Critique of “I Think That It Could Work But…”: Tensions Between The Theory and Practice of Person-Centered and Relationship-Centered Care

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My critique of Sarah Brother’s Paper:

I think Sarah did a great job of analyzing the strengths and weaknesses of the article. It was very good to mention that the author takes away from her own credibility by admitting that personal opinion and bias could affect her overall results. I really like the line she wrote that says, “Intentional care is necessary for effective change to take place in the individuals receiving treatment,” because it seems so pivotal to the practice of TR. It’s really important that we recognize the gap between what we say we practice and what we as TRSs or CTRSs actually practice. That way, as we take jobs and work with different populations, we make a conscious effort to practice exactly what we preach.

Tensions Between Theory and Practice

Summary

Person-centered care is becoming more widely used in health care practices. Time is spent focusing on strengths of individuals opposed to the limitations of individuals receiving care. In addition to the person-centered approach, relationship-centered care seeks to foster a more holistic process by including the individual and others who may support the individual in seeking treatment. Hebblesthathe’s research addresses the chasm that many health care facilities face in their presented theory and actual practice. Eleven TRSs were interviewed about the mission statement of their employer and the reality of the actual practices of the facilities. Findings show that person- and relationship-centered care are stressed in importance in the mission and philosophy statements, yet, when actualized in professional practice, tensions exist.

Strengths
The article did an excellent job bringing in outside sources and relevant literature. Approximately four pages were dedicated to explaining the process and goals of therapeutic recreation and how they relate to person- and relationship-centered care. Focus is kept clearly on the individual and what people-oriented treatment means for improvements in the individual’s life. Although it is not the most efficient, an individualized approach is emphasized as being most effective in practice.

Additionally, findings were broken down into clear topics: commitment to person-centered care and tensions between philosophy and practice. The tensions are broken down even further into three common themes that are explained and given validity through first hand experiences of those in the practice. These stories give strength to the findings and stress the importance of aligning theory with practice.

**Weaknesses**

Prior to presenting her findings, Hebblesthwathe gave what I felt to be a large disclaimer to her research. In explaining how the research was carried out she mentioned the challenge in not letting her bias sway the interviews or get in the way of her research if there were findings that did not match up to her values. Note is made that interview questions were meant to act only as a guide and that reflexive journaling was used as a critical tool in keeping beliefs from being imposed on participants. While I think it is a good thing she made note of these possible errors in her findings, the fashion in which the information was presented did not help bring validity to the research.

The pool of TRS’s that were interviewed was also very limited. Efforts were made to find a varying range of subjects that would accurately represent a cross section of TRS’s giving
information that can be used to further work. However, the pool is not large enough to give proper validity to results.

**Application**

Several of the ideas presented in the research would be very useful in practice. Intentional care is necessary for effective change to take place in the individuals receiving treatment. Any TRS would benefit from using the person-centered philosophy. The goal should be providing quality care based on the needs of the clients and community. Rather than trying to find a program that fits the client, why not create a program that is tailored to the needs of the individual, focusing on what they actually enjoy? There is no one size fits all treatment, therefore giving the individual autonomy will result in higher quality care.

Scheduling can often present a challenge in letting individuals have autonomy. Facilities have meals or other scheduled activities at certain times and this can be frustrating because it does not let the individual “live their life”. However, as professionals are more open to change and adapting their programs they are likely to have more success. As they seek out ways to make the individual feel important and cared for greater progress will be seen. It is crucial as a recreation therapist to keep in mind that you are there for the person and to ask yourself what the individual wants and find ways to empower them.

**Personal Reaction**

Some very insightful points were made in this research paper. I see how crucial it is to remember that there is no cut and dry answer for treatment. As a recreation therapist, I should strive to find a place whose philosophy matches the values I find critical in treatment and work to close the gap between theory and practice. In the end it would seem that keeping in mind an
individualized approach with the goal of building relationships to improve the quality of life in
the individual will be the most effective.
References