Conceptual Paper

A Strengths Approach to Assessment in Therapeutic Recreation
Tools for Positive Change

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Abstract
This article describes an approach and rationale for assessment in therapeutic recreation that is strengths-based and person-centered. Strengths-based assessment is grounded in the ecological approach, the social model of disability, and therapeutic recreation practice models that emphasize both leisure and functional ability with outcomes of well-being (e.g., Flourishing through Leisure Model, Leisure and Well-Being Model). Contrasted with assessment processes and tools that focus on finding people's problems, strengths-based assessments help participants and practitioners discover strengths such as interests, preferences, talents, dreams, goals, and aspirations. A sampling of assessment tools is presented that focus on people's strengths, well-being, and life quality, as well as tap into their environmental resources.

Keywords: Assessment, strengths approach, well-being, leisure, functional ability, therapeutic recreation, recreational therapy

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“The greatest good you can do for another is not just to share your riches but reveal to him his own.”
—Benjamin Disraeli

Assessment is the cornerstone of the therapeutic recreation process. Its importance in establishing the helping relationship with participants and influencing the course of action cannot be overstated. Assessment begins the relationship-building process, provides baseline information for understanding outcomes from services, provides direction to the plan, ensures person-centered services, facilitates team collaboration, and meets professional standards of practice (Anderson & Heyne, 2012a; Austin, 2009; Burlingame & Blaschko, 2010; Stumbo, 2002; Stumbo & Peterson, 2009).

Historically, assessment in therapeutic recreation has been couched in a deficits-based approach. The focus of assessment has been on a participant’s deficits, problems, or diagnoses (ATRA, 2009; Burlingame & Blaschko, 2010; Stumbo & Peterson, 2009). The problem-oriented or deficits-based approach has as its main purpose the identification of problems and prescribed interventions for the amelioration of those problems. In the problem or deficits approach, even though assessment may focus on strengths as well as deficits, the information gathered is used to correct what is “wrong” with a person. The therapeutic recreation specialist works with the person to fix the identified problems using interventions focused on those problems. The Specialist may use a participant’s strengths to help address the problem, but the nature of the helping relationship is defined by problems. A deficits-oriented approach to assessment sets the medical model into motion, where participants are typically viewed as problems needing to be “fixed.”

New research findings in “positive science” (Lopez & Snyder, 2003; Saleebey, 2006) are challenging the medical model as the dominant approach to the helping relationship. Empirical findings suggest the “power of the positive” (Carruthers & Hood, 2004; Fredrickson, 2009), and there is a call to shift our lens to the strengths, dreams, goals, and aspirations that participants bring to the therapeutic process. Instilling hope and building strengths are keys to the effectiveness of the helping relationship, more so than techniques focused primarily on deficit reduction. Dr. Martin Seligman, in his presidential keynote to the American Psychological Association, stated,

It is possible that building strengths produces a larger improvement for most disorders than the specific damage-healing moves. By working in the medical model and looking solely for the salves to heal wounds, we have misplaced much of our science and much of our training (1998, p. 1).

This statement is perhaps more true in therapeutic recreation than most professions, given the nature of our work in the realm of leisure functioning, participation, and enjoyment. However, given that therapeutic recreation services have been couched in the medical model so solidly, the profession may need guidance and information in using a strengths approach, especially in the critical area of assessment. The purpose of this paper is to provide a rationale for shifting assessment in therapeutic recreation to a strengths approach, and to provide an introduction to strengths-based assessment tools to help accomplish that shift.

A Brief Overview of the Strengths versus the Deficits Approach

A paradigm shift is occurring in health and human services from a deficits and problem-based orientation (often referred to as the medical model) toward an approach grounded in participant strengths, capabilities, and
aspirations (Anderson & Heyne, 2012a; Saleebey, 2006; Utesch, n.d.; World Health Organization, 2004). Professions that support individuals and communities are reorienting themselves to a strengths perspective. The positive psychology movement (Fredrickson, 2001, 2009; Lyubomirsky, 2008; Seligman, 2003, 2009); the focus on resiliency in youth development (Search Institute, 2013); the recovery model in mental health (Conley, 2004; Deegan, 1988; Jacobson & Curtis, 2000); and the asset-building approach in community visioning and coaching (Cohen, 2005) are four such examples. New research in brain functioning also provides scientific evidence that a strengths orientation is far more effective in creating positive growth than an approach geared toward correcting deficits (Koyama, McHaffie, Laurienti, & Coghill, 2005; Rock, 2006; Rock & Schwartz, 2006; Schwartz, Stapp, & Beauregard, 2005). This shift has significant implications for the therapeutic recreation process, including assessment, and it is essential to understand how the two approaches differ to implement a strengths approach effectively.

**Deficits Approach**

The primary purpose of a problem-oriented or deficits-based approach is the amelioration of problems through assessment and prescribed interventions (Anderson & Heyne, 2012a; Saleebey, 2006). The person's deficits, illness, disability, poor functioning, or other negative states are typically assessed. A problem list is developed, from which emanate goals and interventions. Professionals work with the person to fix the problems they have identified, using interventions aimed specifically at those problems. Strengths, a hallmark of therapeutic recreation practice, have been used as tools to address problems, however their impact has been limited because an overall strengths approach has not been used. The deficits approach assumes the professional is the expert in the therapeutic process and, because individual problems are the target of interest, contexts are typically regarded as irrelevant. While the deficits approach provides a greater understanding of the problem, it does not necessarily help a participant meet broader goals for well-being.

**Strengths Approach**

The main purpose of the strengths or capability-based approach is to help people reach their goals and aspirations related to their well-being and quality of life (Anderson & Heyne, 2012a; Saleebey, 2006). Assessments focus on how people want their lives to look, and on the strengths and resources they have and will need to help them realize their vision. An understanding of environmental factors and resources is crucial to the therapeutic process. Goals and interventions are driven by aspirations the participant has identified. Strengths are the catalysts of intervention and change; weaknesses or problems are managed and given just enough attention so they do not interfere with working toward the participant's goals. This approach assumes the participant is, or has the potential to be, the expert on his or her own life. It engenders a trusting relationship between the participant and practitioner; builds collaboration instead of expert domination; empowers participants to take the lead on developing their own well-being; taps into personal resources of motivation; and sustains positive change through learning, growth, and capacity-building. Table 1 provides a summary of the differences between the strengths and deficits approaches.

Therapeutic recreation assessment assumes a different role in the strengths approach (see Table 2, which contrasts the two assessment approaches). Instead of searching for problems, issues, deficits, and the like, assessment becomes a search for the dreams, goals, and strengths in participants and the environments in which they live, work, and play. Lopez and Snyder (2003) stated, "Human strengths are 'real,' and detecting these strengths is an important part of good science and practice" (p. 4).
### Table 1

The Strengths and Deficits Paradigms Compared

<table>
<thead>
<tr>
<th>Deficits Approach</th>
<th>Strengths Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person is a “case” or a “diagnosis”</td>
<td>Person is unique with talents and resources</td>
</tr>
<tr>
<td>Emphasis is on what is wrong, missing, or abnormal</td>
<td>Emphasis is on strengths, resources, capabilities, aspirations, and adaptive processes</td>
</tr>
<tr>
<td>Participant is viewed as a problem needing to be fixed; intervention is problem focused</td>
<td>Participant is viewed as potential waiting to be developed; intervention is possibility focused</td>
</tr>
<tr>
<td>Professional is the expert concerning the individual’s life</td>
<td>Individuals, families, and communities are viewed as the experts</td>
</tr>
<tr>
<td>Expert professional interprets the person’s story to arrive at a diagnosis</td>
<td>The professional knows the person through the person’s story and interpretation of events</td>
</tr>
<tr>
<td>The professional develops a treatment plan for the individual</td>
<td>Aspirations of the individual, family, and community are the focus of the work to be done—the plan is developed in collaboration</td>
</tr>
<tr>
<td>A framework and vocabulary is developed to describe problems</td>
<td>A framework and vocabulary is developed to describe strengths</td>
</tr>
<tr>
<td>Play, recreation, and leisure are viewed as superfluous experiences only tangentially related to improving a person’s health</td>
<td>Play, recreation, and leisure are viewed as integral to well-being, and are essential to recovery and rehabilitation</td>
</tr>
<tr>
<td>Absence of illness or dysfunction is the goal</td>
<td>Well-being, thriving, and high quality of life are the goals</td>
</tr>
<tr>
<td>Medical model is used</td>
<td>Ecological model is used</td>
</tr>
</tbody>
</table>

(Anderson & Heyne, 2012a; Saleeby, 2006)

Detecting strengths, then, is the purpose of assessment. In fact, assessment becomes a treasure hunt! It is the systematic process of learning about a person and his or her strengths and aspirations for leisure and well-being. Table 3 provides concrete examples of differences between assessment that is focused on strengths versus assessment focused on deficits.

Anderson and Heyne (2012a) provide this definition of strengths-based therapeutic recreation assessment, based on the work of Dunn (1984):

**Assessment is a systematic process for gathering specific information about an individual and his or her environment for the purpose of identifying aspirations and strengths and collaboratively making decisions about the individual's plans (p. 182).**

In this definition, a systematic process means the assessment process can be repeated by all therapeutic recreation staff in a consistent manner; it is valid and reliable; the assessment results are documented and reported in a consistent manner; and the assessment process has been evaluated and continually improved. Gathering specific information means the assessment focuses on those areas of practice that are defined by a well-articulated service model and on the
Table 2
Contrasting Deficits-Based versus Strengths-Based Assessment

<table>
<thead>
<tr>
<th>Assessment in a Deficits Approach</th>
<th>Assessment in a Strengths Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defines the diagnosis as the problem; questions are pursued related to problems, needs, deficits, and symptoms</td>
<td>Defines a holistic portrait: what the participant wants, desires, aspires to, dreams of; participant’s talents, skills, and knowledge</td>
</tr>
<tr>
<td>Searches for the nature of the participant’s problems from the perspective of the professional; analytical</td>
<td>Gathers information from the standpoint of the participant’s view of the situation; ethnographic</td>
</tr>
<tr>
<td>Is interrogative in nature</td>
<td>Is conversational in nature</td>
</tr>
<tr>
<td>Focus is on diagnosis to determine level of function</td>
<td>Focus is on the here and now, leading to a discussion about the future and how the person has managed so far</td>
</tr>
<tr>
<td>Participant is viewed as lacking insight regarding the problem, illness, or diagnosis</td>
<td>Participant is viewed as a unique human being who will determine his or her own wants within the environment</td>
</tr>
<tr>
<td>Participant is a passive container for interventions as professionals direct decision-making</td>
<td>The relationship with the participant is primary to the process, where joint decision-making is key</td>
</tr>
<tr>
<td>Places the participant in diagnostic or problem categories using generic, homogenous language</td>
<td>Strengths assessment is specific, unique and detailed, individualized to the participant</td>
</tr>
<tr>
<td>Emphasizes compliance and management of problems and needs, with formal services seen as the solution</td>
<td>Explores the rejuvenation and creation of natural helping networks and social supports</td>
</tr>
<tr>
<td>Controlled by the professional</td>
<td>Participant ownership</td>
</tr>
<tr>
<td>The professional dictates, “What I think you need to learn and work on”</td>
<td>The professional asks, “What can I learn from you about your life?”</td>
</tr>
</tbody>
</table>

(Anderson & Heyne, 2012a; Rapp & Goscha, 2006)

participant’s dreams and goals, and her or his functional, leisure, and environmental strengths and resources are available to help achieve aspirations. About the individual and his or her environment means that the assessment is person-centered; focuses on individual strengths, interests, expectations, and aspirations; looks at the unique context of the individual; and takes into account his or her circle of support, community, and culture. To collaboratively make decisions about the plan means the participant and other team members use the aspirations and expectations learned during the assessment process to guide the choice of goals, approaches, and interventions and help identify supports and resources. The gap, or difference, between the participant’s aspirations and his or her current situation can help identify needed services and prioritize team efforts.
A simple framework about assessment is shown in Figure 1. Assessment centers on learning about the participant, learning about a person's goals and his or her environment, and identifying where needed supports and services can be facilitated to bridge any gaps. Assessment is about amplifying the “well part” of the participant, to help mobilize him or her on the path to a flourishing life.

### Table 3

**Examples of How the Focus of Assessment Shifts in the Strengths Approach**

<table>
<thead>
<tr>
<th>Focus of Assessment in a Deficits Approach</th>
<th>Focus of Assessment in a Strengths Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems</td>
<td>Goals, dreams, aspirations, and strengths</td>
</tr>
<tr>
<td>Functional deficits</td>
<td>Functional abilities</td>
</tr>
<tr>
<td>Problems with leisure lifestyle</td>
<td>Leisure interests, preferences, talents, skills, knowledge, and goals</td>
</tr>
<tr>
<td>Leisure barriers</td>
<td>Leisure facilitators</td>
</tr>
<tr>
<td>Behavior problems</td>
<td>Social competence</td>
</tr>
<tr>
<td>Depression, anxiety, and other negative emotions</td>
<td>Positive emotions</td>
</tr>
<tr>
<td>Stressors</td>
<td>Relaxers and soothers (calming inducers)</td>
</tr>
<tr>
<td>Social isolation and loneliness</td>
<td>Social resources, social networks, and community mapping</td>
</tr>
<tr>
<td>Family deficits and problems</td>
<td>Family strengths, dreams, and goals; family traditions; shared family interests and activities</td>
</tr>
</tbody>
</table>

**Principles of Strengths-Based Assessment**

Assessment in therapeutic recreation is guided by assumptions and principles. Because so much of assessment in health and human services has been oriented to deficits and problems, it is important to make as-

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**Figure 1.** A Conceptual Diagram of the Components of Strengths-Based Assessment (Anderson & Heyne, 2012a)
Assumptions and principles explicit when completing strengths-based assessment (Cowger, Anderson, & Snively, 2006; Hornibook, Pedlar, & Haasen, 2001; Rudolph & Epstein, 2000; Saleebey, 2006). The following assumptions underlie a strengths orientation to assessment:

- The strengths approach gives primacy to participants’ perspectives. Participants are experts in their own lives.
- Believing in participants and supporting and validating their life stories are essential to the strengths approach.
- Discovery of what participants want and what aspirations, goals, and dreams they hold are central to the assessment process. Self-determination, which is crucial to well-being, is honored.
- Assessment is directed toward personal and environmental strengths, as these two components are key to creatively working toward goals and negotiating any obstacles.
- Assessment of strengths must be multidimensional, using the expertise of the whole team. When participants, their circles of support, and professionals with differing areas of expertise communicate among themselves, goals become more attainable through a comprehensive assessment of strengths and resources across a participant’s life.
- Discovery of a participant’s uniqueness and avoidance of labels and stereotypes as a shortcut to understanding a person is essential in a strengths approach. Understanding normative behavior is helpful only when it enriches understanding of a person’s uniqueness.
- Assessments must be communicated in a language participants understand. This practice allows the assessment to be a shared process with the participants, giving them ownership over information that is about them and their lives.
- Assessment involves learning about the whole person, not about the cause and effect of problems or labeling. Causal thinking limits perspectives and can lead to blaming. This in turn can inhibit discovering solutions and strategies to help participants reach their goals. Labeling may tend to focus attention on pathology, making it a central feature in the helping relationship, and limiting how a participant is perceived.

Table 4 summarizes important principles to guide the assessment process in strengths-based therapeutic recreation practice so that it is understandable and meaningful for participants, as well as useful for therapeutic recreation specialists.

Table 4

Principles to Guide Strengths-Based Assessment

<table>
<thead>
<tr>
<th>Assessment…</th>
</tr>
</thead>
<tbody>
<tr>
<td>is strengths-based and person-centered</td>
</tr>
<tr>
<td>is individualized, based on the participant’s world view</td>
</tr>
<tr>
<td>focuses on well-being and quality of life through leisure</td>
</tr>
<tr>
<td>looks at the whole person in her or his environment (authentic and ecological)</td>
</tr>
<tr>
<td>is based on the aspirations and goals of the participant</td>
</tr>
<tr>
<td>uses multiple methods and seeks to understand multiple variables</td>
</tr>
<tr>
<td>always involves the participant and his or her circle of support</td>
</tr>
</tbody>
</table>
A Toolbox of Strengths-Based Assessments

Refocusing assessment to a strengths approach requires the profession to adopt new tools and adapt those already in use. In essence, the therapeutic recreation specialist must retool, building a new toolbox of assessments oriented to the strengths approach. Models of therapeutic recreation services based in the strengths approach provide an organizing framework for this new toolbox.

Focus of Therapeutic Recreation Assessments

New models in therapeutic recreation practice that use a strengths approach can provide the necessary organizational structure for choosing strengths-based assessments. For purposes of this paper, the Flourishing through Leisure Model: An Ecological Extension of the Leisure and Well-Being Model (Anderson & Heyne, 2012a; Heyne & Anderson, 2012b), based on the Leisure and Well-Being Model (Carruthers & Hood, 2007; Hood & Carruthers, 2007), will be used to provide an organizational context to introduce strengths-based assessment. The Flourishing through Leisure Model is based on six domains of human functioning: leisure, psychological/emotional, cognitive, social, physical, and spiritual. The model provides clear outcomes in each domain, as well as overall global outcomes for well-being and a flourishing life. Table 5 provides the domains and outcomes, which will provide the framework to introduce a sample of strengths-based assessment tools.

The Flourishing through Leisure Model uses an ecological approach, suggesting that participants are viewed as part of their larger environments. Assessment, then, must search for internal strengths within participants, as well as external strengths and resources in their social and physical environments. When an assessment is ecological, it means that the therapeutic recreation specialist has spent time getting to know not only the participant, but the participant’s home, school, work, community, and other contexts of his or her life. It means understanding how the

Table 5
Domains and Outcomes of the Flourishing through Leisure Model: An Ecological Extension of the Leisure and Well-Being Model

<table>
<thead>
<tr>
<th>Domain for TR Service Focus</th>
<th>Outcome for Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisure Domain</td>
<td>“I find enjoyment in my leisure experiences and they positively impact other areas of my life.”</td>
</tr>
<tr>
<td>Psychological/Emotional Domain</td>
<td>“I feel happy and perceive I am in control of my life.”</td>
</tr>
<tr>
<td>Cognitive Domain</td>
<td>“I think in a focused way and learn eagerly.”</td>
</tr>
<tr>
<td>Social Domain</td>
<td>“I relate well to others and belong to valued social groups.”</td>
</tr>
<tr>
<td>Physical Domain</td>
<td>“I do and act in my daily life with vitality and no barriers.”</td>
</tr>
<tr>
<td>Spiritual Domain</td>
<td>“I live my life hopefully, in harmony with my values and beliefs.”</td>
</tr>
<tr>
<td>Overall Outcome: Well-Being</td>
<td>“I experience a state of successful, satisfying, and productive engagement with my life” (Hood &amp; Carruthers, 2007).</td>
</tr>
<tr>
<td>Overall Outcome: A Flourishing Life</td>
<td>Enhanced environmental resources and personal strengths that cultivate growth, adaptation, and inclusion</td>
</tr>
</tbody>
</table>
participant interacts with that context, and what changes might need to be made on the part of the participant or the environment, to help him or her reach goals and achieve well-being. Figure 2 provides a diagram of the concept of broad ecological assessment. The information gathered about the person is focused on leisure experiences and psychological/emotional, social, cognitive, physical, and spiritual strengths. The information gathered about the environment is focused on the external strengths and resources surrounding the participant.

In the sections that follow, assessment tools are introduced that are organized around the six domains of human functioning in the Flourishing through Leisure Model. The first section presents assessment tools that focus on the internal strengths of the participant, and the second section presents assessment tools that address the external strengths and resources of the participant's environment. The concluding section presents instruments that holistically address well-being and quality of life, integrating both internal and external strengths and resources.

Assessments that Focus on Internal Strengths in Each Domain

A sample of assessment tools is introduced in this section. They focus on the participant's internal strengths, using the six domains outlined in the Flourishing through Leisure Model. A summary of these assessments appears in Table 6.

Leisure domain. Enhancing the leisure experience is an important focus in therapeutic recreation. By enhancing leisure, participants will likely experience functional improvements in other life domains as well. Several assessment tools are available to explore interests, preferences, skills, passions, knowledge, the state or quality of a participant's leisure, and other internal indicators of enhanced leisure.

Discover Your Passions Interview. Developed by McGill (1996), the Discover your Passions Interview helps participants explore those things they feel most passionate about in their lives. The interview questions may be asked directly in a conversational interview or may be answered through sustained observation over the course of time. Questions are open-ended and focus on the things that bring the most meaning, excitement, and passion to one's life.

Passion Scale. Developed by Vallerand and colleagues (2003), the Passion Scale measures how much passion a participant feels for a favorite activity. Passion can be harmonious, meaning an individual pursues an activity at a high level based on intrinsic motivation, positive emotion, and positive identity formation, and the activity is harmonious with other life activities. Passion can also be obsessive, meaning an individual pursues an activity at a high level based on some form of pressure (internal or external), disproportionate identity formation, where the activity becomes too signifi-
cant, and a sense of uncontrollability with the activity in relation to other life activities. The Passion Scale helps participants identify favorite activities that truly add quality to their life, versus those that may cause disruption. The Person-Activity Fit Diagnostic, developed by Lyubomirsky (2008), assists participants in determining which strategies for increasing happiness are a best fit for a participant; strategies can then be incorporated into leisure experiences. The Person-Activity Fit Diagnostic helps the participant and the therapeutic recreation specialist better match strategies for engaging in activities that feel right for the participant, to enhance the quality of the leisure experience.

**Strengths Discovery Assessment.** This interview protocol, developed by Clark (2007), uses a conversational style. The interview focuses on several life domains, including recreation and leisure, and helps youth identify strengths and assets, as well as aspirations for their lives. Specific questions focus on interests, preferences, values, life traditions, skills, abilities, competencies, personal attributes, dreams, comfortable settings, strategies that work, support networks, and priority goals (Clark, 2007). Self-guided training modules in the use of the assessment are internet-based and free.
Psychological/emotional domain. This section introduces two assessment tools that may be used to assess internal psychological and emotional strengths, essential elements of well-being.

**Positivity Self-Test.** Fredrickson (2009), who developed the Broaden and Build Theory, developed a tool to measure the level of positive to negative emotion that participants experience, called their “positivity ratio.” Assessing positivity ratio can help participants monitor how much they increase that ratio as they incorporate strategies and goals to achieve high quality leisure and well-being in their lives. When one’s positivity ratio increases, one is able to benefit from and broaden the effects of positive emotion. The Positivity Self-Test is meant to be a snapshot in time, and taken repeatedly to monitor change over time. It includes 10 items that measure positivity (amused, awe, grateful, hopeful, inspired, interested, joyful, love, proud, and serene) and 10 items that measure negativity (angry, ashamed, contemptuous, disgust, embarrassed, guilty, hate, sad, scared, and stressed). The Positivity Self-Test can be completed online, where the test is automatically scored, and assistance given to interpret the results (Fredrickson, 2013).

**Behavioral and Emotional Rating Scale-2.** The Behavioral and Emotional Rating Scale-2 (BERS-2) assesses the emotional and behavioral strengths of children (Epstein, 2004). It is a 52-item scale that captures, through observation and interview, a child’s strengths in five areas: interpersonal strength (ability to regulate emotions and behavior in social settings); family involvement (quality of relationship between the child and his or her family); intrapersonal strength (perception of competence, accomplishments, and interests); school functioning (competence in school); and affective strength (ability to express feelings and accept affection from others). The BERS-2 captures perceptions of strengths in these areas from the participant, the parent, and the professional.

Cognitive domain. Along with internal strengths related to memory, decision-making, problem-solving, and goal setting, among others, another aspect of cognitive well-being is mindfulness.

**Mindfulness Attention Awareness Scale.** The Mindfulness Attention Awareness Scale (MAAS), developed by Brown and Ryan (2003), assesses the frequency of mindfulness states over time. It focuses on the presence of attention to and awareness of what is occurring in the present. Given that mindfulness directly contributes to well-being (Brown & Ryan, 2003; Langer, 2009), assessing participants’ level of mindfulness will help gauge the effectiveness of interventions that target this area, including mindfulness during leisure experiences.

Social domain. Social strengths are those that help us relate to others and become members of valued social groups. This section summarizes an assessment instrument that looks comprehensively at social behaviors across multiple environments.

**Home and Community Social Behavior Scales.** The Home and Community Social Behavior Scales (HCSBS) is a rating scale completed through observation of a participant in home and community settings (Merrell & Caldarella, 2008). Scale A of the tool focuses on social competence using a 5-point rating scale on frequency of each behavior, and can help identify areas of strength in peer relations and self-management in social situations. The tool can also clarify areas where a participant may benefit from training, supports, or accommodations to achieve goals. A companion rating scale, the School Social Behavior Scale, is designed to be used in school environments. The HCSBS is a useful observation tool for documenting social competence in typical recreation settings at home and in the community.

Physical domain. Building internal physical strengths has been found to be one of the more effective strategies for cultivating
well-being (Ratey, 2008). The assessment tool in this section assesses physical exertion, a key aspect of physical health.

**Borg Rating of Perceived Exertion Scale.**
The Borg Rating of Perceived Exertion Scale (Borg, 1998) is a useful and easy way for participants to determine how much effort they are putting into physical activity so they can maximize the benefits of physical recreation. The self-assessed perception of exertion is based on sensations one experiences during physical activity, such as increased heart rate, increased breathing rate, increased perspiration, or muscle fatigue. According to the Centers for Disease Control (2009), perceived exertion ratings between 12 and 14 on the Borg Scale suggest that physical activity is being performed at a moderate level of intensity. Self-monitoring how hard the body is working can help participants adjust the intensity of the activity by speeding up or slowing down movements. This self-awareness or self-monitoring can help participants adjust their physical exertion to a level that will provide the most benefit to them. The Borg Scale is an easy method to measure physical activity within therapeutic recreation services and activities, and has been shown to correlate highly with more sophisticated and complicated measures of physical exertion (Borg, 1998).

**Spiritual domain.** Spirituality incorporates, yet transcends, the biological, social, psychological, political, and cultural aspects of a person, and reflects the struggle to find meaning and purpose beyond one’s own concerns (Saleebey, 2006). The assessment tool that follows can help a participant tap into core internal character strengths and virtues that support spiritual growth.

**Values in Action Strengths Assessment.**
The Values in Action (VIA) Strengths Assessment measures character strengths and virtues using a 5-point scale ranging from “very much like me” to “very much unlike me” (Peterson & Seligman, 2004). The VIA allows the participant to identify her or his top five strengths, called signature strengths. Knowledge of a participant’s character strengths is key to helping that person use those strengths every day, which in turn contributes to happiness and well-being. The VIA is available in a youth and adult version and short form, long form, and online version (VIA, 2013).

**Assessments that Focus on External Strengths in Each Domain**
This section introduces assessments that focus on the external strengths and resources of the participant, again using the six domains of the Flourishing through Leisure Model as an organizing framework. A summary of these assessment tools are shown in Table 7.

**Leisure domain.** The following assessment instruments can assist therapeutic recreation specialists in identifying facilitators to leisure participation and to ensure that the necessary environmental supports and adaptations are available to the participant.

**Inclusivity Assessment Tool.** The Inclusivity Assessment Tool (IAT) assesses the physical and social inclusion of a recreation environment (Anderson, Penney McGee, & Wilkins, 2011). The IAT assesses four major areas of a recreation resource: physical accessibility of the area or facility, administrative practices of the agency, program practices used by the staff, and adapted equipment. The IAT gives the participant and the therapeutic recreation specialist a clear picture of what the recreation amenity is like, and what changes, supports, or accommodations may be needed to facilitate full leisure involvement at the site. In order to use the IAT, the assessor must complete the training, which is called Inclusion U, that accompanies the tool.

**Recreation Inventory for Inclusive Participation (RIIP).** The Recreation Inventory for Inclusive Participation (RIIP), developed by Schleien, Ray, and Green (1997), assesses the appropriateness of a recreation activity or setting, general program and participant information, an activity analysis of the proposed activity in the setting and, lastly, a
discrepancy analysis between the demands of the activity and the abilities of the participant. By completing the RIIP, the participant and the therapeutic recreation specialist will have clearer ideas of what is required to participate in a recreation activity and setting, and what training, supports, or accommodations may be needed.

**Leisure Resource Asset Mapping.** Leisure Resource Asset Mapping (Anderson & Heyne, 2012b), is the process of creating a visual map of the recreation resources available to a participant. Information about the assets in the participant's community can be gathered through interviews with family and friends, field trips, Internet, phone books, newspapers, tourism bureaus, chamber of commerce, and other community groups. The information is used to develop a community leisure profile that can be organized according to these categories, as an example: physical resources, cultural assets, organizational assets, federal, state and local recreation assets, neighborhood assets, human resources assets, and more. Creating a leisure resources asset map is like a treasure hunt, and involves the participant in the process. This asset map can then be helpful in identifying supports, strategies, and actions to help put a participant's plan into action.

**Psychological/emotional domain.** External strengths and resources that support psychological/emotional well-being are at the heart of the following assessment instrument.
**Supports Intensity Scale.** Developed and distributed by the American Association for Intellectual and Developmental Disabilities (AAIDD), the Supports Intensity Scale (SIS) is a way to assess the supports needed for a person to achieve her or his goals and dreams and be fully supported in community living (AAIDD, 2005). Supports are grouped into six domains: home living, community living, life-long learning, employment, health, and social activities. Through a semistructured interview with the participant and his or her circle of support, the assessment determines what level of support is needed in the six life domains. The SIS yields a Support Intensity Profile that will help the participant, his or her circle of support, and therapeutic recreation specialist in planning and implementing services.

**Cognitive domain.** Therapeutic recreation specialists can facilitate the enhancement of resources in the environment to build cognitive strengths, as addressed through the following assessment tool.

*The HOME Inventory.* The Home Observation for Measurement of the Environment (HOME) Inventory (Caldwell & Bradley, 2003) measures both the quality and quantity of stimulation and support available to children and adolescents in the home environment. The focus is on the person in the environment and, through observation and interview, explores variables such as physical environment, learning materials, modeling, instructional activities, regulatory activities, variety of experience, and acceptance/responsiveness.

**Social domain.** To enhance resources in the environment that help participants build social strengths, therapeutic recreation interventions can focus on education, advocacy, and community building, as exemplified by the following assessment method.

*The Circle of Support or Circle of Friends.* The Circle of Support or Circle of Friends is a way to discover the current and potential network of friends in a participant's life (Falvey, Forest, Pearpoint, & Rosenberg, 1997). The Circle is basically a social scan that helps clarify who is in the participant's life and where he or she will want to add more relationships to improve well-being and quality of life.

**Physical domain.** Environmental resources can help build participants' physical well-being by facilitating safe environments, providing adaptive equipment, and using universal design. The following assessment tool rates geographic areas on walkability.

*Walk Score.* Walk Score is a web-based tool, developed by Brewster et al. (2009), to measure walkability in a community. The tool rates a neighborhood or area on a scale from 0 to 100 based on walking routes to destinations such as grocery stores, schools, parks, restaurants, and retail. Walk Score is online and mobile (Walkscore.com, 2013).

**Spiritual domain.** Spiritual well-being may be cultivated through environmental supports that draw from nature, aesthetics, and spiritual communities and practices. The following assessment tools tap into resources that nourish participants' spirituality and support what brings them hope, comfort, and meaning.

*Spiritual Resources Inventory.* This inventory, developed by Clark, Drain, and Malone (2003), identifies resources in the following areas that may be used to strengthen a participant's spiritual support infrastructure: (a) books including the Bible, Koran, Torah/Talmud, or other spiritual books; (b) recorded music or live performance; (c) multimedia including movies/TV shows, educational multimedia, the Internet, meditation and guided imagery tapes, and video games; (d) a meditation room, prayer room, or chapel with aesthetics such as comfortable furniture, soft light, candles, incense, or prayer rugs; and (e) support groups related to one's faith, condition, or sociocultural group, which may be either hospital-based or community-based.

*The HOPE Questions.* An assessment tool that is beginning to be used to assess spiritual aspects of care in medical interviews, and
is appropriate for other settings, is the HOPE questions. These questions open discussion in the following areas: H—the participant's sources of hope, strength, comfort, meaning, peace, love, and connection; O—the role of organized religion in the participant's life; P—personal spirituality and practices; and E—the effects of the participant's spirituality on medical care and end-of-life decisions (Anandarajah & Hight, 2001).

**Assessments that Focus on Overall Well-Being and Quality of Life**

As a means of summarizing the preceding two sections, this section introduces five assessment tools that address well-being and quality of life holistically by considering strengths both within and outside of the participant. These instruments are summarized in Table 8.

**Components of Well-Being Scale.** Witman's (in preparation) Components of Well-Being Scale is an 18-item scale that measures outcomes in the six domains delineated by the Flourishing through Leisure Model: leisure, psychological/emotional, cognitive, social, physical, and spiritual. On a five-point scale, respondents indicate the degree to which they agree or disagree with statements that reflect well-being in each of the domains. The scale may be administered as an initial assessment to gain an overall picture of a participant's well-being, as periodic probes, or as a post-intervention measure.

**Subjective Happiness Scale.** The Subjective Happiness Scale (SHS), developed by Lyubomirsky (2008), measures a person’s level of happiness on a 4-item scale. Participants rate their own perceived level of happiness in relation to their observed happiness of others. The SHS may be used in practice to assess happiness levels frequently throughout services. The SHS tool is web-based, in a self-scoring electronic format (Lyubormirski, 2013).

**40 Developmental Assets.** Based on resiliency theory, the Search Institute (2013) has developed an inventory of developmental assets that are vital to strengthening youth and their communities. The focus of the developmental assets, which include both internal and external assets, is on promoting positive behaviors, enhancing quality of life, and strengthening communities to help young people reach their full potential. Internal developmental assets address commitment to learning, positive values, social competencies, and positive identity. External developmental assets look at external support from the family, neighborhood, or school; empowerment;

**Table 8**

Assessments that Focus on Overall Well-Being and Quality of Life

<table>
<thead>
<tr>
<th>Overall Well-Being</th>
<th>Components of Well-Being Scale</th>
<th>Based on the Flourishing through Leisure Model, this 18-item scale measures the six domains of well-being</th>
<th>Witman (in preparation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective Happiness Scale</td>
<td>4-item scale that measures a person’s level of happiness</td>
<td>Lyubomirsky (2013)</td>
<td></td>
</tr>
<tr>
<td>40 Developmental Assets</td>
<td>Measures internal and external developmental assets that help young people reach their full potential</td>
<td>Search Institute (2013)</td>
<td></td>
</tr>
<tr>
<td>Quality of Life</td>
<td>Quality of Life Scale</td>
<td>Measures perceptions of life quality in the core domains</td>
<td>Anderson (2007)</td>
</tr>
<tr>
<td>Satisfaction With Life Scale</td>
<td>5-item scale that assesses the extent to which people think and feel that their life is going well for them</td>
<td>Diener (1984); Pavot &amp; Diener (1993)</td>
<td></td>
</tr>
</tbody>
</table>
boundaries and expectations; and constructive use of time, including leisure time.

**Quality of Life Scale.** The Quality of Life Scale, developed by Anderson (2007) and based on the work of Pavot and Diener (1993) and Schlalock (2004), assesses quality of life with individuals with developmental disabilities or with children. The scale measures perceptions of life quality in the core domains of emotional well-being, interpersonal relationships, material well-being, personal development, self-determination, social inclusion, rights, physical well-being, and an overall assessment of satisfaction with life. The scale may be used in an interview format or self-administered, depending on the abilities of the participant.

**Satisfaction With Life Scale.** One of the oldest and most used measures of well-being is the Satisfaction With Life Scale (SWLS), developed by Diener (1984) and Pavot and Diener (1993). The SWLS is a short self-report measure that assesses the extent to which people think and feel that their life is going well for them. It may be administered repeatedly over time to assess changes in perceptions of well-being.

**Implications and Applications for Practice**

Using a strengths approach in therapeutic recreation assessment realigns the helping relationship to a person-centered process that is imbued with hopefulness and meaningfulness. Though several tools are available to assist in assessment, it is critical to follow this essential advice in completing assessments in therapeutic recreation practice (Anderson & Heyne, 2012a; Arge Nathan, 2003; Forest, 2003):

- Meet and establish rapport with participants.
- Involve family, significant others, and the team.
- Be person-centered and capability-based.
- Be comprehensive; look at the whole person in relation to leisure functioning, in the context of the environment.
- Focus on participants’ strengths, goals, aspirations, and general life situation.
- Recognize and respect cultural, educational, and experiential differences throughout the assessment process.
- Be sure the assessment is meaningful; leisure is an integral part of life quality and a flourishing life, thus it is important to work with the participant and other team members to learn as much as possible about this important aspect of the participant’s life.
- Always individualize the assessment approach. There is no “one way” to do an assessment; it is based on the individual participant. Focus the assessment more deeply on those areas that make sense for each participant.
- Choose assessment methods and tools that are a good fit and are rigorous (i.e., valid, reliable, credible, and dependable); use multiple and appropriate methods.
- Use an ecological approach; assess the participant’s environment and larger community issues such as attitudes, accessibility, and available social and physical resources.
- Understand that assessment is an ongoing process; participants will often share more about themselves as trust develops in the helping relationship.
- Always keep inclusion in meaningful lifelong leisure and overall well-being as ultimate goals for the participant.

Which assessment tool is used is not as important as how and why it is used. Many of the tools historically available to therapeutic recreation specialists can be used from a strengths approach. For example, the Leisure Diagnostic Battery can be used to establish a baseline to measure perceived freedom in leisure before assisting participants in follow-
ing their dreams and goals. As goals are accomplished, increases in perceived freedom in leisure can then be tracked and evaluated. The strengths-based approach limits use of problem-oriented information to monitoring positive outcomes for participants, such as building perceived freedom in leisure. Thus, some of the traditional assessment tools in therapeutic recreation still have value within a strength-based approach.

Conversely, any of the strengths-based assessment tools presented in this paper could be applied in a way that is not strength-based, but problem-oriented. Looking for deficits, even in one’s strengths, contradicts the strengths philosophy. Once the assessment data is collected, the assessment report and plan must also be written in a way that is framed in a strengths approach. Resources and examples of this format are available in the literature (Anderson & Heyne, 2012a). Documentation and plans, based on strengths-based assessment, can assist not only the therapeutic recreation specialist, but the entire team in shifting their work to a strengths perspective.

Suggestions for Future Research

The strengths approach shifts the paradigm of therapeutic recreation practice away from the predominant medical model. Ample empirical evidence exists in the literature of psychology, social work, education, and other fields on the efficacy of the strengths approach, and in particular, strengths-based assessment (Cowger et al., 2006; Fredrickson, 2009; Hornibook et al., 2001; Lopez & Snyder, 2003; Lyobomirsky, 2007; Rapp & Goscha, 2006; Saleebey, 2006). These findings can be generalized to therapeutic recreation, however more empirical studies specific to strengths-based therapeutic recreation practice are needed. Studies are needed that investigate the degree to which strengths-based assessment can lead more effectively to desired outcomes than deficits-based assessment. Comparison studies that look at the strengths versus deficits approach in relation to not only functional outcomes, but meaningful and valued outcomes from the participant’s perspective are needed as well, with careful analysis of the assessment phase of the therapeutic recreation process. Continued development of strengths-based assessment tools is recommended, especially those that are rooted in strengths-based practice models and that use an ecological approach to measure not only the person but the environment as well. Last, it is not known what assessment tools are currently being used by practicing therapeutic recreation specialists and what education and training is needed to help practitioners shift their lens to the strengths approach and outcomes of well-being for participants.

In this article, we are not suggesting that participants’ problems should be ignored. They are very real. As Saleebey (2006) stated, “Schizophrenia is real. Child sexual abuse is real. Pancreatic cancer is real. Violence is real. But in the lexicon of strengths, it is as wrong to deny the possible as it is to deny the problem” (p. 297). By realigning assessment on strengths, dreams, and goals of participants, therapeutic recreation specialists can provide a healthy and needed corrective to the dominant problem-focused medical model.

There is no better profession than therapeutic recreation to take a leadership role in the strengths approach. Given the nature of our medium, leisure, and our historic orientation to interests, preferences, talents, self-determination, and other constructs that make up the strengths approach, therapeutic recreation is well-positioned to play an influential role in promoting strengths-based outcomes for participants across diverse settings.

Kathie Snow (2012), a disability rights advocate and mother of a child with a disability, stated, “Let’s start with strengths! Doing so makes sense, it creates a more accurate picture of the whole person, it opens the door to new perceptions and possibilities, and it’s the right thing to do!” (p. 2).


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