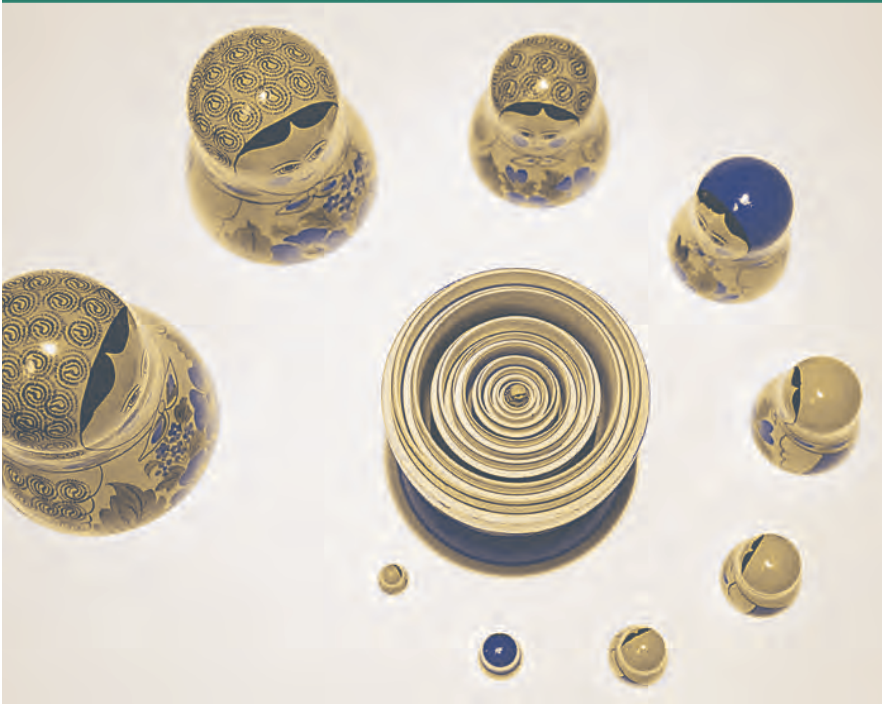


Client Assessment

IN THERAPEUTIC
RECREATION SERVICES



Norma J. Stumbo

Client Assessment in Therapeutic Recreation Services

Client Assessment in Therapeutic Recreation Services

Norma J. Stumbo, PhD, CTRS

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Preface

While professionals primarily enter the field of therapeutic recreation with a desire to help individuals with disabilities and/or illnesses lead healthy, more satisfying lives and “do good,” many forces have united recently to encourage us to “do better.” Accountability. Outcomes. Performance improvement. Measurement. Quality. Standards. Competencies. Stakeholders. These buzzwords have entered into the language of health care and human services providers in every corner of the country. “Doing good” is no longer good enough. Now is the time to meet the challenge of “doing better.”

For the past several decades, client assessment has been a source of concern for many professionals in therapeutic recreation. We have known that our client assessment instruments and procedures could be improved and many have worked to this end. Gary D. Ellis and Julia K. Dunn are two notable examples of individuals who have charted the therapeutic recreation assessment waters. This book intends to add to those efforts and to improve the competence of new and continuing professionals in therapeutic recreation assessment. It aims to solidify in the reader’s mind the relationship between intervention programming and assessment and the important place assessment holds in the overall context of accountable service provision.

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Chapter

Introduction to Client Assessment

Client assessment plays an important role in the placement of clients into therapeutic recreation programs appropriate to meet their needs. Therapeutic recreation programs intended to be interventions have as their purpose to change some aspect of client behavior (including attitudes, knowledges, skills, and abilities). One of assessment's contributions to the therapeutic recreation intervention process is its ability to place the right clients in the right intervention programs that have been designed specifically to address their leisure-related needs. The ideal intervention process starts with an assessment effective at helping the specialist match the right client with the right program that will in turn assist the client in achieving his or her targeted outcomes. However, this placement process—including designing and delivering quality programs and selecting or developing quality assessment tools—takes a great deal of energy, thought, and problem solving on the part of the therapeutic recreation specialist. Some steps in the process are intuitive and some are not. Some principles surrounding assessment are more difficult to grasp than others. Some commercial assessments are of high quality and some are little better than tree pulp.

This book intends to aid the therapeutic recreation specialist in learning, understanding, and applying information about client assessment for use in therapeutic recreation intervention services. Every therapeutic recreation specialist needs to become a knowledgeable and informed consumer and user of client assessment processes, procedures, and instruments. In some settings, the therapeutic recreation specialist is independent in making decisions about the content and process used for client assessment. In other settings, the therapeutic recreation specialist may be one of many professionals who collaborate on a single agency assessment. This chapter covers foundational material and serves as a springboard to the remaining chapters.

Purposes and Uses of Client Assessment

There are numerous reasons for conducting and numerous ways to use client assessments. **Table 1.1** (p. 2) provides an illustration of the potential purposes of client assessment.

The first purpose is to identify the problem(s) of the client so that appropriate interventions can be designed, monitored, and evaluated. Client assessment is clearly important to determining clients' needs for placement into therapeutic recreation intervention programs. Without appropriate client assessment, clients are likely to be placed into programs not designed to meet their needs, and therefore not produce the outcomes intended from participation (Palmer McMahon, 1997 Peterson Stumbo, 2000). On the other hand, quality assessment processes can lead to appropriate placement into programs designed to address the clients' needs and move them toward valued outcomes. Quality assessment procedures are a must for changing client behavior in desired and predictable ways.

Within the first purpose of identifying client problems and needs, additional uses of assessment are appropriate. As noted by Gronlund (1993), Hoy and Gregg (1994), Ward and Murray-Ward (1999), and Salvia and Ysseldyke (1998), assessment information can be used for: (a) placement decisions, (b) formative (ongoing progress) decisions, and (c) summative (end-of-services) decisions. Client assessment provides baseline information about the attitudes, knowledges, skills, and abilities that clients possess prior to receiving intervention. That baseline information is important for (a) establishing what programs should be selected for clients (b) monitoring and reporting on clients' status (progression or regression) as they participate in the program and (c) comparing clients' attitudes, knowledges, skills, and abilities as they exit the program or intervention. *Placement, monitoring, and evaluation depend on collecting the right baseline information accurately.*

For placement decisions, assessment needs to be fine-tuned enough to distinguish client problems and needs and match those problems and needs with the appropriate intervention programs. In this case, the assessment procedure must detail the problems and needs of the client so that the most efficient yet effective intervention can be provided. In speaking about psychology, Palmer and McMahon (1997) explained:

Table 1.1
Purposes and Uses of Client Assessment

Individual client information
Initial baseline assessment treatment planning program placement
onitoring progress formative information
Summari ing progress summative information
Research on program efficacy and effectiveness
Communication within and among disciplines
Administrative reuirements

Diagnosis involves matching signs and symptoms of [the] client with a known cluster of symptoms (a syndrome)...The purpose of making a diagnosis is to allow the counselor to intervene in the most effective way possible...[However] change is only possible within the limitations set by the system or systems of which the person is a part and with the resources at the person's disposal. (Palmer & McMahan, 1997, pp. 7–8)

Obviously, assessment decisions closely parallel the program planning and implementation process. During the course of the intervention and at the end of services, the specialist can use a well-designed assessment that produces valid and reliable results for measuring the client's progress during and after the end of the client's participation in the program. While shortened lengths of stay and the sheer volume of clients affect how well this can be accomplished, the fact remains that a measurement process that produces valid and reliable results can be used at different intervals to measure a person's movement toward and at a final outcome.

The second major reason for assessment is for research purposes—to ascertain the most effective interventions possible for future clients. Baseline assessment data can be used for quality improvement and research purposes (Palmer & McMahan, 1997; Peterson & Stumbo, 2000; Sneegas, 1989). Beyond the implications for programming, baseline assessment data can be used to monitor the overall efficacy or effectiveness of the therapeutic recreation intervention program for a client, a particular group of clients, or all clients entering and exiting the program. This data can assist with performance improvement efforts as well as result in research to determine for whom which programs are most effective. Starting with an effective assessment is one of the easiest ways to determine client outcomes that result from program participation.

The third major reason is for “knowledge, communication, and memory” (Palmer & McMahan, 1997, p. 11), so that people within the discipline may be able to communicate with each other as well as with other professionals. Professionals within a discipline need a common language to communicate, and therefore, need a common knowledge base and common definitions of professional terms. In therapeutic recreation, such terms as *leisure barriers*, *leisure education*, *leisure awareness*, *perceived freedom*, *client assessment*, *leisure lifestyle*, and even *therapeutic recreation* need to have common meanings for professional understanding to occur. These definitions and understandings sometimes may be specialized to the discipline and sometimes must be in alignment with those used by other disciplines (Palmer & McMahan, 1997).

A fourth major purpose relates to administrative requirements from external and professional bodies as well as local agency mandates. Three organizations have significant influence on the therapeutic recreation profession at the national level: (a) the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), (b) the Rehabilitation Accreditation Commission (CARF), and (c) the Centers for Medicare and Medicaid Services (CMS, formerly the Health Care Financing Administration HCFA). These three organizations affect all health care professions as they set standards for health care quality that in turn affects reimbursement for services. All three of these organizations monitor specific requirements for client assessment that affects therapeutic recreation services. Since JCAHO, CARF, and CMS standards are updated frequently and since JCAHO and CARF have multiple manuals that apply to different settings, readers are encouraged to view the latest information on their individual websites: <http://www.jcaho.org> <http://www.carf.org> <http://www.hcfa.gov>

The two national professional organizations for therapeutic recreation, the National Therapeutic Recreation Society (NTRS) and the American Therapeutic Recreation Association (ATRA), each have standards of practice and codes of ethics that contain important information about client assessment and expectations for professional behavior related to client assessment. Those can be found at <http://www.nrpa.org> and <http://www.atra-tr.org>, respectively.

NTRS's *Standards of Practice* (1995) assume client assessment is conducted, although the document does not contain a specific assessment standard. The following standard applies:

Standard IV: Documentation

The therapeutic recreation specialist records specific information based on client assessment, involvement, and progress. Information pertaining to the client is recorded on a regular basis as determined by agency policy and procedures and accrediting body standards (NTRS, 1995).

ATRA's *Standards of Practice* (1993) directly address client assessment and contain the following standard:

Standard 1: The therapeutic recreation specialist conducts an individualized assessment to collect systematic, comprehensive and accurate data necessary to determine a course of action and subsequent individualized treatment plan (ATRA, 1993).

In addition, in 1997 ATRA published a set of *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self-Evaluation* (Kinney & Witman, 1997). This document contains "a well organized and thoughtful approach to delineating the complex matrix of knowledge skills, and abilities which must be mastered to deliver quality therapeutic recreation services" (p. vi). These competencies are or-

ganized under the following headings: (a) foundations of professional practice, (b) individualized patient/client assessment, (c) planning and development of treatment/program plans, (d) implementation of the treatment/program plan, (e) evaluation of patient/client functioning and interventions/program, (f) organizing and managing therapeutic recreation services, and (g) support competencies. The list of competencies found under individualized patient/client assessment is located in **Table 1.2** (p. 6).

The National Council for Therapeutic Recreation Certification (NC-TRC®), the national credentialing body for therapeutic recreation specialists, provides a list of knowledge areas/competencies used as the basis for the national examination. See **Table 1.3** (p. 7) for a listing of the Job Tasks of the Therapeutic Recreation Specialist as related to client assessment, according to the NCTRC Job Analysis (1997). **Table 1.4** (p. 8) contains the Knowledge Areas related to client assessment, also according to the NCTRC Job Analysis (1997). Recent information about the competencies related to client assessment can be found at <http://www.nctrc.org>.

Many health care organizations and other agencies also have mandates related to the delivery of services that include client assessment. Each specialist should check with the agency's central or corporate administration to determine local mandates or standards for client assessment and the delivery of services.

The purposes and uses of client assessment are universal, regardless of the profession being discussed. Assessment involves collecting data and using that data appropriately to help individual clients make progress toward useful outcomes. Other professions, such as medicine, nursing, psychology, education, and physical therapy share with therapeutic recreation the same basic measurement and application concerns for assessment. The following section provides a closer examination of assessment within therapeutic recreation.

Definition of Client Assessment in Therapeutic Recreation Services

The focus on client assessment within therapeutic recreation services more often than not has been on placement of clients into programs. Although the other purposes mentioned are implied and are of importance, at the present time client placement into programs remains the primary focus of the literature and in practice.

Peterson and Stumbo (2000, p. 200) defined client assessment as *“the systematic process of gathering and analyzing selected information about*

an individual client, and using the results for placement into a program(s) that is designed to reduce or eliminate the individual's problems or deficits with his/her leisure, and that enhance the individual's ability to independently function in leisure pursuits." **Table 1.5 (p. 9) provides a listing of other definitions of assessment found in the literature. Note that these**

**Table 1.2
Competencies for Individualized Patient/Client Assessment
(Kinney & Witman, 1997, p. 9)**

<p>Individualized Patient/Client Assessment</p> <p>The curriculum should provide students with the opportunity to develop competence to individually screen, assess, and systematically collect comprehensive and accurate data in an efficient and effective manner to determine the course of actions subsequent to an individualized treatment program plan.</p> <p>Specific competencies should include:</p> <ol style="list-style-type: none">1. Knowledge to assess physical, cognitive, social, emotional, and behavioral functioning, as it relates to leisure behavior, leisure knowledge, and skills, and functional independence in life activities.2. Knowledge of psychometric properties of tests and measurements, and how those properties are affected by cultural diversity.3. Knowledge of computer applications in patient/client assessment.4. Knowledge of various techniques and systems used to document assessment results.<ul style="list-style-type: none">• Skill in behavioral observation.• Skill in interview techniques.• Skill in functional performance testing.• Skill in use of standardized and nonstandardized instruments/batteries/rating systems.9. Skill in use of relevant information from records, charts, other professionals and family/significant others.10. Ability to analyze, interpret, and summarize data to determine patient/client strengths and limitations.11. Ability to determine need for assistive devices and technologies to achieve maximal independence and functional capacity to maintain optimal health and leisure functioning.12. Ability to involve clients, families, significant others in the assessment process.

definitions have several key features in common. These key assessment features include:

- Gathering selected pieces of data
- About an individual, involving a
- Systematic process of collecting, analyzing and reporting which
- Results in the ability to make decisions for placement into **therapeutic recreation programs that**
- Have been designed to reduce or eliminate problems so that the
- Individual can independently function in his/her leisure

Table 1.3

**NCTRC Job Tasks of the Therapeutic Recreation Specialist
Related to Client Assessment**

- Request and secure referrals.
- Obtain and review pertinent background information about the person served, as available from records or charts, from other professional staff, and from relevant others.
- Select assessment instruments and procedures based on the needs of the person served.
- Interview the person served and relevant others to assess physical, social, emotional, cognitive, leisure, and lifestyle needs and functioning.
- Administer instruments to assess physical, social, emotional, cognitive, leisure, and lifestyle needs and functioning.
- Observe behavior of the person served to assess physical, social, emotional, cognitive, leisure, and lifestyle needs and functioning.
- Analyze and interpret results from assessment procedures.
- Integrate the information collected for use in planning services for the person served and report results to the treatment team.
- Discuss results of assessment and involve the person served or relevant others in the design of an individualized treatment plan.
- Develop and document individualized intervention goals and plan based on assessment, consistent with legal requirements and professional guidelines.

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These characteristics imply that the specialist must be knowledgeable about client characteristics (disability or illness information as well as typical attitudes, knowledges, skills, and abilities), assessment processes, and program possibilities (Palmer & McMahon, 1997). Assessment becomes one tool in the decision-making process. For example, the specialist needs to decide:

- What *information is important for program placement*
- What *data collection technique (e.g., observations, interviews) is best to gather the information*
- How the data *will be interpreted for decisions about program placement*

Table 1.4
NCTRC Knowledge Areas Required for Therapeutic Recreation Specialist Related to Client Assessment

- Assessment procedures: Behavioral observations
- Assessment procedures: Interview
- Assessment procedures: Functional skills testing
- Assessment procedures: Current therapeutic recreation/leisure assessment instruments
- Assessment procedures: Other inventories and questionnaires
- Assessment process: Other sources of assessment data (e.g., records, other professionals)
- Assessment process: Selection (e.g. reliability, validity, practicality, availability)
- Assessment process: Implementation
- Assessment process: Interpretation
- Sensory domains of assessment (e.g., vision, hearing, tactile)
- Cognitive domains of assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
- Social domains assessment (e.g., communication/interactive skills, relationships)
- Physical domains assessment (e.g., fitness, motor skill functioning)
- Emotional domains of assessment (e.g., attitude toward self, expression)
- Leisure domains of assessment (e.g., barriers, interests, attitudes, patterns/skills, knowledge)

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Table 1.5
Definitions of Assessment

Assessing is collecting, verifying, and organizing data about the consumer or group. Data is obtained from a variety of sources (e.g., formal or informal interviews, assessment instruments) and is the basis for decisions made in subsequent phases [of planning, implementation, and evaluation]. Skills of observation, communication, and interviewing are essential to perform this phase of the therapeutic recreation process. Once data are collected, problems or potential problems can be identified, and goals for the consumer be developed. (O'Morrow & Carter, 1997, pp. 295–296; clarification added)

For therapeutic recreation, **assessment** can be defined as a systematic procedure for gathering select information about an individual for the purpose of making decisions regarding that individual's program or treatment plan. (Dunn, 1984, p. 268)

Assessment is the critical link in the testing process that renders worthwhile the time spent gathering data. Assessment also provides the basis for that instruction should follow. (Horvat & Kalakian, 1996, p. 9)

Resident **assessments** are the first step in understanding individuals. As assessments viewed as mere paperwork miss the point at which the activity program can make real differences in individual lives. Residents' interactions in the activity program provide ongoing information about abilities, preferences, desires, dreams, aspirations, and hopes. Keen observations are necessary to the development of meaningful and effective resident assessments and lead to viable care plans. (Perschbacher, 1993, p. 1)

Assessment represents a systematic procedure of gathering essential information about a person or client that will be used in developing treatment plans and counseling the individual. (Kraus & Shank, 1992, p. 96)

The first phase in the TR process is **assessment**. It is the foundation of all that follows. A sound assessment identifies the client's health status, needs, and strengths. In doing so, the assessment provides direction for the planning phase by developing pertinent data about the client. Assessment is a critical dimension because without adequate and valid data on which to base TR interventions, much time may be lost in effecting treatment and rehabilitation programs. (Austin & Crawford, 1996, p. 47)

Assessment is the process of collecting data for the purpose of making decisions about individuals and groups, and this decision-making role is why it touches people's lives. Assessment in educational settings is a multifaceted process that involves far more than administering a test. When we assess students, we consider the way they perform a variety of tasks in a variety of settings or contexts, the meaning of their performance in terms of the total functioning of each individual, and the likely explanations for those performances. High-quality assessment procedures take into consideration the fact that anyone's performance on any task is influenced by the demands of the task itself, by the history and characteristics the individual brings to the task, and by the factors inherent in the context in which the assessment is carried out." (Salvia & Ysseldyke, 1998, pp. 5–6)

- How the assessment and program placement *relate to the individual's future lifestyle*

These concepts will be repeated in the remaining chapters, as assessment decisions cannot be separated from intervention programming decisions. The next section introduces the concept of intervention programming.

Intervention and Nonintervention Therapeutic Recreation Programs

Perhaps it is appropriate here to introduce the differences between intervention and nonintervention therapeutic recreation programs, as these differences impact the way in which assessment is used. Intervention programs have a very well defined and systematic plan for getting clients with a specific need from Point A (entry into the program) to Point B (exit from the program).

A program that is designed and implemented to be intervention has as its outcome some degree of client behavioral change (i.e., behavioral change is the purpose of the program). This may mean an increase in knowledge, an increase in skill, a decrease in some behavior, and so on. To be considered intervention, a program has to be well designed and implemented according to a plan that specifically addresses participant change. On the other hand, *diversional* [or nonintervention] activities are provided for fun, enjoyment, or relaxation (i.e., fun, enjoyment, and relaxation are the purpose of the programs) (Peterson & Stumbo, 2000, p. 61; clarification added)

Client assessment is crucial to intervention programs and incidental to nonintervention programs. If a therapeutic recreation intervention program has the goal of improving clients' understanding of leisure barriers, then a baseline assessment that can measure the clients' understanding of leisure barriers is crucial. If a therapeutic recreation program has the goal of entertaining clients with a music performance program, then an assessment is unnecessary. This book is intended primarily for those therapeutic recreation specialists involved in providing intervention programs designed to produce predictable and desired client outcomes. Chapter 3 discusses therapeutic recreation intervention programming as it relates to client assessment.

Principles of Therapeutic Recreation Client Assessment

Client assessment provides a strong link between clients and programs. Like activity analysis that provides a breakdown of *program* characteristics and capabilities (see Peterson & Stumbo, 2000, Chapter 6), assessment provides a breakdown of *client* characteristics and capabilities. The interaction between these two types of analyses is vital if the intention is to deliver intervention programs that change some aspect of client behavior. Before discussing more technical aspects of assessment, some basic principles of client assessment are presented to gain a clearer rationale and understanding of the purpose of assessment. Peterson and Stumbo (2000, pp. 202–205) provided the following five principles that are useful as a launch pad for the more technical discussions that follow.

Principle #1: Client assessment is not just a piece of paper, but a systematic process of deciding what information is important to gather, how to collect the information, how to analyze the results, and what kind of decisions are made appropriately from the data gathered.

Client assessment involves a series of decisions on the part of the specialist. What are the outcomes expected of programs? What are the typical needs of the clients? What is the best way to gather information from or about clients? How can results be analyzed for their fullest benefit? What types of program placement decisions should be and can be made from the results? How systematic are the processes used to make these decisions?

Client assessment is an evolving process that allows clients to receive the maximum benefit from their involvement in therapeutic recreation programs. The decisions mentioned previously are most likely to have positive impacts on the clients' outcomes when they are made systematically, logically, and with great care. Assessment is a systematic and deliberate process that requires a great deal of attention from the specialist. The difference between a good assessment and poor assessment could mean the difference between clients achieving or not achieving intended outcomes. As such, valid and reliable assessment results are essential to the intervention delivery process.

Principle #2: There must be a logical connection between the assessment and programs delivered to clients.

One basic principle that provides the foundation for all assessment development and implementation is that *the content of the assessment must*

match the content of the program. First of all, the program is built upon the deficits or needs of the generic characteristics of clients. For example, individuals with depression as a group have these common deficits: low energy, poor eating patterns, poor concentration, difficulty making decisions, sense of hopelessness, and loss of interest in daily events. Program offerings then reflect these areas of need and specific programs are designed to meet these needs, for example, Fitness and Exercise; Nutrition and Foods; Decision Making and Planning; and Concentration Skills. The comprehensive therapeutic recreation program design is created prior to clients entering the programs. The client assessment, used to identify *specific, individual* client needs, must align with these specific program offerings. The client assessment would cover content related to fitness and exercise, nutrition and foods, decision making and planning, ability to concentrate, and the like.

If, on the other hand, the programs provided include Fitness and Exercise; Nutrition and Foods; Decision Making and Planning; and Concentration Skills, and the assessment content focuses on past leisure involvement, leisure interests, and family history, the assessment results will not provide adequate information to place clients into appropriate programs or monitor their progress. The content of the assessment would not match the content of the programs. The remainder of this text explores this principle.

Table 1.6 shows examples of matched and mismatched assessment and program content. In the top example, the assessment content *does not* match the program content. In this case, it will be highly unlikely that the results of the assessment can be used systematically and logically for client placement into programs. The results will not lend themselves to making the dependable, worthwhile decisions. In the bottom example, the assessment content *does* match the program content. Although there are other factors to consider, the results of an assessment that contain content matching that of programs are much more likely to help place clients into the programs they need. The match between assessment and program content is a basic element to produce valid and reliable assessment results. This is true for both assessments that are “self-developed” by a specialist or commercial assessments purchased from a vendor. If the content of the assessment and the overall program does not match, the likelihood of correct placement into programs is minimized.

Principle #3: The assessment process must yield dependable and consistent results to be useful.

The assessment procedure must be standardized enough to be able to yield dependable and accurate results between specialists, between clients,

between administrations, and over time. The tool and procedure need to be developed and tested to the point that all specialists administer the assessment in the same way, for example, using the same questions, the same phrasing, and the same probes. If this is not true, then differences in the clients' scores or results are likely due to the specialists and not the clients. In addition, each specialist also needs to be consistent when he or she administers the tool or procedure to clients. For example, if a specialist takes 20 minutes for one client's assessment and 2 hours for another, the differences in results may be a result of the administrations and not the clients.

Table 1.6
Examples of Assessment Content Matching and Not Matching
Program Content (Adapted from Stumbo, 1997, 2001)

<p>Poor example: The content of the assessment does not match the content of the program</p>	
<p>Program Content</p> <ul style="list-style-type: none"> Functional Intervention <ul style="list-style-type: none"> Physical functioning Social functioning Leisure Awareness <ul style="list-style-type: none"> Leisure attitudes Self awareness Leisure barriers Leisure Resources <ul style="list-style-type: none"> Personal resources Home resources Community resources 	<p>Assessment Content</p> <ul style="list-style-type: none"> Leisure Interest Inventory Leisure history Self esteem
<p>Better example: The content of the assessment does match the content of the program</p>	
<p>Program Content</p> <ul style="list-style-type: none"> Functional Intervention <ul style="list-style-type: none"> Physical functioning Social functioning Leisure Awareness <ul style="list-style-type: none"> Leisure attitudes Self awareness Leisure barriers Leisure Resources <ul style="list-style-type: none"> Personal resources Home resources Community resources 	<p>Assessment Content</p> <ul style="list-style-type: none"> Functional Intervention <ul style="list-style-type: none"> Physical functioning Social functioning Leisure Awareness <ul style="list-style-type: none"> Leisure attitudes Self awareness Leisure barriers Leisure Resources <ul style="list-style-type: none"> Personal resources Home resources Community resources

Lastly, we need to know that if the same assessment were given twice to the same client in a relatively short period of time, the results would remain relatively consistent.

Two concerns here are the actual tool (e.g., the content, the number and types of questions, and the length) as well the procedure used to administer the tool (e.g., the assessment environment or whether the assessment is an interview and observation). Both assessment tools and procedures will be discussed more fully in the sections on validity and reliability, as well as the development of assessment protocols.

Principle #4: Client placement into programs should be based on assessment results, not just opinions or judgments of the specialist.

When client assessment is done poorly, the specialist is left with problematic, sketchy, or misleading results that tell very little about the client's need for programs. Typically the specialist has little choice but to "make it up as he or she goes" and place clients into programs without the benefit of systematic data and results. This total reliance on judgment is a concern because of the high likelihood of mistakes and inaccurate program placements. Errors of this nature almost guarantee that client outcomes will not be achieved, because clients are most likely placed in the wrong programs or ones that do not meet their needs.

Table 1.7 displays the relationship between client needs and client program placement (Stumbo, 1997, 2001). Assessment decisions can and will affect the treatment or intervention received by clients. So whether these decisions are made with care or made capriciously, the client and his or her ability to attain the targeted outcomes will be affected.

Down the left side of Table 1.7 are two decisions about whether the client does or does not need the program (based on assessment results). Across the top are the two decisions of whether a client is actually placed in the program or not (matching client needs with the potential of the program to meet those needs). The four quadrants provide a quick view of the potential results of assessment and placement decisions.

Quadrants I and IV indicate correct decisions—the match between the client needs (from assessment results) and their placement into programs is correct. Clients who need programs receive services, while clients without need do not. In Quadrant II the assessment results indicate needed program involvement that is not realized—an incorrect decision. The end result is that clients involved with erroneous Quadrant II decisions do not receive the necessary services. Quadrant III also indicates faulty matches or decisions. In these cases, clients receive services that do not match their needs. Programs provided in Quadrant III are likely to be misdirected in

that clients without need are involved in programs without clearly defined outcomes. Whether this is due to agency mandates, high staff/client ratios, client diversity or other reasons, the specialist often resorts to “smorgasbord” programming, often with the intent of keeping clients busy without concrete goals for improving behavior. Or worse, the specialist creates misdirected goals and outcome statements that are not likely for a certain program, for example, stating that participation in bingo or volleyball will improve social skills. (An activity analysis would show that these programs do not *teach* specific social skills.) Producing meaningful and reliable client outcomes is less likely in situations where clients with widely varying characteristics and needs are placed into one program or clients are placed into programs which have not been analyzed correctly for their potential to address client needs.

Let’s use the example of surgery to make the utility of the quadrants apparent. In Quadrant I, the client needs and receives the right surgery (good decision). In Quadrant IV, the client does not need surgery (based on assessment results) and, therefore, does not have it (also a good decision). In these two cases, both the patient and surgeon should be satisfied that the correct decisions were made. The client “placement” as a result of the systematic assessment decision matched the client needs. Both the client

Table 1.7
Relationship between Client Placement into Programs and Client Needs

	Client placed into program	Client not placed into program
Client needs program	<p>I. Correct Decision Client receives necessary services; likely to be an intervention program</p>	<p>II. Incorrect Decision Client does not receive necessary services; no or unnecessary program involvement</p>
Client does not need program	<p>III. Incorrect Decision Client receives unnecessary services; not likely to be an intervention program</p>	<p>IV. Correct Decision Client does not receive services; program involvement not necessary</p>

Stumbo, N. J. (1997). Issues and concerns in therapeutic recreation assessment. In D. Compton (Ed.), *Issues in therapeutic recreation: Toward a new millennium*. (2nd ed., pp. 347–372). Champaign, IL: Sagamore Publishing, Inc. Reprinted with permission.

and surgeon would be less happy with decisions falling into Quadrants II and III. In Quadrant II, the patient needed surgery and did not receive it. Obviously, depending on the condition, this could be life threatening. In Quadrant III, the patient did not need surgery but received it anyway (probably to keep the patient busy). Few of us would tolerate medical services that did not meet a specific need or were performed without a clear need for services.

Similar parallels can be drawn for therapeutic recreation services. Part of being accountable for outcomes means providing the appropriate services to affect client behavior. Clearly, Quadrant I contains the “right” programs in which the “right” clients are placed. As such, it has the greatest likelihood to be outcome-based intervention—that is, produce measurable, predetermined client outcomes. It requires the mix of an appropriate assessment procedure able to produce valid and reliable assessment results and appropriate programs designed on common client needs. This match is essential for correct client placement decisions.

Principle #5: The assessment process should provide baseline information from which a client’s progression or regression as the result of participation in programs can be judged.

This principle addresses the need for the assessment results to be valid and reliable for the intended purpose. The results of the assessment should offer enough precision about important client characteristics and needs that it not only directs decisions for appropriate program placement, but also for the evaluation of client outcome attainment at the end of program involvement. If the assessment results are specific enough about the areas deemed to be important, then it can also be used later to determine the effects of the program on the client. Where did the client start and what changes have occurred as the result of his or her involvement in the program?

It is clear that these principles relate to one another. Each decision connects to all other decisions. Each decision about client assessment is affected by and affects decisions about program delivery. These relationships are important because they highlight the interconnectedness of quality program delivery. No decision or action occurs without considering its impact on other decisions or actions (Stumbo & Rickards, 1986).

Assumptions about Client Assessment

Sometimes without realizing it many tacit assumptions are made about client assessments, clients, intervention programs, and the therapeutic recreation specialists who provide them. These assumptions (some true

and some not true) have profound effects on how clients are treated, how assessments are selected and administered, and how therapeutic recreation specialists perform. Following are some assumptions common throughout the profession. As you read each of them, think about how they affect the assessment and service delivery process, and whether you personally believe these assumptions.

Assumptions about Assessment Instruments and Procedures

The following are assumptions often made about client assessments in therapeutic recreation services:

- Information about behavior, knowledges, attitudes, skills, and abilities can be assessed through an assessment instrument/procedure.
- An assessment can gather only a limited amount of information about a client.
- An assessment can gather an adequate amount of information about the client to make decisions about program placement.
- An assessment can gather the right information about the client to make decisions about program placement.
- An assessment is sensitive and finely tuned enough to “detect” client problems and needs.
- An assessment is available for any and every type of therapeutic recreation program offered to clients.
- An assessment is appropriate for any and every type of therapeutic recreation program offered to clients.
- An assessment produces results that have meaning and validity in the client placement process.
- The assessment results yield reliable/consistent information across clients, administrations, and specialists and over time.
- The assessment is administered in the most efficient and effective manner possible.
- The assessment is sensitive to cultural, gender, disability or illness, age, or ethnic differences among individuals being evaluated.
- Information to be gathered by therapeutic recreation assessments is unique from assessments used by other professions.

- If an assessment is available for purchase, it must be good and it can be used for any population and any therapeutic recreation program.

Which of these assumptions do you hold? Why do you believe them to be true? Which do you think are faulty? Why do you think they are false? What are other common assumptions not mentioned on this list? For each assumption, think how it may lead the specialist to make certain decisions or act in certain ways. What would be the consequences of these decisions and/or actions?

Assumptions about the Individual Client

Often a variety of assumptions are made about the clients before, during, and after the assessment process, including the following:

- Clients need to be assessed before being placed into intervention programs.
- The characteristics, traits, and functioning levels to be measured are relatively stable over time.
- Clients or relevant others are credible and reliable sources of information.
- The individual understands the importance of and is cooperative to the assessment process.
- The individual understands and has the ability to communicate his or her needs, interests, attitudes, knowledges, skills, and abilities.
- The individual believes that therapeutic recreation may be a necessary part of his or her treatment.
- The “selected information” gathered is representative of the totality of the client’s attitudes, knowledges, skills, and abilities.
- The totality of the client’s attitudes, knowledges, skills, and abilities can be measured accurately by interviews, observations, self-administered surveys, and/or records reviews.
- Clients with different backgrounds, ethnicities, genders, personalities, cultural differences, and preferences respond in the same ways or nearly the same ways to assessment questions.

Which of these assumptions do you hold? Why do you believe them to be true? Which do you think are faulty? Why do you think they are false? What are other common assumptions not mentioned on this list? For each

assumption, think how it may lead the specialist to make certain decisions or act in certain ways. What would be the consequences of these decisions and/or actions?

Assumptions about the Therapeutic Recreation Intervention Program

Therapeutic recreation specialists may operate with a variety of assumptions. Some of those targeted to therapeutic recreation programs include:

- The department has a well-rounded, systematically designed program based on a sound philosophy (e.g., Leisure Ability) and theory (e.g., self-efficacy).
- The programs have been designed to lead to specific, targeted, and desired client outcomes and that the outcomes are meaningful and measurable.
- The intent and content of the therapeutic recreation program is consistent over time and between clients with similar needs.
- The content of the program is suitable for client participation.
- The best programs are those designed with a specific purpose or outcome in mind, and for a specific cluster of client needs.
- There is a strong correlation/connection between the content that the assessment measures and the goals and content of the therapeutic recreation intervention program.
- The therapeutic recreation program contributes to the outcomes of the individual valued by the agency and by society at large.

Which of these assumptions do you hold? Why do you believe them to be true? Which do you think are faulty? Why do you think they are false? What are other common assumptions not mentioned on this list? For each assumption, think how it may lead the specialist to make certain decisions or act in certain ways. What would be the consequences of these decisions and/or actions?

Assumptions about the Therapeutic Recreation Specialist

In addition to assumptions about assessments, clients, and programs, therapeutic recreation specialists hold a number of assumptions about themselves in relation to assessment and their practice, including:

- The specialist understands the close relationship between client assessment, intervention programs, and client outcomes.
- The specialist understands measurement characteristics (validity, reliability, fairness, usability) that affect the quality of a client assessment.
- The specialist has access to a wide variety of assessments/resources from which to choose and can do so skillfully.
- The specialist has the ability to select the most appropriate assessments according to the clients' and program's needs.
- The specialist has skills in collecting information for assessment purposes through interviews, observations, self-administered surveys, and records reviews.
- The specialist has the ability to accurately administer, interpret, analyze, and report assessment results in a meaningful way.
- The specialist has competence to make judgments and place clients into programs, using assessment information.
- The specialist is invested enough in the assessment process to skillfully and ethically carry out the process of assessing, documenting, and evaluating.
- The specialist values lifelong learning that will be necessary to continually improve performance and practice.

Which of these assumptions do you hold? With which of these assumptions do you disagree? How does each of these assumptions affect how assessment and intervention services will be provided to clients? What are the consequences of holding these assumptions if they are indeed faulty? What other assumptions about clients, assessments, programs, or professionals are not listed here you can think of?

What Should an Assessment Measure

The question of "What should an assessment measure?" has a simple yet dauntingly complex set of answers. On one hand, there seems to be some agreement about the content side of that question. For example, here are some comments from experts in the field:

The current, future, and oftentimes past leisure behavior of the client are important areas of focus for the therapeutic recreation specialist. Relevant information to be gathered may include leisure interests, use of leisure time, ability to participate in individual or group activities, ability to experience fun and enjoyment, leisure

skills, leisure attitudes and awareness, and knowledge of leisure resources as well as any physical, cognitive, or social limitations affecting leisure lifestyle. (Sneegas, 1989, p. 223–224)

Others describe leisure assessment as a process of systematic inquiry about client attitudes, needs, interests, values, behaviors, and patterns where some type or degree of intervention is desired. (Howe, 1989, p. 209)

Assessment should aid us to determine client strengths, interests, and expectations and to identify the nature and extent of problems or concerns. Determining client strengths and interests will allow us to construct a strengths list on which to base interventions during the planning phase. Identifying client expectations helps us to determine treatment or rehabilitation goals. (Austin, 1997, p. 153)

A sound assessment identifies the client's health status, needs, and strengths. (Austin & Crawford, 1996, p. 47)

Therapeutic recreation specialists “assess physical, cognitive, social, emotional, and behavioral functioning, as it relates to leisure behavior, leisure knowledge and skills, and functional independence in life activities.” (Kinney & Witman, 1997, p. 9)

Some of the generic commonalities among these insights include: (a) functional abilities; (b) clients' strengths and limitations; and (c) leisure patterns, attitudes, knowledges, skills, and abilities. Although several taxonomies have been suggested to classify client assessments within therapeutic recreation (cf. Burlingame & Blaschko, 1990; Howe, 1984; Stumbo, 1991, 1992; Stumbo & Thompson, 1986), the following will be used for this text:

- Functional abilities
- Leisure attitudes and barriers
- Leisure activity skills
- Leisure interests and participation

Each of these four areas, as well as the 50 to 60 commercial assessments available within these categories, will be discussed in more detail in Chapter 6 as well as the appendix.

At least two factors make this seemingly simple task of classifying and listing assessments more difficult to operationalize. First is the concern over the selection of a theory or set of theories on which to base therapeutic recreation intervention programs, and therefore the client assessment. Second are the problems associated with measuring the attitudes, knowl-

edges, and behaviors of individuals, especially those with illnesses and/or disabilities.

Caldwell (2001), Ross and Ashton-Shaeffer (2001), and Sylvester, Voelkl, and Ellis (2001) discussed the importance of filtering programming and assessment decisions through a theory or through models of therapeutic recreation practice. For example, choosing a theory (e.g., self-efficacy, intrinsic motivation, resiliency) as the basis of services affects the way in which the therapeutic recreation specialist delivers those services (Caldwell, 2001). Choosing the Leisure Ability Model as the basis for services affects the way in which the therapeutic recreation specialist plans and implemented intervention services (Peterson & Stumbo, 2001; Ross & Ashton-Shaeffer, 2001). So while there is some agreement about the content of assessments (and we would assume the content of therapeutic recreation programs), the filter of theory or models must be explored to best answer the question, "What should an assessment measure?" Although these ideas are revisited in Chapter 3, the reader is encouraged to review Caldwell (2001), Ross and Ashton-Shaeffer (2001), and Sylvester, Voelkl, and Ellis (2001) for a more in-depth coverage of theory and practice models.

Sneegas (1989) and Sylvester, Voelkl, and Ellis (2001) noted that measuring complex phenomena, such as human behavior and attitudes, is difficult at best. How do we adequately measure such a complex phenomena as "leisure behavior" or "leisure attitudes" or "health and well-being?" Addressing the measurement of leisure behavior, Sneegas (1989, p. 225) indicated:

There is currently a lack of appropriate measurement tools, or instrumentation, which reflect the complexity of leisure behavior. Whereas time diaries and activity checklists provide a measure of time use and activity involvement, they do not generally provide any information detailing the whys and wherefores of the behavior, information on the subjective experience of the individual's involvement.

This quote provides a small indication of some of the difficulties encountered in selecting and developing assessment tools and procedures. More of these issues will be explored in Chapter 2.

At the microlevel, the content of the program remains important in deciding what the assessment should measure. The intent and content of the program and the purpose and function of the assessment both have a large impact on determining what content needs to be included on the assessment instrument. While these decisions are not impossible to make, many find it difficult because a great deal of knowledge, expertise, and professional

judgment must accompany these decisions. It is not that the answers are vague and unobtainable, it is that they are often unique to the therapeutic recreation department and program. No single assessment will fit all therapeutic recreation programs, largely because few therapeutic recreation programs across the country are similar.

The reader, at the successful completion of this text, should be able to follow a systematic process for determining the appropriate assessment content relative to the needs of the intended clients and therapeutic recreation program. He or she will be able to answer the question, “What’s the best assessment for this therapeutic recreation program and for the clients served by this agency?” for any given therapeutic recreation program across the country.

Summary

This chapter introduced some of the basic concepts related to client assessment. Some of the purposes of assessment include gathering baseline client information that can be used to place clients into programs as well as monitor their progress, data collection and research that improves future intervention programs, and quality and performance improvement issues. For the most part, therapeutic recreation's discussions concerning assessment have centered on client placement functions. For this reason, assessment's connection to intervention programming is important; that is, assessment of baseline information is important to the provision of programs and evaluation of client outcomes. A variety of assumptions (some true and some not) were mentioned so the reader has a better understanding of what may and may not be true about client assessment in therapeutic recreation services. The final discussions within this first chapter included what an assessment should or could measure. The next chapter centers on measurement properties and issues as they relate to therapeutic recreation client assessment.

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