“The Health Protection/Health Promotion Model”

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Learning Objectives:

• Define the term, conceptual models.
• Explain what is meant by the actualization tendency.
• Name the theoretical perspective that underlies the Health Protection/Health Promotion Model.
• One major component of the Health Protection/Health Promotion Model is prescriptive activities, name the other two components.
Just what is this profession all about?

*To be a profession:*

A basic description of recreation therapy is primary.

We need to know what the profession aims to do.
Others Need to Know:

• Basic descriptions of recreation therapy are important for all audiences – from consumers to kindred professions.

• We need to articulate what is distinctive about recreation therapy to help others to understand and appreciate our profession.
Conceptual Models

define and describe the profession
Without conceptual models to establish clear boundaries for RT:

“...the profession would be doomed to basing professional preparation and practice on murky definitions that would not offer the clarity needed to advance the profession.”

(Austin, 2002, p. 2)
Concepts

What do we mean by concepts?
Concepts

• “Words that describe mental images of phenomena.” (Fawcette, 1995)

• “Concepts represent a means to communicate mental images. Within the context of conceptual models, authors caution that concepts are abstract in nature.” (Austin, 2002)
Models

What are models?
Models

• “A simplified representation of reality that explains the relationship of different concepts.” (Morgan, 1996, p. 29)

• “A model ought to make things simpler to understand. It takes several different elements, shows the relationship between them, and makes them into a unified whole.” (Hagedorn, 1997)
Conceptual Practice Models
(Kiehofner, 1997)

“Conceptual practice models aim to create explanations of some phenomena of practical concern in the field, while providing a rationale and methods for therapeutic interventions. Thus, a model has the dual purpose of explaining a group of phenomena and guiding practice related to those phenomena.”
RT Conceptual Models:

“...offer an image or visualization of the component parts that make up the discipline of recreation therapy, and then describe how these parts relate to one another. Conceptual models outline the purpose and scope of practice...”

(Austin, 2002, p.4)
Evolution of RT Conceptual Models

- Early days there were general impressions provided but not truly conceptual models (e.g., “recreation for the ill and handicapped” or “recreation as a treatment tool.”).
- 1970s/1980s RT worked frantically to define itself (Leisure Ability Model was embraced).
- 1980s saw dissatisfaction with the Leisure Ability Model (Hamilton & Austin, 1992).
- Health Protection/Health Promotion Model presented in 1991.
Questions to Examine Components of Conceptual Models

- What is the **mission** or goal of the model?
- **Who** is served?
- What is the nature of the **professional’s role**?
- What are **sources of difficulty** for clients?
- What are the **mode and focus of interventions**?
- What is the **theoretical basis** for the model?
Austin’s Health Protection/Health Promotion Model

“The purpose of therapeutic recreation is to recover following threats to health (health protection) and to achieve as high a level of health as possible (health promotion).”

<table>
<thead>
<tr>
<th>Health Protection</th>
<th>Health Promotion</th>
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<tbody>
<tr>
<td>Treatment or rehabilitation due to illness or disability</td>
<td>Wellness oriented</td>
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<tr>
<td>Motivation to restore health</td>
<td>Motivation to enhance health</td>
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Health Promotion is...

“Health promotion is the process of assisting people to move toward a state of optimal health.”

Recreation therapy may be conceived to be much like traditional medically oriented allied health professions in its concern for preventing and alleviating illness.

At the same time, RTs join physicians practicing “well medicine” in their desire to bring about the self-actualization of their clients or to help them to enjoy optimal health and wellness.
Health Protection/Health Promotion Model

• **Mission/Goal:** Enabling recovery following threat to health and the achievement of optimal health.

• **Who:** Clients are self-defined...anyone wishing to improve their health.

• **Professional role:** Moving clients toward gaining control and independence.
Reformulation of HP/HP Model

• **Mission/Goal:** Enabling recovery *or adaptive coping* following threat to health and the achievement of optimal health.
Austin (in process) Theoretical Thinking and the RT Process

In the initial formulation of the Health Protection/Health Promotion Model recreation was seen as a means to regaining or restoring health (Austin, 1991).
It would seem, however, that the model could be expanded to include using recreation to assist clients to maintain health to the highest level possible for them, or at least to help them to better cope with their illnesses or disabilities. This reformation permits the model to be better applied to clients with chronic illnesses or disabilities.
For these clients regaining health by curing the condition may not be realistic.

But these clients may be able to engage in recreation in to reduce or prevent further deterioration in their conditions or to improve the quality of their lives by coping adaptively with their illnesses or disabilities when their illnesses or disabilities produce discomfort, stress, or other symptoms.
Health Protection/Health Promotion Model

- **Sources of difficulties:** Entire range of the illness/wellness continuum poor health to optimal health....Client may enter anywhere along the continuum.

- **Mode/Focus:** Prescriptive activities, Recreation, and Leisure

- **Theory Basis:** Humanistic theory that sees people as striving for wellness/maximizing their potentials (i.e., the actualizing tendency).
3 Major Components of HP/HP Model:

• Prescriptive Activities

• Recreation

• Leisure
Figure 4-2. Health Protection/Health Promotion Model

Prescriptive Activities  Recreation  Leisure
TR is outer directed  Mutual Participation  Self-Direction

- Stability Tendency (client choice is limited)
- RT DRIVEN
  - (Client control is small)

- Actualization Tendency (client has freedom of choice)

CLIENT DIRECTED

Poor Health  Optimal Health

Video on the Health Protection/Health Promotion Model

- The video depicts the major parts of the Health Protection/Health Promotion Model and answers the questions to examine the components of any conceptual model.

- In it I am interviewed by Dr. Bonnie Gruver.
Participant Exercise

(Please get with 2 people around you.)

• Discuss what you think are the pros and cons of the Health Protection/Health Promotion Model.

• Do you personally prefer the model as a basis for practice?

• Does it have a good fit within your agency?
“I Learned Exercise...”

• I learned that I...
• I relearned that I...
• I realized that I...
• I was happy that I...
• I was surprised that I...
Selected References


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.)