

Power of Words

AHA Presentation

NARHA Annual Conference

October, 2008

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Why talk about language?

- We are going to discuss WHY terminology in our industry is important
- We will cover the WHAT- what the problem is with mixed-terminology
- We will provide ideas on HOW to correct confusing or incorrect terminology in our own programs

The power of words

- They're only words. Some believe the school-yard taunt: "Sticks and stones can break my bones, but words can never hurt me."
- They're wrong. Words can hurt you in your career and in our industry.

WHY is language important?

- Words create impressions, images and expectations.
- They build psychological connections.
- They influence how we think.
- Thoughts determine actions
- There's a powerful connection between the words we use and the results we get.

Integrity

Without integrity, the power of language is abused

- Honesty in expression eliminates deception, manipulation, judgmental accusations and lying.
- Accountability preserves integrity
- Clarity and understanding yield true communications
- (*Michele Toomey, PhD 1999*)

Say what you mean!

- Connotation: suggested meanings
 - Imply various merits without saying so implicitly
- Denotation: stated meanings
- Pseudo-technical lexis: using scientific words for everyday things to suggest or imply efficacy and validity

WHAT is the problem?

The confusion is clear

- 2008 Survey: done by D'Youville College
- Survey of PT, OT, SLP in clinical settings
- Purpose: identify level of understanding:
 - What is HPOT
 - Did graduate curriculum include information
 - What is therapeutic/adaptive riding

The confusion is clear

Survey included:

- Demographic information
- 2 dichotomous questions: was HPOT included in professional curriculum? Are you aware of terminology conflicts?
- 2 qualitative, open questions
- 10 questions on a 5 point Lickert Scale
#1 “strongly disagree” through
#5 “strongly agree”

PARTICIPANTS

- Participants were selected from the D'Youville College national database.
- 1100 self-administered surveys were sent to 110 PT, OT, and SLP pediatric settings and adult neuro-rehabilitation clinics within the US.
- 264 surveys (24%) were returned,
- 70 (6%) were returned unopened due to incorrect addressing,
- and 766 (70%) were not returned at all.

Demographics: results

Majority of Respondents:

- Discipline: PTs 108 (40%)
- Region: Northeast 232 (87%)
- Years Practicing: 20 years or more, 71 (26%), 1-5, 62 (24%)
- Setting: school-based settings: 144 (54%) outpatient: 47 (18%), acute care: 30 (11%) early intervention: 25 (10 %)

RESULTS Cont...

- Section II (Lickert scale) results:
 - the majority of respondents selected “Do not know” for the majority of answers.
- One survey had all questions marked with “Do not know”.

RESULTS Cont...

One of the most important questions was number 1, asking about the respondents perceived familiarity with HPOT, 151 (57%) respondents agreed.

Question 2, asked the respondents to identify what HPOT is and its benefits, 197 (75%) agreed with the correct statement.

RESULTS Cont..

Question 5: Are HPOT and TR the same activity?
93 (35%) correctly disagreed,
51 (19%) incorrectly agreed and
98 (37%) did not know.

This was the most important question as it gives evidence to the confusion.

Question 6: TR is a recreational activity with no therapeutic benefits.
199 (75%) correctly disagreed and
12 (5%) incorrectly agreed.

RESULTS Cont...

- The survey identified much confusion .
- The following quotes from the survey highlight the confusion:
- *“I can see how there would be. The only experience I’ve had with HPOT is that it was discussed very briefly in my doctoral program as an alternative therapy sometimes implemented by therapists to assist with postural vestibular control. ”*

RESULTS Cont...

- *“I thought “hippotherapy” was the “technical term” for therapeutic riding”*
- *“I’ve always seen hippotherapy and therapeutic riding used interchangeably”*
- *“I’m concerned that this topic was chosen for a Master’s level project. There are so many other important clinical questions”*

RESULTS Cont...

- *“Hippotherapy does not have to be run by an OT, PT or SLP. We find that co-treating works better for the staff during therapeutic riding”
(Recreation Therapist)*
- *“I remain totally confused about who can teach what with HPOT and TR”*
- *“I guess if therapists are confused about this, then the general public must be really confused”*

The confusion is clear

- Results: “....then the general public must be really confused”
- As an industry we **MUST** get back to
 - Integrity
 - Honesty
 - Clarity
 - Accountability
 - **PROFESSIONALISM!**

From the inside out

- Responsibility:
 - To our clients
 - To their families
 - To the medical professionals
 - To the community at large
- Grass Roots efforts: NARHA, EFMHA, and AHA have a responsibility to collaborate and be on the same page!

Every snowflake in the
avalanche claims

“Not guilty”

Just because others “do it that
way” it does NOT make it right!

So what is the “right way” of today?

- Let’s review the “current” terminology for expected responsibilities.

Equine Assisted Activities (EAA)

- Equine Assisted Activities are those services provided by a trained professional focusing on recreational, leisure, sport or educational goals:
 - Therapeutic/adaptive riding,
 - therapeutic driving,
 - vaulting
 - equine facilitated learning.

Equine Assisted Therapy (EAT)

- Equine Assisted Therapy as defined by NARHA is ***treatment*** that incorporates equine activities and/or the equine environment.
 - Rehabilitative/habilitative goals are directly related to the patient's functional needs ***off the horse.***

Equine assisted activities and therapies (EAAT)

- This term covers both equine assisted activities and therapy.
- This is an inclusive term that is used when both activities and therapy are being discussed. EAAT should only be used when both EAA and EAT are included.
- If EAA or EAT is more descriptive, that term should be used.

Why be clear?

- Professionalism
- Protection
- Providers
 - Insurance
 - Donor/sponsor



Mean what you say and say what you mean!

- Describe the type of service being provided and expected outcomes.
- This brings increased confidence to consumers, donors and other professionals.

Mean what you say and say what you mean!

- Define who is providing the service and their qualifications/credentials:
- This provides clarity and quickly and easily identifies the type and purpose of the service being provided:
 - Medical
 - Educational

Medical Model

- Who
 - Physical therapist
 - Occupational therapist
 - Speech/Language therapist
 - Social worker
 - Psychologist
 - Client
 - Patient
 - Consumer
 - Participant
- What do they do?
 - Provides treatment
 - Rehabilitation/habilitation
 - Therapy
 - Involved in treatment

Medical Model

- The medical model of disability is framed by the individual perspective of a person's physical or medical condition or impairment.
- The medical model tends to individualize and medicalize disability issues. It generally does not question how society views its' citizens with disabilities.
- The person's impairment is seen to be the problem and the approach taken is that disability can be 'solved' by finding a 'cure' or taking habilitative or rehabilitative action.

Educational Model

- Who
 - Teacher
 - Instructor
 - Coach
 - Rider
 - Student
 - Participant
- What do they do?
 - Instructs
 - Teaches
 - Coaches
 - Guides
 - Mentors

Educational Model

- Education encompasses both the teaching and learning of knowledge, proper conduct, and technical competency.
- It thus focuses on the cultivation of skills, trades or professions, as well as mental, moral & aesthetic development

Special Education

- **Special Education** is the individually planned and systematically monitored arrangement of physical settings, special equipment and materials, teaching procedures, and other interventions designed to help learners with special needs achieve the greatest possible personal self-sufficiency and success in home, school and community

Adaptive Sports Model

- The Adaptive Sports Association reports that, “Through sports and recreation, participants meet positive role models, increase socialization skills, improve body image and combat depression. Personalities blossom and self-esteem soars as our students challenge themselves physically and emotionally and experience success.”

Adaptive Sports Model

- The Adaptive Sports Foundation recognizes that, “Participation in sports gives the individual with disability increased self worth and self esteem. Students are often heard saying, ‘If I can do this, I can do anything.’”

Riding Instructor

- Riding instructors have unique and specialized skills in providing riding instruction for people with special needs.
- The riding instructor borrows many skills from the special education model. Instructors are skilled in the following areas:
 - Individually planned and monitored lessons
 - Selection of special equipment and specially trained horses,
 - Adapted teaching procedures

Certification

- Three levels of certification are provided through NARHA; these include Registered, Advanced and Master
- All instructors should consider the following: personal horsemanship skills, understanding, knowledge and continuing education for people with disabilities and special needs, number of hours providing

Certification

- **Professional Competency NARHA**
Certified Instructors will demonstrate ability to instruct individuals with disabilities commensurate with their level of certification attained.
- Professional competency of the code of ethics puts that responsibility on the individual instructor to determine their own skill and ability level.

Code of Ethics: Instructor

- **Principle 2: Integrity** NARHA Certified Instructors will demonstrate integrity, honor and morality by respecting the rights, dignity and well being of all individuals and animals.
- **Principle 3: Honesty** NARHA Certified Instructors will demonstrate honesty and truthfulness at all times.

Code of Ethics Instructor

- **Principle 6: Sound Judgment** NARHA Certified Instructors will accept responsibility for the exercise of sound judgment when interacting with individuals and animals.
- **Principle 7: Public Safety** NARHA Certified Instructors will promote public safety by abiding by NARHA Standards and Guidelines.

Code of Ethics: PT

- Sets forth principles for the ethical practice of PT
- All physical therapists are responsible for maintaining and promoting ethical practice.
- There are 11 Principles identified

Code of Ethics: PT

- # 4: A physical therapist shall exercise sound professional judgment
- #5: A PT shall achieve and maintain professional competence
- # 6: A physical therapist shall maintain and promote high standards for physical therapy practice, education, and research

Code of Ethics: PT

- #8: A PT shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services
- #9: A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

Code of Ethics: OT

- **Principle 1.** Occupational therapy personnel shall demonstrate a concern for the safety and well-being of the recipients of their services. **(BENEFICENCE)**
- **Principle 2.** Occupational therapy personnel shall take measures to ensure a recipient's safety and avoid imposing or inflicting harm. **(NONMALEFICENCE)**
- **Principle 4.** Occupational therapy personnel shall achieve and continually maintain high standards of competence. **(DUTY).**
- **Principle 6.** Occupational therapy personnel shall provide accurate information when representing the profession. **(VERACITY)**

Code of Ethics: SLP

- Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.
- Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including dissemination of research findings and scholarly activities.

Core Values: PT

- Eight Core Values:
 - Accountability
 - Altruism
 - Compassion/caring
 - Excellence
 - **Integrity**
 - Professional duty
 - Social responsibility

Scope of Practice

- For physical therapy: care and services provided by or under the direction and supervision of a PT:
 - Physical therapists are the **ONLY** professionals who provide physical therapy.
 - PT assistants, under direction and supervision of the PT, are the **ONLY** paraprofessionals who assist in the provision of PT intervention.

Scope of Practice

- For physical therapy:
- Examination: T&M, HX, systems review
- Designing, implementing and modifying interventions/treatment plans
- Prevention of injury, impairment, functional limitations and disability
- Promotion of health, wellness and fitness
- Consultation, education, research

Integrity

- “Integrity (as a core value in PT) is steadfast adherence to high ethical principles or professional standards; trustworthiness, fairness, doing what you say you will do, and ‘speaking forth’ about why you do what you do”
- Sample indicators:
- **WE ALL NEED TO ACT WITH INTEGRITY**

Liability

- Inaccurate use of language may be a liability

Risk Management

- Risk management can be considered the identification, assessment, and prioritization of risks followed by coordinated application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events.
- Misleading or confusing terminology increases the risk a center is carrying.

Negligence

- Failure to use reasonable care.
- Doing something which a reasonably prudent person would NOT do
- or the failure to do something which a reasonably prudent person would do under like circumstances

- Source: The 'Lectric Law Library's Lexicon

**HOW can we all be part of the
solution to confusion?**

Telling the public about your program

- Marketing a nonprofit or for-profit organization requires a new sense of the need to satisfy not only the consumer but also the donor's expectations.
- How can we do this and stay true to:
 - Integrity
 - Honesty
 - Clarity
 - Accountability
 - **PROFESSIONALISM!**

Research as Marketing

- References to research lend credibility to your claims, BUT they must be referenced and reliable sources.
- Research provides incentive for parents to bring their child to your center, for donors to support your cause and for foundations to fund your grant proposals
- Avoid pseudo-technical lexis!!!

Consider the audience!

- Who is the “audience” for our education and marketing?
- Is this a vulnerable audience?
- Is this a trusting audience?
- Will the audience make assumptions because they “want” to hear something?
- What do parents feel and what connections do they make when reading your material?

What do the following statements
imply or infer?

Are they credible?

Are they reliable?

Are they fraudulent?

(The following examples have been taken from actual
websites and materials. Names have been changed)

What does the phrase *mean*?

- Equine therapy is used to treat a variety of diseases and disorders besides MS, including mental illness, cerebral palsy, and brain injury.

What does this convey?

- At its most basic, riders can expect improvement in balance, range of motion, muscle strength and tone. .

What connection does this imply?

- Saddling up on a horse is an enjoyable experience for many people, but for an individual with a disability it can signify much more
 - a road to recovery.

Summary

- How can we all be part of the solution, NARHA, AHA and individual instructors and therapists?
 - Review your center's promotional materials and website
 - Use terminology that accurately describes the services you are offering
 - Encourage your national organizations to come to consensus on terminology

- <http://www.ucpresearch.org/fact-sheets/horseback-riding-children.php>
- <http://www.animal-assistedtherapy.com/difference.html>
- http://findarticles.com/p/articles/mi_m0825/is_3_65/ai_55816037
- <http://www.livingwithcerebralpalsy.com/horse-cerebral.php>
- http://www.wilothenterprises.com/equinetherapy_sessions.html

- <http://www.kon.org/urc/v6/truelove.html>
- <http://ptjournal.org/cgi/content/full/86/4/596>
- <http://rideandshine.org/benefits.html>