

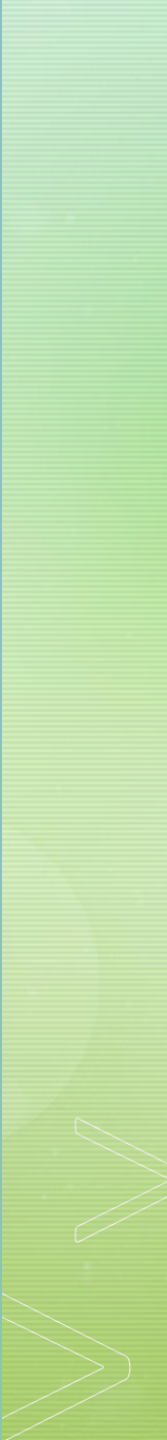
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A Slice of the APIE/D Process





Objectives

- Outline the utilization of the APIE/D process.
 - Create and describe best practices in program implementation.
 - Identify new strategic plans and partnerships to better programs and/or organization.
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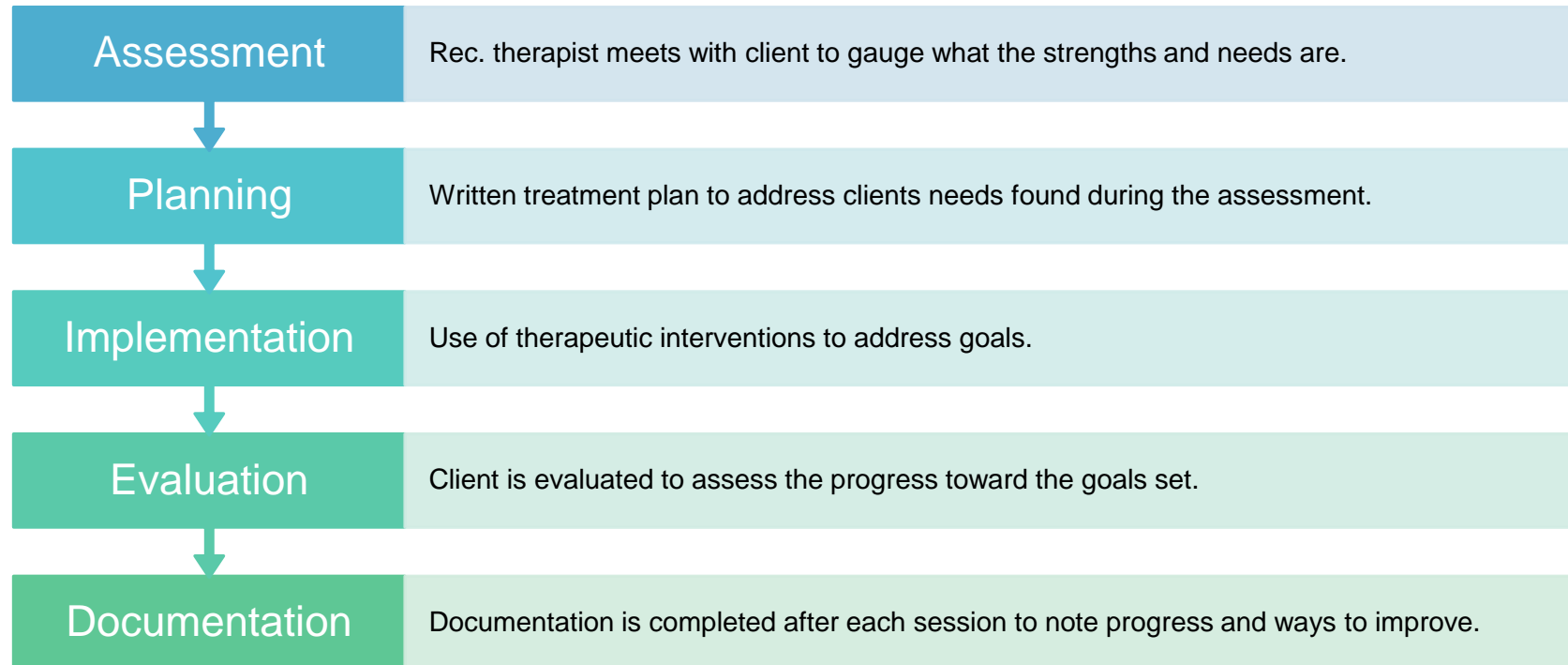
Kahoot Quiz!!!



What is APIE/D?

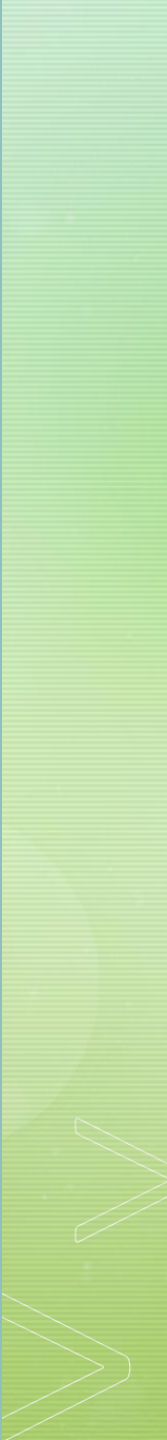
- An organized method to the Therapeutic Recreation (TR) process.
 - Therapeutic recreation is a systematic process that utilizes recreation and other activity-based interventions to address the addressed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being.
- A step-by-step progression from the beginning formulation of a working relationship with a client to the discharge of services and documentation of the process.

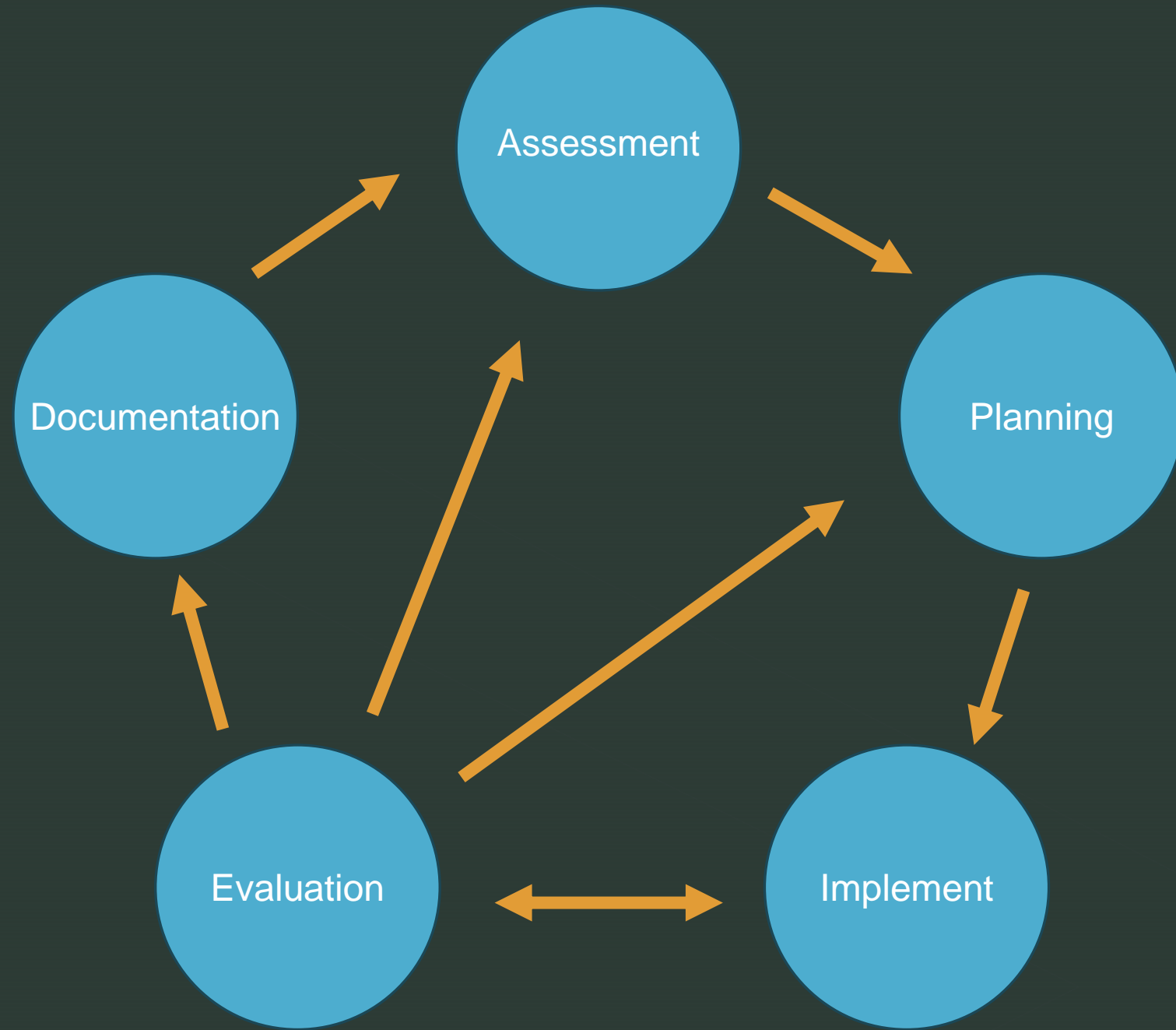
APIED Process





What is APIE/D

- Though a sequential process, it may not be a linear process.
 - Keep in mind, when working with human beings, the process does not always follow a singular path from beginning to end.
 - Practitioners must be able to move in & out of the phases depending on the needs of the client and the situation.
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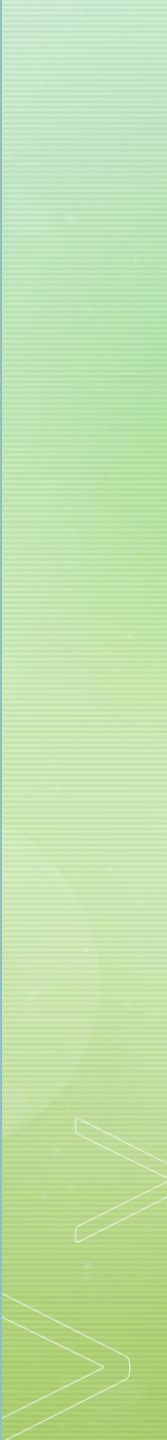


Assessment

- Gathering relevant information about an individual for the purpose of making decisions regarding that individual's program or treatment plan.
- Can be a multifaceted process.
 - Behavioral observations
 - Interview
 - Functional skills testing
 - Inventories and questionnaires
- Ensuring all domains are covered
 - i.e.: Sensory, Cognitive, Social, Physical, Emotional & Leisure (TR specific).



Planning

- Deciding on a helpful course of action on the information gathered during the assessment phase.
 - Prioritization of needs.
 - Planning can include client interest when possible as part of the process. (Autonomy = Motivation/Satisfaction)
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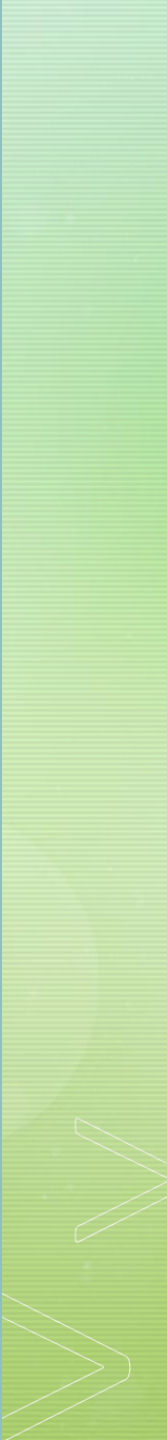


Implementation

- Put the plan into action!
- In TR, the therapist exercises innovation and creative approaches to help clients by using systematic and planned interventions that incorporate the use of activities.
- There are 3 components of the implementation phase.
 - Activities, Environment, Relationships

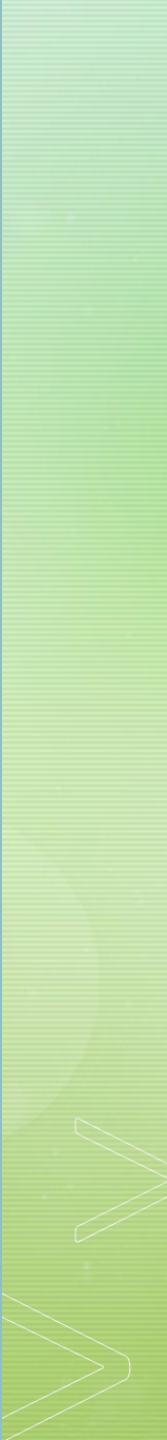


Evaluation

- Ensuring that the program or intervention plan is implemented as intended and determining any need for adjustments.
 - Adjustments are made to the program or interventions to allow for continued process towards the individualized client goals if needed.
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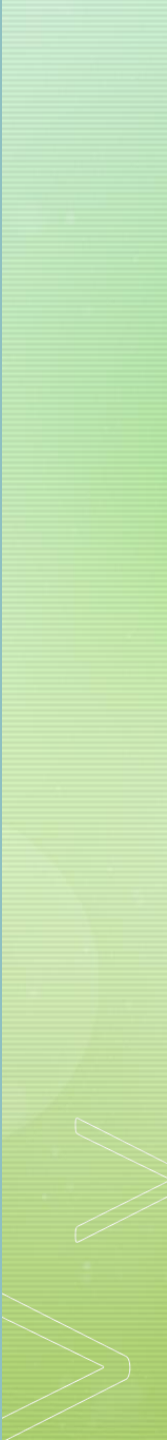


Documentation

- This step should be happening continuously throughout the entire process, not just after each session.
 - There may be ongoing monitoring and adjusting of the clients' progress requiring additional progress notes.
 - A final discharge note, or plan is typically considered to be the final phase in the TR process.
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Break-out 1

- Think of (or make up) a client. Outline their progress in your program using APIE/D.
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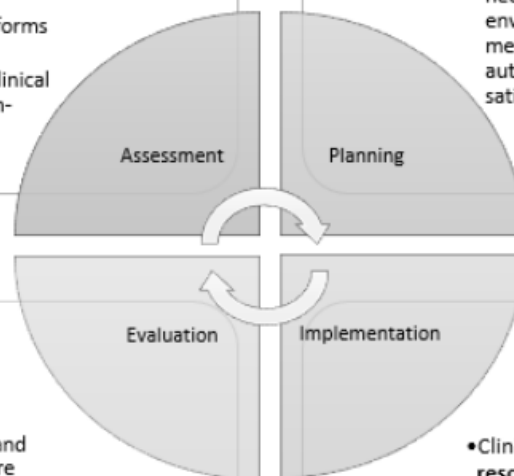
Other applications for APIED

- The APIE/D process has used in administrative settings.
 - Examples:
 - Carter and colleagues (2014) used the APIE/D process for career planning.
 - Dyke and Adams (2021) promote the APIE/D process as framework for clinical supervision.

The APIE/D Model of Clinical Supervision

- A **strength-based, collaborative process** between the TR Supervisor and mentee.
- Review of service provision and documentation (including full APIE/D process).
- Observation of interventions, including planning, delivery, and selection of evidence-based practices.
- Identify model that informs practice.
- Assess practitioner's clinical reasoning and decision-making.

- Clinical supervisor, **together with direct care staff**, creates goals and objectives to grow clinical skills.
- Further development of existing strengths and opportunities to develop new skills.
- Supervisor advocates for needed changes in the work environment to enhance mentee success to improve autonomy and job satisfaction.



- Mentee's clinical skills and participant outcomes are reviewed to see progress on goals and objectives created with the clinical supervisor in their plan.
- **Process varies** based on needs of the mentee and the population served.
- Will not trigger an end to clinical supervision, but to new goals and objectives.

- Clinical supervisor **leverages resources** (time, funding, knowledge) to set co-created plan into action.
- Routine, agreed-upon supervision is held regularly and documented.
- Relationship growth between supervisor and mentee.

Documentation: All steps of this model are documented promptly as they occur. A supervisory contract is created before assessment starts. The mentee and supervisor both contribute to and have copies of the written documentation of every step of this collaborative process.



Break-out 2

- Collaborate with the colleagues around you and discuss potential positions or scenarios that can utilize the APIE/D process that is not client based.
 - Examples:
 - CEOs and/or Program Directors Implementing change.
 - Volunteer Directors understanding volunteer strengths and areas that could be improved.
 - Public Relations/ Fundraising: future changes to events and/or connections with donors.



Wrap-up & Questions

