nancy H. Navar, personal communication, December 29, 2005; Peg Connolly, personal communication, September 8, 2007) believe it was the structural problems of NRPA/NTRS that were primarily responsible for the birth of an independent organization, others (e.g., Park, 1995) have argued that philosophical differences played the largest role in bringing about the new organization that became known as the American Therapeutic Recreation Association (ATRA). It is difficult to assess whether NRPA's structure or philosophical conflicts had the most influence on bringing about ATRA.

Glen Van Andel was a national figure at the time of the decision to develop a separate, independent professional association to represent the profession. Van Andel provided an account of the relationship that existed between NTRS and NRPA that identifies both structural and philosophical problems as being core reasons for the formation of ATRA. Van Andel (nd) wrote:

...the organizational structure of NRPA was highly centralized and bureaucratic. There were constant struggles between NRPA management staff and the NTRS Board of Directors on spending priorities and strategies for providing needed services to NTRS members. A key aspect of these conflicts was the fact that NRPA executives and others in the Association did not accept NTRS's contention that it was a unique organization that represented a group of professionals who were engaged in the specialized application of recreation services as a therapeutic tool in the treatment and rehabilitation of persons in need of these services. Through the years of the lack of support for the "treatment" aspect of therapeutic recreation seemed to be the most discouraging and frustrating to NTRS members and leaders. Thus, the philosophical conflict over the true nature of therapeutic recreation continued to be a major issue in the assimilation of NTRS within NRPA.

In the end, whether structural or philosophical concerns were paramount, two things seem to have lead to the formation of the American Therapeutic Recreation Association (ATRA). These were the desires of recreational therapists: (a) to establish a national organization that would embrace issues in health care; and (b) to exercise control over an autonomous organization.

#### The Entrepreneurial Stage

Quinn and Cameron (1983) analyzed nine different life cycle stage models proposed for the lives of organizations. This analysis resulted in an integrated model containing the similar life stages shared by all the models. Their integrated model contained an entrepreneurial stage, a collectivity stage, formalization and control stage, and a structure elaboration and adaptation stage. Three hallmarks of Quinn and Cameron’s entrepreneurial stage of organizations are innovation, creativity, and the marshalling of resources. All three hallmarks were evident during the early years of ATRA.

The initial spark for the formation of a new organization came when Ann James alerted Ray West that it was apparent there could be no resolution with the National Recreation and Park Association (James, 1998). Upon learning of the situation, Dave Park immediately began to investigate forming a new organization. Park was a former NTRS Executive Secretary and President. First, he surveyed nationally professionally active recreational therapists to determine interest in forming a new organization (Park, 1995; Van Andel, 2006; Ray West, personal communication, February 1, 2007). Park (1995) and Van Andel (nd) have indicated 75 persons were surveyed. The figure in a September 30, 1983, memorandum addressed to “Founding Members,” with the subject heading of “Results of Balloting,” however, indicated that 32 persons were surveyed. No matter the exact number of those surveyed, the results strongly favored moving forward with the formation of a new organization.

Within the memorandum Park wrote: “Let me first of all say that we do have a very large consensus on the fact that we need a new independent organization. Virtually, no one that I talked

with, or whose name appears on the list, have (sic) argued otherwise.” He went on to say: “We have also received other indications of support from grass roots people across the country, who wish to be a member once it is created. Based on this support and reaction, I am more convinced than ever that we need to resolve our issues and get the organization created as quickly as possible.”

Park went on to describe the results he and his wife, Viki Annand, had analyzed. He stated: “Let me share with you the results of the ballot so we can identify our critical issues. We sent out a total of thirty-two ballots. (Viki and I did not complete one because we will support the consensus.) We have received twenty-five of those in return, as of September 28. Two people have indicated that they do not wish to be a part of the effort for various reasons. Approximately five ballots have not been received.”

Results indicated that a clear majority of respondents, 15, agreed with adopting the name, American Therapeutic Recreation Association (ATRA). Another 8 favored American Recreation Therapy Association (ARTA), while 2 indicated other preferences. Based on this result, Park recommended the name American Therapeutic Recreation Association be adopted. Another recommendation by Park, resulting from replies to the survey, included adopting a broad statement for the Articles of Incorporation but emphasizing a clinical approach to therapeutic recreation when promoting the organization.

Park wrote in his memorandum:

While we do not have to define therapeutic recreation or recreation therapy in the Articles of Incorporation, we do need to state what we are very clearly to the public and prospective members. Several respondents commented that one major problem with NTRS is that it still attempts to be all things to all people and thus the ‘umbrella’ concept of ourselves makes us too broad to clearly zero in on action needed to grow. They further point out that the vast majority of professionals in our field...work in clinical settings, call themselves therapists, and need an organization that will specifically address the

allied health needs of the field. It is also pointed out that, if one of our goals is to reach the large group of professionals who do not presently belong to NTRS, then another organization with an ‘umbrella’ orientation will not be any more successful than the present one.

Further, Park suggested that “we present a clear statement of the purpose of therapeutic recreation being different from the simple provision of recreation opportunities for disabled publics; focusing on the process of assessment and problem identification and intervention; and indicating that the terms recreation therapist, therapeutic recreation specialist are used synonymously.”

Finally, the respondents had indicated they overwhelmingly favored a restrictive approach to membership. Park concluded his memorandum by proposing what he termed a “modified restrictive approach” offering membership categories other than professional certification and recommending a committee be appointed to examine membership criteria, along with the rights and privileges of various membership categories. The only other recommendation from Park was that an initial “Charter Membership” fee of \$40.00 per person be charged. This recommendation was obviously not embraced as a \$100.00 “Founding Member” fee was ultimately adopted. The \$40.00 fee became the professional member fee however once ATRA was formed.

James (1998, p. 50) has provided this account of what happened next:

Park summoned all interested persons to meet in his hotel room at the 1983 NRPA convention in Kansas City. At the appointed hour, every square foot of floor space and every piece of furniture appeared to be occupied by recreational therapists. People strained to hear from the doorway and the hallway. The temperature increased with the mixture of excitement and apprehension emanating from the crowded room. Park reiterated that there were respected leaders who said that an organization could not thrive apart from NRPA. (James continued quoting from Park who spoke for the forming of a

new organization when he said:) “There are also some individuals who are opposed to this move, and that also is to be expected. It is my firm conviction that this move is necessary for the future of the therapeutic recreation profession and that we should press forward with vigor” (Park, 1983).

The drama of the meeting in Park’s room is evident in James’ (1998) account. Van Andel (nd) has also described the meeting by writing that “The atmosphere in the packed hotel room that night was charged with enthusiasm and excitement.” Ann Huston, ATRA’s first Executive Director, further enhanced the recollection of this event when in describing how ATRA came about during an interview in 2001. She stated: “In a hot, smoke filled room in Kansas City ATRA was formed.”

Following Park’s meeting, things moved quickly toward the formation of ATRA. Committees were immediately formed to determine membership categories, to identify persons who might serve as interim officers, and to develop a philosophical statement (Van Andel, 2005). The philosophical statement committee composed of David Austin, Dick Beckley, Melinda Conway, Carol Peterson, and Ray West met in Kansas City (James, 1998). While their initial statement drafted was very clinically orientated, later compromise brought about a broader philosophical statement that portrayed the profession as one that provided both treatment and recreation services (James, 1998). Nevertheless, ATRA would soon become an organization embraced by the profession.

The grassroots approach of the organization, first mentioned in Park’s (1983) memorandum, was evident from the outset of ATRA. Park (1995) stated that he would write the organization’s charter if there was a commitment from 25 national leaders. By February of 1984, not 25, but 50 Founding Members had each contributed \$100.00 in order to provide funds for the establishment of the new professional organization. Among the original members were a number of NTRS past presidents and board members, and two past Executive Secretaries of NTRS, Dave Park and Ira Hutchinson. (Austin, 2004; Nesbitt, 1984; Park, 1995).

The Interim Board, 1984-85

In May of 1984, the Founding Members elected an Interim Board (American Therapeutic Recreation Association, 1984 – 85). No nominations were made for particular positions but, instead, the persons receiving the most votes would be named President, Vice-President, Secretary-Treasurer, and Directors at Large (Margaret Connolly, Personal Communication, April 17, 2006). The vote lead to Peg Connolly (Florida) being named President, Glen Van Andel (Michigan) becoming Vice President, Richard Beckley (Oklahoma) becoming Secretary-Treasurer, and Melinda Conway (Michigan) and Ray West (North Carolina) serving as Directors at Large. On June 1<sup>st</sup> and 2<sup>nd</sup>, 1984, the Interim Board gathered in the kitchen of the Department of Recreational Therapy of the North Carolina Memorial Hospital in Chapel Hill for its first meeting. Dave Park joined the Board as an advisor during this inaugural meeting (Van Andel, 2006; West, 2001).

Between the meeting in Kansas City in the fall of 1983, and the historic meeting of the Interim Board the following June, news of the formation of ATRA rapidly spread across the nation. At the top of the first page of Glen Van Andel’s (1984) personal notes taken during the meeting of the Interim Board, he had written “ATRA – Famous since 1983 – Founded in 1984.” These words seem to have captured the feeling and professional needs of the times as news of the formation of ATRA brought about great excitement in the field for those eager to enter a new era.

Van Andel (nd) has reported the visions for ATRA shared by members of the Interim Board. These leaders stated they wished to have an organization that:

- (1) is accountable to the membership;
- (2) has a decentralized organizational structure that emphasizes responsiveness to membership needs versus organizational expediency;
- (3) provides services that are founded on a data-based operational system that is in touch with what’s happening in the field;
- (4) that provides the highest quality services available;
- (5) uses strategic planning versus crisis management;
- (6) develops and promotes networking with other health care agencies and professional organizations; and

(7) focuses on promoting the value of the therapeutic recreation process within the health care delivery system.

The American Therapeutic Recreation Association Board Meeting Minutes for June 2, 1984, reflect a Treasurer's report that showed the Association had \$4,807.00 in its bank account. Business included approval of the Articles of Incorporation, an analysis of ATRA's strengths, weaknesses, threats, and opportunities, and a discussion of organizational tasks that would have to be accomplished, such as establishing the *ATRA Newsletter* and filing the Articles of Incorporation.

The filing of the Articles of Incorporation was done on June 12, 1984, in Washington, DC, according to the date stamped on the copy of the Articles of Incorporation of the American Therapeutic Recreation Association "ATRA." Within the *1984-85 Membership Directory* (American Therapeutic Recreation Association, 1984), July 11, 1984, was however specified as the date that ATRA was officially incorporated. The reason for this discrepancy is unclear. Perhaps the papers were filed in June and ATRA received official notification in July.

In July of 1984 the Interim Board developed the first ATRA brochure and membership application. These were employed to grow the organization from the original 50 members at the time of the filing of the Articles of Incorporation to 291 members a year later. At the time of ATRA's first anniversary its *Membership Directory* was published. The *Membership Directory* revealed Maryland, with 28, had the largest number of members. In terms of other states with large numbers of members, Maryland was followed by Michigan (23 members), Illinois (22 members), North Carolina, Pennsylvania and Washington (each with 19 members), Florida (18 members) and New York (17 members). The vast majority of members came from hospital settings, with psychiatric/mental health hospitals leading the way with 56 members. A total of 44 members were located at universities and colleges. Because a large portion of ATRA members today work in long-term care, it is interesting to note that one of the smallest categories of

members was that of “Extended Care Facilities/Gerontology” which had only 9 members (American Therapeutic Recreation Association, 1984-85).

Lead by Peg Connolly, the Interim Board worked diligently on behalf of the organization to establish the foundations for ATRA. Connolly personally developed the Installation of Officers Oath that is still used by ATRA today (Ray West, personal communication, February 1, 2007). Among other achievements of the Interim Board were developing the Articles of Incorporation and By-Laws, initiating the *ATRA Newsletter*, appointing the first liaison to the National Council for Therapeutic Recreation Certification (Dr. Barbara Sirvis), and conducting the first regular election of a Board consisting of a President, President-Elect, Secretary-Treasurer, and five Board Members (Ray West, personal communication, January 20, 2006).

#### The 1985-86 Board

Ray West was elected to the presidency of ATRA for the 1985-86 term. West, of course, had been a prime mover in the establishment of ATRA and had served as a member of the Interim Board. One of the first items on West’s agenda was to produce a four-page membership recruitment publication. As might be assumed, one page contained a membership application form. True to ATRA’s grassroots approach, another of the pages was devoted to a “Membership Needs Survey” for those joining to indicate what they felt should be the priorities of the organization. A third page addressed frequently asked questions such as: What is therapeutic recreation? What is the American Therapeutic Recreation Association? What is the mission of ATRA? Who should join ATRA? How do you join ATRA? And What services will ATRA provide? The front page of the publication contained a message from West as President of ATRA.

Within his message, West (1985-86) addressed why ATRA had come about and interpreted ATRA’s view of practice. From reading West’s statement, the perceived need for an independent and autonomous professional organization was apparent, as was the clinical focus of ATRA. West wrote:

ATRA is an independent non-profit organization established in 1984 by therapeutic recreation practitioners from across the country. Its sole purpose is to advance the therapeutic recreation profession in health care and human service settings. ATRA was formed to address situations which threatened the future of therapeutic recreation in these settings and because the need existed for an independent, autonomous, national professional association which devoted all of its efforts and resources to advancing the therapeutic recreation profession.

ATRA is committed to improving the quality and effectiveness of therapeutic recreation services provided to consumers. ATRA believes that therapeutic recreation services are necessary in the care and treatment of individuals with illnesses and disabilities. ATRA defines therapeutic recreation as the application, by qualified professionals, of appropriate intervention strategies using recreation services to promote independent functioning and improve the health and well-being of individuals with illnesses or disabling conditions. The primary purpose of this service is to promote the development of functional independence. The focus of the service is the provision of therapeutic recreation as a means to improve independent functioning instead of the provision of adapted, special recreation or recreation as an end in itself. We support the importance of the development of leisure lifestyle as a necessary contributor to health, wellness and quality of life, but we also recognize that therapeutic recreation services are primarily delivered, structured and administered in health care and human service settings where the emphasis is on treatment, habilitation and education of the client served.

While within West's message, the clinical practice of recreational therapy was evident, it was less so in ATRA's official definition of therapeutic recreation that appeared on page two of the membership recruitment publication. This was the broad definition originally developed by the Philosophical Statement Committee in 1984. It read:

Therapeutic Recreation is the application by qualified professionals of appropriate intervention strategies using recreation services to promote independent functioning and to enhance optimal health and well being of individuals with illnesses and/or disabling conditions. Therapeutic recreation places a special emphasis on the development of an appropriate leisure lifestyle as an integral part of that independent functioning.

The underlying philosophy of Therapeutic Recreation is that all human beings have the right and need for leisure involvement as a necessary aspect of optimal health and, as such, Therapeutic Recreation can be used as an important tool for these individuals becoming and remaining well.

There seemed to be apparent discrepancies between the more clinically oriented view presented by West and ATRA's official definition of therapeutic recreation. This lack of a singular definition that expressed clear boundaries for the field had been emphasized many times over the years by national leaders, such as Robb (1978), Meyer (1980), and Park (1983). The discrepancy between the organization's definition of therapeutic recreation and the views presented by West was something that he attempted to rectify with his initiation of a philosophy/definition committee chaired by Dave Park. Following his presidency, West joined Park as co-chair of the committee (Personal communication by e-mail, January 20, 2006). Their efforts resulted in a new definitional statement that was adopted by the Board in November of 1987 (American Therapeutic Recreation Association, 1987). This statement read:

Therapeutic Recreation is the provision of Treatment Services and the provision of Recreation Services to persons with illnesses or disabling conditions. The primary purpose of Treatment Services which is often referred to as Recreation Therapy, is to restore, remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability. The primary purpose of Recreation Services is to provide recreation resources and opportunities in order to

improve health and well-being. Therapeutic recreation is provided by professionals who are trained and certified, registered or licensed to provide Therapeutic Recreation.

While more succinct than the earlier version, the statement does not seem to provide the clarity regarding the clinical view that might be anticipated from reading West's President's Message. To be in line with two of the principle founders of ATRA, West and Park, it appears that ATRA still needed to further refine its definition of therapeutic recreation.

Ray West (Personal communication, January 20, 2006) has provided a rich description of his presidency after being elected ATRA President in 1985. West has written:

I began my term as President with a very strong Board of Directors. Bernie Thorn was President-Elect, Melinda Conway-Callahan was Secretary-Treasurer, Lou Carpino, Debbie Rios, Nancy Smith, Julie Dunn and Ann James were Directors-at-Large. During this year we initiated our first committee structures to include: National conference, Awards, Ethics, Finance/Budget, Membership, Nominations, Publications, Reimbursement, Standards (JCAH, CARF), Chapter Affiliates, Legislative Forum (first Mid=Year), Legislative Coalition, Minority Affairs, Long Range Planning, Quality Assurance, Research, State Presidents Forum, and By-Laws. During the year we initiated a philosophy/Definition committee chaired by Dave Park...I remember it was quite a challenge to initiate the first committee structures, to find chairs and to initiate the business of ATRA. We were fortunate to have great enthusiasm and most committees started their work in the first quarter of the term.

One of our biggest initial challenges was to establish a management service to receive and respond to inquiries, process the mail and manage membership. With the direction of Melinda Conway-Callahan and the assistance of Karen Vecchione and I think Viki Annand and possibly Dave Park we traveled to DC to interview the potential candidates

to provide management services. We selected the Washington Council of Agencies to provide management services for ATRA.

West went on to discuss public policy efforts, budget, membership growth, and professional meetings conducted by ATRA. Reading West's recollections gives the impression that he engaged a great many individuals in the work of ATRA during his year as President. He wrote:

Nancy Smith initiated ATRA's public policy work through our involvement with the Legislative Coalition and we provided written comments on proposed changes to the Rehabilitation Act and the Education for the Handicapped Act. Dr. Diana Richardson provided testimony before the Senate Sub-Committee on the Handicapped.

Melinda (Conway-Callahan) filed our first IRS application for a 501.c.6 tax status (trade and professional associations) and income tax forms and required for incorporation. By May (1986) our membership had grown to 506, an increase of 140% over the previous year. By the end of the year membership had grown to 827. This provided us with financial stability for a new and rapidly growing professional organization, the only independent, autonomous, national professional organization representing therapeutic recreation. Our budget was \$26,150 and we probably didn't spend all of it in the budget year, but we controlled our budget, which enable us to plan for our future.

Nancy Smith and Bonnie Hurwitz coordinated our first Mid-Year Meeting and Professional Issues Forum at the National 4-H Center in Washington, DC. The focus of the meeting was legislative issues and it was modeled on a consensus conference. Three roundtables were held focusing on Legislation and Advocacy, Health Care Delivery, and Financing and Applied Research... We used a banana for a gavel in one of them! I

remember we were so impressed that a young practitioner, Carmen Russoniello, traveled all the way from Spokane, Washington, to attend the first ATRA Mid-Year Meeting! We interpreted this as a sign that the organization and the issues forum were needed by the profession. We all considered the first Mid-Year Professional Issues Forum a great success.

Another successful ATRA meeting was the first Annual Conference held in the fall of 1986. West recalled: “We also planned for the first Annual Conference, which was held November 7-9, 1986, in conjunction with the Northeast TR Symposium....Debbie Rios coordinated the ATRA Annual Conference and it was a great success.”

Finally, West reflected on the work of a member who was then emerging national leader and later became ATRA’s first Executive Director. Her name was Ann Huston. West wrote this regarding Huston’s efforts to establish the profession within the health care community:

Ann Huston provided excellent leadership to the Standards Committee as we struggled with changing the perception held by members of the JCAH Professional Technical and Advisory Committee that TR was a service that provided recreation to people with disabilities to that of TR as a treatment service. This change of thinking required building relationships with member organizations on the PTAC, or Professional Technical and Advisory Committee (APTA, AOTA, ASHA), in order to move toward changing the way TR was written into the JCAH (later known as “The Joint Commission”) standards. Ann did a great job of building the relationships with PTAC representatives and JCAH staff to begin the process of change.

West’s words convey the unbridled spirit of enthusiasm that had to be a part of the culture of ATRA during his administration. Their long held dream of controlling the destiny of their professional organization, and thereby advancing the profession, was finally being realized. The pride and enjoyment felt by West in that moment in time is reflected in his comment: “I look

back upon this time as one of the highlights of my career” (Ray West, personal communication, January 20, 2006). It might be anticipated that many other early ATRA leaders would echo West’s sentiment.

### Concluding Comments

#### Entrepreneurial Stage -- Featured Bold Leadership

It is clear that the early ATRA leaders were visionary professionals who dared to dream of making their independent, autonomous, national professional association an organization in which they could take great pride and through which they could advance their emerging profession. During the initial years of ATRA, the criteria for the entrepreneurial stage (Quinn & Cameron, 1983) in its development were certainly met as the organization’s leaders were innovative, creative, and adept at marshalling resources. Innovation and creativity were reflected by such actions as conducting ATRA’s first election without having candidates stand for a particular office, holding ATRA’s initial board meeting in the kitchen area of an RT department, and using a banana as a gavel at an early ATRA conference. Particularly skillful was the work of Dave Park as he laid the groundwork for the new organization by first gaining the pulse of national leaders, then holding a meeting to launch ATRA, and, finally, taking steps to gain Founding Members and conduct the election of the Interim Board. He also marshaled resources to fund ATRA by collecting a \$100.00 contribution from each of the 50 Founding Members. ATRA’s first president, Peg Connolly, and her Interim Board were no less resourceful, as they readied the organization’s Articles of Incorporation and laid the foundation for the permanent mechanisms that would guide ATRA. Finally, Ray West’s Board, the first full Board to which each member had been elected to a specified position, took significant steps to establish ATRA as a growing organization that became nationally recognized by those inside and outside the profession. The innovative, creative, and adept actions taken by ATRA leaders during its entrepreneurial phase were in stark contrast to what those forming ATRA perceived as the bureaucratic methods of the National Recreation and Park Association.

### Philosophical Dilemma Lingers

Establishing ATRA as an autonomous, independent organization clearly solved the structural concerns faced within the National Recreation and Park Association and provided the profession with a grassroots organization. It may be said however that resolution of the philosophical dilemma that helped to contribute to the formation of ATRA is less evident. As stated within this historical account, ATRA founders Dave Park, Ray West, and Glen Van Andel saw therapeutic recreation as focusing on health care and being clinical in nature. Yet, during this early era in its history, ATRA's definition of therapeutic recreation remained relatively broad and did not emphasize the clinical elements articulated by both Park, West, Van Andel, and others.

### In Conclusion

While turmoil surrounded the birth of ATRA, the entrepreneurial years of ATRA marked an exciting time for the profession. At the same while, as will no doubt be revealed in future accounts of the history of ATRA, the next years of ATRA would test the memberships' resolve to maintain an independent, autonomous professional organization to represent the profession.

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(Completed: October, 2007)