

# Models of Therapeutic Recreation: Which One is Best for You?

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# Learning Objectives

1. Identify three means that practice models are useful in TR practice
2. Identify three considerations in selecting a TR practice model to guide your practice
3. Choose at least one TR practice model that best suits your practice and explain why and how it can/does direct your practice, or articulate why none of the current models are a good fit for your practice

# Overview of Session (8:30-10am)

- Welcome and Introductions
- The basics of TR practice models
- Evaluating TR models – merit and worth
- Overview of 11 TR practice models
- Group work by settings: Discussion of models and your practice
- Sharing of group work
- Questions and comments
- Wrap-Up and Program Evaluation

# Choosing a Model

**“The choice of a practice model is a very important decision. It will guide the outcomes toward which the professional will strive and everything that is done in practice to achieve those outcomes”**

(Voelkl, Carruthers, & Hawkins, 1997, p. 210-211)

# TR models should . . .

- Be built on philosophy and theory
- Provide a framework for the delivery of services
- Communicate practice to others including
  - Scope of practice
  - Uniqueness of TR
  - Key components of practice
  - Anticipated outcomes
- Guide the design, implementation, and evaluation of programs & services
- Provide foundation for research, public policy, & the future
- Facilitate interprofessional collaboration

# Basics of Practice Models

- **Purpose:**
  - Visual (schematic) map that distinctly communicates practice – philosophy, purpose, scope, focus, and outcomes
  - Answers question: What is TR?
- **Benefits:**
  - Enhances accountability
  - Provides guidance for program development and evaluation
  - Facilitates communication among services
- **Limitations:**
  - Models are two dimensional
  - Unable to encompass all aspects of practice
  - Static whereas the real world and clients are dynamic

# Choosing a Model – The Basics

## **Model must be able to co-exist with . . .**

- Public policy and legislation
- Professional organizations (e.g., , ATRA, CTRA)
- Standards of accrediting organizations
- Societal needs and trends
- Agency in which TR services will be delivered

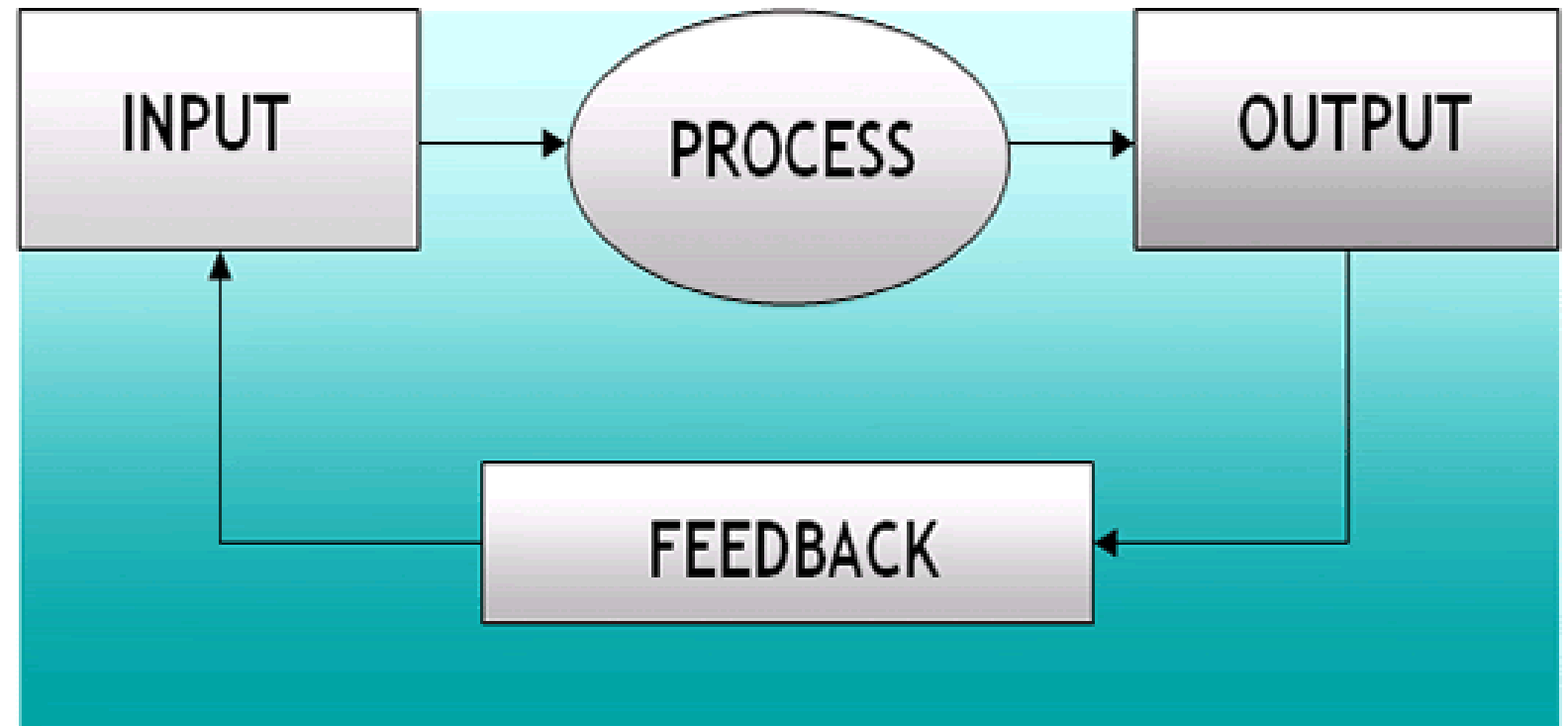
# Key Concepts

- **Recreation and Leisure**
  - *Operationalized*: Pleasurable, engaging, freedom, intrinsic motivation, flow, self-determination
  - *Conceptualized*: Means, ends, combination
- **Health and Human Services**
  - *Models*: Medical, psychosocial
  - *Conceptualized*: Public policy
- **Well-Being**
  - Holistic; happiness
- **Wellness**
- **Quality of Life**
- **Health and Functioning**
  - WHO
- **Disability**
  - ICF
  - Public policy



# Systems Theory

## Universal Systems Model



# Two Basic Types of Models

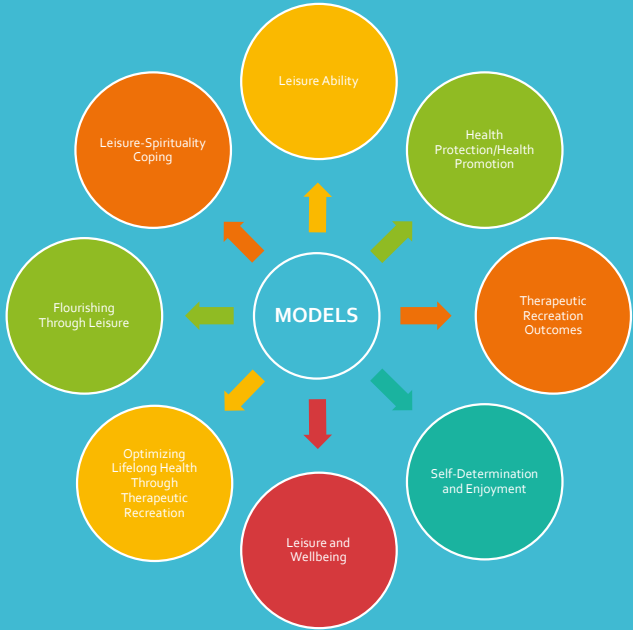
- **Content** (8 models)
  - Identify the “what” or substance of services
  - Focus
    - Leisure outcome models (1)
    - Health & wellness outcomes models (5)
    - Functional improvement outcomes model (1)
- **Process** (2 models)
  - Identify the “how” or means of services—the procedures & tasks
  - Models
    - Therapeutic Recreation Accountability Model (TRAM)
    - Therapeutic Recreation Service Delivery Model (TR Service Delivery Model)
- **Combination** [content + process] (1 model)

# Structure of Models

- **Continuum** (4 models)
  - Multiple parts linked together linearly
  - Initial models
  - Often authors, however, did not intend for individuals to progress sequentially
- **Integrated/Closed Systems** (6 models)
  - All components of the model interact
  - Variety of structures
  - More recent models

# Evaluating Models

- **Merit (intrinsic value):**
  - Theoretical underpinnings
  - Graphic depiction
  - Clarity of terms/concepts
  - Direction for practice and research
- **Worth (extrinsic value):**
  - Relevant to health care and human services
  - Relevant to public policy
  - Societal relevance
  - Congruent with agency in which services will be delivered



# Therapeutic Recreation Content Practice Models

# Leisure Outcome Models

- **Leisure Ability Model** (Gunn & Peterson, 1978; Peterson & Gunn, 1984; Peterson & Stumbo, 1998, 2000; Stumbo & Peterson, 2004, 2009)
- **A Balanced and Systematic Service Model for Leisure Education** (Dattilo, 2015)

# Leisure as a Means to Health, Wellness, and Well- Being

[Health and Wellness  
Outcome Models]

- Health Protection/Health Promotion Model (Austin, 1991, 1996, 1998, 2004, 2009, 2011, 2018)
- Therapeutic Recreation Outcomes Model (Carter & Van Andel, 2011; Carter, Van Andel, & Robb, 1995, 2003; Van Andel, 1998)
- Optimizing Lifelong Health through Therapeutic Recreation (Wilhite, Keller, & Caldwell, 1999)
- Leisure and Well-Being Model (Carruthers & Hood, 2007; Hood & Carruthers, 2007)
- Leisure-Spiritual Coping Model (Heinmann, 2008)
- Flourishing through Leisure Model: An Ecological Extension of the Leisure and Well-Being Model (Anderson & Heyne, 2012)

# Functional Improvement Outcomes Models

- Self-Determination and Enjoyment:  
Enhancement: A Psychologically Based Service  
Delivery Model for Therapeutic Recreation  
(Dattilo, Kleiber, & Williams, 1998)



Which one is  
best for your  
practice?

Why?



# For More Information

- Ross, J., & Ashton, C. (2017). Therapeutic recreation practice models. In N. J. Stumbo, B. D. Wolfe, S. Pegg (Eds.). *Professional issues in therapeutic recreation: On competence and outcomes* (3<sup>rd</sup> ed.). Champaign, IL: Sagamore/Venture.