A Strengths-Based Approach for Older Adults in LTC
A Shift from the Medical Model to a Person-Centred Approach

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Approaches to Care

- Traditionally, the medical model has emphasized disabilities and diagnosis with the goal of care driven by the institution versus the individual.
- The shift to person-centred care emphasizes the self-determination of older people and partnership between the individual and the caregiver rather than the treatment of older people as objects of care (McCormack, 2003).
- One of the most prevailing health concerns amongst LTC residents is depression disorders and depressive symptoms (Jongenelis, Pott, Eisses, & Beekman, 2004).
- Often attributed to loneliness, depression contributes to higher mortality rates and decreases quality of life, well-being, and functioning (Beekman, Penninx, Deeg, de Beurs, Geerlings, & van Tilburg, 2002).
- With a focus on deficits and discrepancies in viewpoints between staff and residents, the medical model of care offers limited psycho-social resources to support the environment and the individual to “thrive.”

Model Connections
Flourishing through Leisure: An Ecological Extension of the Leisure and Well-Being Model
By Lynn Anderson & Linda Heyne

![Diagram](image)

**FACT**
Depression rates among LTC residents range from 6% to 26% for major depression, from 11% to 50% for minor depression and from 30% to 48% for depressive symptoms (Jongenelis et al., 2004).

Application to Recreational Therapy Practice

1. Utilize an assessment that emphasizes exploring dreams, goals, and strengths of the residents and environment instead of problems, issues, deficits, and diagnosis (Anderson & Heyne, 2013).
2. Focus on a collaborative approach to gathering information from the resident, family, friends, and staff to holistically represent the individual.
3. Incorporate residents into individual and global decision making processes, such as goal setting, care plans, food, meal times, sleeping patterns, leisure, and more.
4. Support Residents’ Council meetings that provide residents with an opportunity to be informed, share ideas, and voice concerns regarding the improvement of the LTC facility.
5. Modify the environment to increase accessibility and functionality for residents.
6. Be self-reflexive of personal viewpoints and perspectives, acknowledging that there are varying worldviews and values (example, individualistic vs collectivistic).

**References**

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Figure 1. Flourishing Through Leisure: An Ecological Extension of the Leisure and Well-Being Model
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Abstract: Traditionally in LTC, the medical model has emphasized disabilities and diagnosis with the goal of care driven by the institution versus the individual. The shift to person-centered care “emphasizes the self-determination of older people and partnership between the individual and the caregiver rather than the treatment of older people as objects of care” (McCormack, 2003). Utilizing a strength-based approach allows the care team (including the Resident) to emphasize assets, focusing on potential over deficits. These concepts form the foundation of the Flourishing through Leisure Model: An Ecological Extension of the Leisure and Well-Being Model (Anderson & Heyne, 2012). Exploring and educating those working in LTC on the strengths-based approach supports the “shift” away from the medical model of care and improve the treatment of residents so they can continue to thrive and contribute to their environment.

Full list of references:


