

“The Health Protection/Health Promotion Model: Implications for Practice.”

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Description of Session:

- How the Health Promotion/Health Protection Model guides and directs the practice of recreation therapy.
- Covered will be implications of the model for conducting assessment, planning, implementation, and evaluation. Particular emphasis will be placed on implications for assessment.

Learning Objectives:

- Identify the four phases of the RT Process or the A-pie Process.
- Describe how the focus of assessment will be different for the Health Protection/Health Promotion Model and the Leisure Ability Model.
- Describe the Illness/Wellness Continuum.
- List two or more types of strengths that recreational therapists might identify during client assessment.
- Know whose hierarchy of needs may be used to set priorities during the planning phase.
- Stipulate the type of atmosphere recreational therapy typically offers.
- State in what type of agencies the Health Protection/Health Promotion Model might be applied.

The Health Protection/Health Promotion Model Directs or Guides Practice

- All conceptual models certainly offer explanations of phenomena but they do more than explain. So does the Health Protection/Health Promotion Model.
- The HP/HP Model also **directs** or **guides** practice.

A New Era in RT

- **In the past** RT conceptual models were used primarily to define and describe the profession – to understand who we were.
- **Today** there is a new era on the horizon in which conceptual models are seen to do more than define and describe the discipline. In this new era, conceptual models inform practice by guiding and directing the practice of RTs.

A Quick Review of the Health Protection/Health Promotion Model

- Let’s take a few minutes to quickly review the Health Protection/Health Promotion Model (or rather the “Reformulated” HP/HP Model).
- After the review, we’ll look at how it informs practice or the implications of the HP/HP Model for practice.

The Goal of the HP/HP Model

Helping clients to achieve their highest possible levels of health.

Reformulation of HP/HP Model

- In the original HP/HP Model, the highest levels of health equated to either **restoring** health (Health Protection) or **improving** health (Health Promotion).
- In the reformulation of the model the Health Protection part of the model has been altered from just enabling recovery to helping clients to **adaptively cope** with threats to health when recovery is not possible.

In the reformation of HP/HP Model the overall mission now reads:

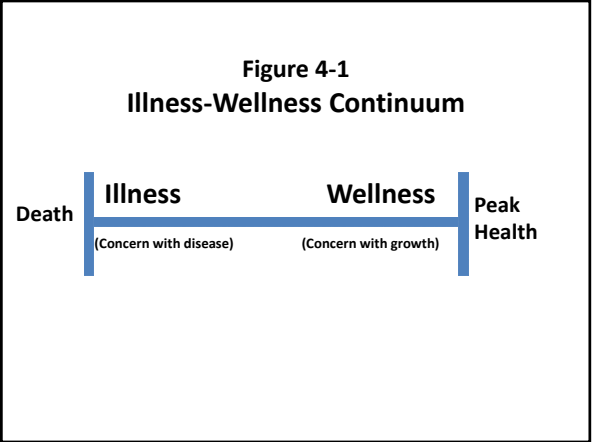
Enabling recovery *or* adaptive coping following threat to health and the achievement of optimal health.

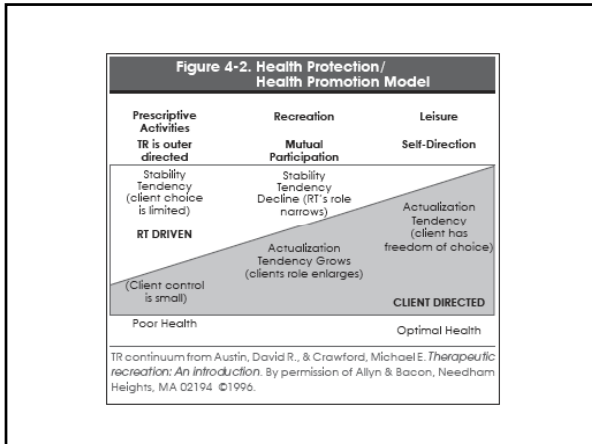
Rationale for Reformation

- For some clients with chronic illnesses or disabilities regaining health by curing the condition may not be realistic.
- It seemed that the HP/HP Model could be expanded to include using recreation to assist these clients to maintain health to the highest level possible for them, or at least to help them to adaptively cope with their illnesses or disabilities.

The Overall Mission of Health Protection and Health Promotion is achieved by:

- First, nurturing the *stabilizing tendency* humans possess to return to normalcy (for them individually) in their level of health and wellness and,
- Second, working with clients to achieve the highest levels of health possible as the clients' *actualizing tendencies* motivate their behaviors.





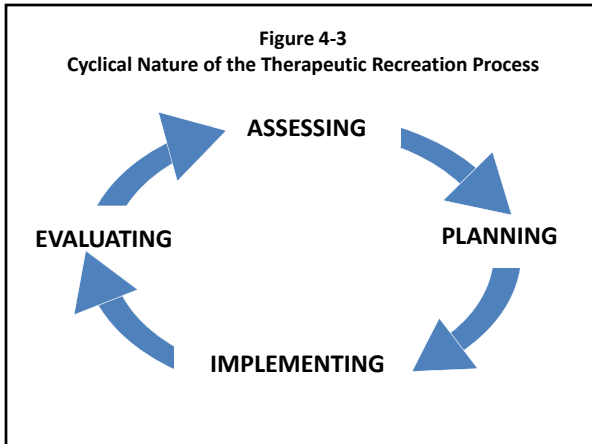
HP/HP Model has Good Fit with Health Care Agencies

Thus, the Health Protection/Health Promotion Model fits well with the purpose of health care agencies to assist clients to restore, maintain, and promote health, as well as to cope with chronic illnesses and disabilities.

Implications for Practice

This mission of restoring, maintaining, and coping adaptively to threats to health and promoting health, of course, has direct implications for how recreation therapists practice.

- The RT Process or "A-Pie" Process**
- Because recreation therapists are helping clients to achieve better health, they need a systematic process to achieve this.
 - This process has become known as the "Recreation Therapy Process," "Therapeutic Recreation Process," or the "A-pie Process."
 - A-pie standing for Assessment, Planning, Implementation, and Evaluation.



- Characteristics of RT Process**
- It is client centered to meet the unique needs of the client.
 - It is cyclical. All phases interrelate.
 - It is goal directed.
 - It is collaborative in that it requires the therapist to communicate with the client to meet his or her needs.
 - It emphasizes feedback to reassess the problem or revise the intervention plan.
 - It is applicable as a framework in all RT/TR settings.

Assessment

The first step in the RT Process is assessment. Assessment is concerned with data collection and analysis in order to determine the status of the client.

Model Affects Assessment

The practice model followed will influence the focus of the care plan and, accordingly, will have an effect on the nature of the assessment conducted.

HP/HP vs. Leisure Ability

- Agencies that follow the Leisure Ability Model will necessarily emphasize **leisure concerns** in assessment.
- Those that subscribe to the Health Protection/Health Promotion Model will focus more on assessment of **health concerns** in assessment.

HP/HP Assessment

Accomplishing this assessment of the client's health concerns and expectations permits the recreation therapist:

- (1) to appraise where the client is on the Illness/Wellness Continuum; and
- (2) to construct a needs list that can be used to determine possible goals.

Examples of Goals from Needs List

- Managing stress and reducing anxiety
- Reducing depression
- Reducing feelings of isolation
- Learning social skills (including leisure skills)
- Enhancing self-esteem or building self-efficacy
- Establishing a sense of control
- Developing social support
- Learn to experience fun and enjoyment
- Decreasing confusion
- Improving memory
- Improving mobility
- Increasing functional skills (e.g., ADL skills)

HP/HP Assessment and Strengths and Interests

- Assessment of client **strengths and interests** is also required under the HP/HP Model.
- Knowing the client's strengths and interests provides data from which to build a strengths list that can serve as the basis for interventions – as under the Health Protection/Health Promotion Model client strengths are used as means to bring about positive health outcomes.

Concepts from Strength-Based Practice

- The core of strength-based practice is paying attention to what works and identifying strengths rather than just using deficits to guide our interactions.
- Strength-based practice is about partnering in order to help clients identify and use their own strengths and resources to live empowered lives.

Assessment of Strengths

- Strengths need to be seen as much broader than recreational abilities.
- Include wisdom, courage, love, justice, and transcendence.

Glicken’s Strength List

Glicken has outlined a total of 45 strengths.

Representative of these are: (a) coping skills; (b) support networks; (c) interpersonal skills; (d) communication skills; (e) self-concept; (f) fun; (g) risk taking; (h) resilience; (i) persistence; (j) determination; and (k) insight.

Holistic Approach

- Another element of the HP/HP Model is following a holistic approach. Thus a holistic approach is demanded in assessment.
- A holistic approach is needed because clients’ physical problems almost always have a psychological component and a social impact. Psychological difficulties inevitably involve a physical response, and so on.

Areas for a holistic assessment:

- Client general perceptions about their present health status.
- Sensory or motor impairments, cognitive deficits, limitations in activities of daily living, and any precautions (e.g., heart problems).
- Leisure values, interests, and pursuits are explored, along with client attitudes toward participation in RT programs.
- The developmental level of the client is appraised to determine developmental tasks or issues with which the client may be dealing.
- Problems are explored to identify needs (e.g., need to belong, for self-esteem enhancement) in order to establish a needs list.
- Strengths (e.g., abilities, virtues, support from family and friends) are identified in order to build a strengths list.
- Client expectations and goals are identified.
- The client’s environment is assessed to determine if changes in the environment are needed.

Summary of Assessment Concerns using Health Protection/Health Promotion Model

- Access the place of client on Illness – Wellness Continuum
- Needs identified to determine goals.
- Strengths and interests determined to use as a basis for interventions.
- Follow a holistic approach in assessment.

Assessment Conclusion

- I hope by now that you are coming to see how the choice of a conceptual model, such as the Health Protection/Health Promotion Model, has direct implications for what we do in practice.
- We will now talk about the remaining phases of the RT Process: planning, implementation, and evaluation.

Planning

- Planning involves coming up with a plan of action.
- As a result of planning, the client's customized recreation therapy plan emerges.

Prescriptive Activity, Recreation, or Leisure?

Depending on where the client is along the Illness/Wellness Continuum and the amount of control he or she can assume, the client will receive prescriptive activities, recreation, or leisure.

Planning involves four steps:

- (1) setting priorities following determining the client's needs;
- (2) formulating goals;
- (3) determining strategies or actions to meet the goals; and
- (4) selecting methods to assess the progress made toward the goals.

Maslow's Needs Hierarchy

Maslow is known as the father of humanistic psychology – the primary theory that underlies the Health Protection/Health Promotion Model.

So it is natural that Maslow's Needs Hierarchy might be used to set priorities under the Health Protection/Health Promotion Model.

Five basic needs Maslow stated:

- physiological needs,
- safety needs,
- social needs (belongingness and love needs),
- self-esteem or ego needs (for self-respect, status, recognition), and
- at the top of the needs hierarchy, self-actualization (to fulfill one's potentials).

*Strength-Based Approach
in Planning*

- A strength-based approach provides clients a means to both health protection and health promotion.
- Strength-based practice pays attention to identifying strengths and what works, rather than just using deficits to guide interventions.

Clients are Involved in Planning

- The HP/HP Model encourages client choice and control and acknowledges the self-responsibility clients have in their programs.
- Therefore, to the greatest extent possible, clients are engaged in selecting goals and activities.

Implementation Phase

During the implementation phase, the plan is put into action.

Implementation is the actual provision of the program.

Flowing out of the HP/HP Model

1. RT is action oriented but activities are just vehicles to achieving goals.
2. Positive emotions, such as pleasure and fun, are motivational and may lead to optimistic views that open people up to new experiences.
3. Client/therapist relationships are at the heart of RT.
4. RTs are genuine, nonjudgmental, and empathetic toward their clients and this, along with the special bond that exists between the client and RT due to the shared knowledge of the client's experiences with his or her health concerns, helps to build a therapeutic relationship.

Flowing out of the HP/HP Model

5. RT offers a warm, supportive, accepting, positive, and hopeful atmosphere.
6. Persons strive to maintain control over their lives and to function independently, so recreation therapists are not manipulative or controlling.

Evaluation Phase

- Evaluation is the final phase in the RT Process. Through evaluation, the effectiveness of the client's program is examined.
- Evaluation answers the question, "Were sought outcomes achieved as a result of the program?"

Key Implication in Evaluation

The key implication from the Health Protection/Health Promotion Model is that it is essential to involve the client in the process of evaluation.

Conclusion

In concluding this discussion of the implications of the Health Protection/Health Promotion Model, I think it is important to underscore that it can virtually be followed in any setting in which the mission of the agency is helping people enjoy the highest levels of health and well-being possible for them as individuals.

“What, So What, Now What”

- What? (What happened?)
- So what? (What meaning did it have for you? What did you learn?)
- Now what? (What will you do with what you have learned?)

Possible Resource:

Austin, D.R. (2009). *Therapeutic Recreation Processes and Techniques* (6th edition). Champaign, IL: Sagamore Publishing, Inc.

Resources

- To view “Models of Practice: The Health Protection/Health Promotion Model” via streaming at no cost go to: <https://scholarworks.iu.edu/dspace/handle/2022/3378>
- The video is one of 23 Recreation Therapy Videos listed. Click on the title of the video and an address will come up. Click on the address and the video will come up. Click on the triangle in the center to start the video.
- An additional free service of the Indiana University Library is providing free access to an online version of the *Glossary of Recreation Therapy and Occupational Therapy*. Go to: https://scholarworks.iu.edu/dspace/bitstream/handle/2022/6474/Austin_Glossary.pdf?sequence=1

RT Blog

- The RT Blog is maintained by the Hoosier RT (aka David R. Austin).
- The address of the RT Blog is: <http://rt-blog.blogspot.com/>

(Most search engines will list the RT Blog when RT Blog is typed in for a search.)