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## The Pizzi Holistic Wellness Assessment

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# The Pizzi Holistic Wellness Assessment

Michael Pizzi, MS, OTR/L, CHES, FAOTA

**SUMMARY.** This paper describes the Pizzi Holistic Wellness Assessment tool. Using theory from the field of health promotion and expertise gained in his private home health practice, the author developed and pilot tested this assessment on a variety of individuals. The assessment is designed to be used with different populations in a variety of settings to help clients self assess their health and well-being. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2001 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Wellness, wellness assessment, health promotion

We must recognize the responsibility of the profession to change with changing demands for its services, to adapt via new approaches, to assume different roles, to develop the preparation for them, and to recruit in a new mold rather than by recasting the prototype of an earlier time. (West, 1967, p. 175)

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Concepts of wellness and health promotion and disease prevention were embraced by early founders, philosophers, and theorists in occupational therapy. Meyer (1922) called for a balance of work, rest, sleep and play so that people can live well and be productive. He viewed mental illness as a disorder in living and was a proponent of occupation as the central concept in helping to facilitate order. He also wrote that “man learns to organize time and he does so in terms of doing things” (p. 6), alluding to the fact that when an individual is not actively engaged in meaningful productive occupation, he/she becomes, or has potential to become, disorganized in life and lose a sense of time, routine and habit.

Slagle (1922) developed the concept that habits and routines of daily living help people to organize daily life and daily occupations and proposed that a breakdown of habits and routines can lead to disorder and illness in one’s life. She discussed how occupational therapists would utilize ‘habit training’ to return a person to healthier living:

. . . for the most part, our lives are made up of habit reactions. Occupation used remedially serves to overcome some habits, to modify others and construct new ones, to the end that habit reaction will be favorable to the restoration and maintenance of health. (Slagle, 1922, p. 14)

Occupation was seen as the ends as well as the means to rehabilitate and habilitate individuals and to empower them towards healthy living and the development of healthy lifestyles.

In addition to its focus on activity, the profession of occupational therapy has always been known for its emphasis on integration and awareness of body, mind and, more recently, spiritual aspects of health; and how the interrelatedness of these factors impacts a person’s ability to carry out daily routines and occupations. Occupational therapy was encouraged over three decades ago to create opportunities where well-being can be realized for all people and to develop new roles for therapists in the area of wellness and health promotion. Speaking of these issues at an AOTA conference, West (1967) stated:

[There is a] repeated emphasis on health, as well as illness, on prevention of disease and disability, in addition to seeking the cures not yet discovered, on promotion of well-being, not just being satisfied that there is an absence of infirmity, on continuity of care . . . and on comprehensive health services . . . the trends in these directions are unmistakable. They are also irreversible. To recognize them, how-

ever, is only the first step. We must also interpret their meaning for each of our specialty areas and aggressively adapt or redesign our roles to provide a more viable future service. (p. 178)

Kielhofner and Burke (1983) also noted that the profession of occupational therapy was based on “a broad appreciation of the occupational nature of human beings, their mind-body unity, their self-maintenance through occupation, and the dynamic rhythm and balance of their organized behavior . . .” (p. 31). Current trends in occupational therapy emphasize a return to occupation and to the integration of well-being and occupation into daily practice (Moyers, 1999, 2000).

Related to these beliefs, occupational therapy is becoming a leading force in client-centered care and the major proponent of the importance of meaning in the being and doing of daily living. Clinicians can begin to facilitate this for each client and can promote well-being by (1) providing occupational choices, (2) respecting autonomy and control over the doing process, (3) collaborating rather than dictating what wellness should look like to individuals and, most importantly, (4) addressing the issue of body, mind and spirit unity and (5) having an appreciation for a systems perspective of health.

### ***GUIDING PRINCIPLES OF WELLNESS***

Wellness has been defined by many health professionals to generally mean a state of optimized health satisfying to the individual. Dunn (1954), a physician, was one of the first to conceptualize and define wellness as an integrated method of behaving which is oriented toward maximizing the potential the individual is capable of within the environment where he/she is functioning. From this conceptualization, it can be assumed that Dunn envisioned wellness as a program of care (method) and not simply a concept. He also takes a very holistic occupation-centered approach in his definition and clearly sees the interplay between person and environment.

Opatz (1985) views wellness as the process of adapting patterns of behavior so that they lead to improved health and heightened life satisfaction. Hettler (1990) defines wellness as an “active process through which individuals become aware of and make choices toward a more successful existence” (p. 1111).

According to Dossey and Guzetta (1989),

This health model [of wellness] assumes that every individual has innate capacities for healing, nurturing, self reflection, taking risks, and for making change toward wellness; that all people are searching for answers about the life process, meaning, and purpose; and that health is also about individuals being able to live according to their own beliefs. (pp. 69-70)

There have been numerous references in the occupational therapy literature regarding the concept of wellness. These include an examination of the balance of work, rest, sleep and play (Meyer, 1922); examining perceptions about time and degrees of harmony or conflict in our unique configuration of goal directed activities (Christiansen, 2000); balance, value, meaning and being client centered which contributes to health and well-being (Johnson, 1993); and the idea that engagement in occupation contributes to and influences health (Reilly, 1962). More recently, wellness and health promotion have been included in the Occupational Therapy Guide to Practice (Moyers, 1999) as a major area for intervention. However, before an occupational therapist can intervene, he/she must be able to evaluate based on some guiding principles.

Christiansen and Baum (1991) summarize general beliefs and values that influence occupational therapy and incorporate the philosophy of wellness. These beliefs include:

1. Engagement in occupation is of value because it provides opportunities for individuals to influence their well-being by gaining fulfillment in living.
2. Through the experience of occupation or doing, the individual is able to achieve mastery and competence by learning skills and strategies necessary for coping with problems and adapting to limitations.
3. As competence is gained and autonomy can be expressed, independence can be achieved.
4. Autonomy implies choice and control over environmental circumstances, thus opportunities for exerting self determination should be reflected in intervention strategies.
5. An individual's choice and control extend to decisions about intervention, thus occupational therapy is identified as a collaborative process between the therapist and recipient of care whose values are respected.

6. Because of occupational therapy's focus on life performance, it is neither somatic nor psychological, but concerned with the unity of body and mind in doing. (p. 9)

Pizzi (1997) developed a set of guiding principles in wellness and health promotion which he incorporated into continuing education workshops and in his clinical practice. These principles (Pizzi, 1996) are used to holistically assess and treat all individuals and their caregivers (primarily adults but applicable, with adaptation, to infants, children and adolescents). Pizzi uses the term 'activity' purposefully since the continuing education workshops are interdisciplinary and the term 'occupation' would apply primarily only to occupational therapy. These principles are:

1. Engaging in life activity is health promoting.
2. Activity must be of a person's interest and have meaning to the individual to effectively promote wellness.
3. A loving and supportive environment promotes health and wellness.
4. Adaptation in life to accommodate new changes that occur in health contributes to well-being and life satisfaction.
5. Being productive, vital and a contribution to others is health promoting.
6. People must make an active choice to live well and be responsible for their choices.
7. Open and honest communications are health promoting and contribute to wellness.
8. Life affirming and self affirming actions and words promote positive healthful living and wellness. (Pizzi, 1997, p. 17)

These guiding principles can be integrated and utilized in community centered care and applied to all ages and diagnostic groups including traditional rehabilitation programs.

#### ***THE PIZZI HOLISTIC WELLNESS ASSESSMENT (PHWA)***

Before holistic wellness interventions can be effective, therapists must assess a person's level of well-being while engaged in client-centered and occupation-based practice. When therapists are both client and occupation centered, facilitation of wellness becomes a natural extension and a vital part of the occupational therapy process. This can and must occur in all environments where an occupational therapist or occupational therapy assistant practices the art and science of occupational therapy. Wellness

includes both remediating and preventing a breakdown of daily habits, routines, occupations, and meaning in people's lives.

This potential or real "breakdown" of daily living activity performance can include every activity meaningful to a person with any deficit in any area. An individual with arthritis that causes immobility and therefore impaired ability to shop, and a busy homemaker/worker with no medical, physical or psychosocial diagnosis trying to balance several roles, are both examples of people experiencing breakdowns in activity patterns. Frank (2000) states:

Persons must cope with feelings of frustration when their ability to perform daily activities breaks down. They experience anger and frustration over loss of control. They suffer feelings about being helpless and dependent on others. They feel distress and guilt about added family responsibilities. (p. 27)

According to the ICDH-2 Classification System (Moyers, 1999), these breakdowns in daily living may be categorized under impairments, activity limitations or participation restrictions. Concurrently with the use of this revised classification system, it is vital to create new paradigms of health which incorporate community, client and occupation centered assessments and interventions. Jackson (1999) advocates for development of more client centered self assessments, stating that there is a huge gap in the allied health professions, especially occupational therapy, in the area of assessment that actually considers clients' own self perceptions of their health and the meaning they assign to occupations and routines of daily living.

To date, this author uncovered no known formal and documented assessments in the allied health fields that are (a) conceptually holistic, (b) wellness based, (c) client centered, and (d) self-administered (Hemphill-Pearson, 1999; Marcus, 1999; Van Deusen & Brunt, 1997). The Canadian Occupational Performance Measure (COPM) (Law, Baptiste, McColl, Opzoomer, Palatajko, & Pollock, 1990) is the closest to being a holistic wellness client centered assessment; however, it is not self administered and is used only by occupational therapists.

The Pizzi Holistic Wellness Assessment was developed from an interdisciplinary perspective (although very much occupationally derived) that emphasizes self-perceptions of health and strategies for self-responsibility facilitated by therapists. The author has long believed that allied health professionals, including occupational therapy, often do not incorporate the goals, beliefs, values, attitudes and meaningful needs of the client be-



ing served. Over time, in his community centered practice, the author recognized that people were much more motivated in therapy when he initiated treatment with at least one occupational activity important to the client. Reductionistic (e.g., range of motion, strengthening, cognitive, perceptual) treatment was incorporated into the occupational activity and not worked on separately, creating a holistic framework from which the client could gain skills integrated into some meaningful productive daily living occupation.

The Pizzi Holistic Wellness Assessment (PHWA) is a self assessment designed to assist individuals to become aware of the most important health issues affecting daily occupational performance. The assessment also addresses self responsibility for health by exploring self determined strategies to optimize health. Therapists are only facilitators of health and wellness. They do not do things to or for people, but rather suggest ways to optimize healthy living and facilitate the process of health and healing by increasing awareness to issues (physical, psychosocial and environmental) that need to be addressed. Even when it appears that a specific treatment positively changes occupational performance, the aspects of wellness and health and healing occur when the person is led to self discovery on how to best manage that aspect of his/her being. After self-discovery, the therapy process unfolds collaboratively between client and therapist.

Another objective of the Pizzi Holistic Wellness Assessment is for therapists to obtain the self perception of the client in eight areas of health. Operational definitions of these areas emphasize occupational activity and the doing process. These eight areas were developed based on interdisciplinary literature (Ader, Felton & Cohen, 1991; Benson & Stark, 1996; Bruner, 1990; Capra, 1982; Christiansen & Baum, 1993; Csikszentmihalyi, 1990, 1993; Ferguson, 1980; Johnson, 1986, 1993; Kalat, 1998; Law, 1998; Law et al., 1990; Moyers, 1993; Neistadt & Crepeau, 1998; Pauls & Reed, 1996; Pert, 1997; Reed, 1991; Ryan & Travis, 1991; Weil, 1995; Zemke & Clark, 1996).

The Pizzi Holistic Wellness Assessment is based on the wellness principles stated above and principles of general systems theory (von Bertalanffy, 1968). The application of systems thinking (particularly an open system) to occupational therapy examines the interrelationship between the environment and the person. It also examines the various systems of the person and emphasizes that if there is a breakdown or dysfunction in one system, it will have an impact on other systems. For example, a person who experiences a cerebral vascular accident (CVA) may also experience deficits in the psychosocial area of health (e.g., depres-

sion, sadness, anger, guilt for poor health habits). While most therapists assume this often occurs, the clinical experience of the author suggests both physical and psychosocial rehabilitation (or interventions) are not formally addressed simultaneously in occupational therapy by either standardized or non-standardized assessments. Yet, a person with CVA and possible psychosocial deficits will most likely experience motivational problems and feel a loss of meaning in daily living, which can then affect traditional physical rehabilitation. Bateson (1996) supports this idea and discusses how occupation, when delivered in appropriate occupational contexts, can have multiple positive impacts when used therapeutically.

Unfortunately, many therapists may not have a means by which the psychosocial impairments and physical impairments can be addressed. In addition, without formal documentation of the psychosocial impairments, therapists are often limited in the scope of treatment that will be reimbursed, even though psychosocial interventions are within the scope of occupational therapy practice and are often reimbursable when progress is demonstrated via improved occupational performance.

Holistic clinical reasoning is often a skill developed by more experienced practitioners. Standardized assessments often provide practical objective data that is more in the procedural realm of information. However, as Mattingly and Fleming (1993) point out, "When practitioners rely exclusively on procedural reasoning, they are likely to focus their treatment on performance components rather than life tasks" (p. 47). The Pizzi Holistic Wellness Assessment, via client narrative, examines multiple areas of health as they affect occupational performance. Therapists and clients using this assessment can become more acutely aware of the multidimensional aspects of health and the interrelatedness of the physical, psychosocial, spiritual and environmental aspects of health. Furthermore, it enables therapists to set treatment priorities and develop a wellness plan with strategies that are meaningful to the client. Objective and non-medical problems and deficits are discovered after the administration of the Pizzi Holistic Wellness Assessment. The assessment also focuses on subjective self-assessment narrative to explore the root of a deficit as well as strategies for intervention that are both subjective (from the client) and objective (from the therapist/wellness expert).

#### ***ADMINISTRATION OF THE PIZZI HOLISTIC WELLNESS ASSESSMENT***

The assessment is depicted as a circle, symbolically demonstrating that all areas of health interrelate and affect each other. The client is instructed to rate each of eight areas of health from 0-10 on a rating line with tick marks noting 0 (poor health) to 10 (excellent health). The instruction is: "Rate yourself from 0 (poor health) to 10 (excellent health) in each of these 8 areas. Use your gut reaction as you rate yourself, as that is your true feeling of your level of well-being in that particular area. Later you will be able to discuss each one separately and tell me more about your rating."

Following the overall rating of health, each of the eight areas are separated for a more comprehensive client centered narrative. Within each section, four occupationally focused questions are asked of the client. These questions are:

1. What are the factors in my life that caused me to rate this area as I did?
2. What are the (specific health area) problems that I am experiencing?
3. How do these problems affect my day to day activities?
4. How can I overcome these problems?

These questions were developed to assess various areas of function and to provide therapists with data that may not be obtained in a traditional format of interview or through standardized assessment. This data includes: (a) client self-awareness of health issues, (b) insight into personal levels of health, wellness and illness, (c) client insight into other factors having an impact on one's health in a particular area, (d) awareness of the impact of a certain level of wellness on daily occupations and their performance. Question 4 has been one of the most crucial in data collection. The answer illustrates for therapists whether clients have the ability to problem solve and be adaptive enough to engage in self responsibility for personal health and well-being.

Once these individual sheets are completed, the therapist gathers the information, and, along with data from pertinent and relevant other formal or informal assessments if needed, works in collaboration with the client (and significant others if decided upon by therapist and client) to develop wellness interventions for improved health, health behavior change, or to balance one's life. Unlike a test of strength, endurance, cognitive perceptual, activities of daily living, or mood/affect, this assessment immediately directs the therapist to the arena of health and development of well-being instead of reducing health and occupational activity to their components. These reductionistic components of health are integrated

with the daily living deficits affected by health problems self-determined by the client.

### ***VALIDITY AND RELIABILITY***

A panel of experts from occupational therapy, physical therapy, nursing, holistic health, health education and social work examined the assessment and concurred regarding the compatibility of the PWHA with the theoretical and philosophical framework from which it was derived. After each of these experts self administered the assessment, there was agreement on the eight specific areas of health that comprise the assessment. It was also agreed that the four occupational questions within each category gather relevant qualitative data from which wellness interventions can be planned. Currently, the tool has face and content validity. It has been used successfully as a clinical tool with populations ranging from post baccalaureate level occupational therapy students, the well elderly, individuals with mild dementia and their caregivers, people with HIV and terminal illness, and with college students with no identified occupational activity deficits. Currently, using qualitative methods, research is being conducted on development of themes of wellness utilizing this tool in several different populations. More research needs to be undertaken to develop reliability and to further validate this tool.

The qualitative data that this tool obtains includes the multidimensional self-described factors of deficits in well-being that are relevant to the field of occupational therapy, especially as the profession of occupational therapy further embraces the need for occupational histories and narratives of clients. The richness of this data provides information specific to the client's life and lifestyle different from data normally retrieved from non-wellness centered assessments and interviews. This allows therapists to view the person as an individual, creating a client centered approach with a personal health story and narrative, and further humanizes the therapy and health care experience for people.

### ***CASE EXAMPLES***

Bill is a 22-year-old physical therapy student. In the physical branch of the assessment, his self-rating was a 9. "I feel that I am pretty healthy. I play sports 5-6 times a week and lift weights or jog. My major problem is motivation to exercise more. I used to play soccer and now I do not, so I have gained some weight, which is just not me to not be fit." The therapist who assessed this rather 'well' client stated that she felt the client was

self-conscious about his physique, given his mention of this problem three times in five minutes when she interviewed him after he filled out the assessment. After careful probing in this area, the therapist also discovered that the client had thoracic outlet syndrome causing pain and discomfort in his wrist and shoulder, which he attributed to playing volleyball. The pain also affected occupational functioning as a student. “My wrist has a noticeable affect on daily activity. For instance, this is only the third section of the first question on this assessment, and I have already rested my wrist twice. It does affect my note taking in class and in performing some manual therapy techniques.”

This example is provided to demonstrate that, despite a self perceived high level of wellness (rating self a 9/10), the client experienced moderate impairment in occupations related to leisure and his role of student. The discussion after the client’s self rating affords therapists the opportunity to collect data that the client may not have discussed. An open-ended interview supplements the client narrative.

The Pizzi Holistic Wellness Assessment is useful across all diagnostic groups, with significant others (the tool has been adapted by the author for the significant other/caregiver/family) and with adults over the age of 18 (on whom it has been currently tested). For people with cognitive impairments, modifications have been made to elicit relevant wellness data (e.g., using other key words or phrases to elicit narrative versus using solely the rating scale of 0-10). Caregivers are also asked to provide data on the client using the assessment and to provide data on themselves for therapists to examine the impact of a person’s illness/wellness on the caregiving situation. This has been used successfully with caregivers of people with dementia who have discovered several alternative coping strategies, were able to develop more adaptive styles of caregiving and became more aware of the need for balance of occupations in their own lives. After administration and interpretation with one caregiver, she stated:

I knew that I needed to take better care of myself. My husband’s illness has taken its toll on me and I have given up everything because I feel guilty and ashamed if I do anything I like for myself. I see now why I feel that way, and how much I can actually do if I just make a new little routine for myself that includes time for me. I also see which areas of my life [health] I am doing better in and which areas I have to do better at. I definitely need to have card parties again!

The occupational therapist then worked with her on developing a routine that included all the caregiver responsibilities as well as leisure and

self maintenance occupations, and helped her develop an awareness, through education, about the impact of each health area on overall health. She self-identified where she needed support and developed a plan on how to ask for support. Over time, the occupational therapist perceived a more alive and vivacious woman who exclaimed (when this was pointed out), “I actually feel like a new person since I see that being well is not just a physical thing.”

In pediatrics, this tool is an excellent addition to assess caregiver burden and stress when dealing with a family system containing a disabled client. For example, one mother of a child with autism responded to her assessment results by paying more attention to her other children when she recognized that her area of family was including, at least emotionally, only she and her child with autism. She was spending so much time with the child she began to neglect her ‘family system.’ It can also be used for older children without cognitive impairment to help them better develop wellness lifestyles while coping with a physical or psychosocial impairment.

A father who came to the author for a wellness consultation realized that his personal issues around food, which led to increasing problems with weight, breathing, and circulation, influenced his 10-year-old who was developing similar food habits. Intervention on a number of levels (family, psychosocial, spiritual, physical and occupational) led to improved nutrition and a more balanced lifestyle. He felt he became a more positive role model for his son, and he began to spend less time in his ‘workaholic lifestyle’ and more time with his family. After six months, he and his son became more physically fit and active, a health goal this man set for himself. This also resonated in his improved posture and a more positive affect.

Persons using the PHWA as a clinical tool found it to be very revealing about self-perceptions of health. It also validated for many that they cope well in daily occupational situations when previously they felt they had not coped well. Others stated that they had much more awareness of how one area of health definitely had an impact on others. This led them to alter life patterns and habits that subsequently led to improved health and well-being in all areas. Future research regarding this assessment will address specific populations, examine themes of wellness, and explore how this tool can easily be integrated into all practice arenas.

## ***CONCLUSION***

There is a great need for subjective, client centered assessments in the allied health professions, particularly in occupational therapy. Assessments which target only objective and physical data reduce the client to a set of physical deficits to be remediated, and dehumanize the person being served. In allied health, and particularly in occupational therapy, there are no formal and documented wellness, prevention or health promotion assessments, and none proclaiming they are client centered and self-administered. Occupational performance must begin to include examination of health and wellness, and to explore more ways those areas can be assessed and evaluated while maintaining a client centered and occupation focus.

The Pizzi Holistic Wellness Assessment can be used with all populations, and can be incorporated into entrepreneurial practices, community centered care, traditional therapy programs and with workplace specific practice. It is the first allied health self-assessment that aims at the total integration of mind, body and spirit and the physical, psychosocial and environmental domains of health. It also focuses therapists on immediate concerns of clients and caregivers, on what is most meaningful in a client's life, and what resources the client or caregiver possesses to approach and follow up with health interventions. Importantly, given the current health care system and a focus on managed care, the assessment assists clients in exploring their own strengths and resources that self-determine how behavioral change, in the area of occupational performance, can be made and implemented. Therapists of the future will be consultants and facilitators of health. They will be entrepreneurs exploring innovative strategies to access the health care system and develop caring and humanitarian wellness based programs. The Pizzi Holistic Wellness Assessment contributes to and enhances those roles for therapists. It is a tool for educators to incorporate into curricula for courses on community centered practice. Further reliability and validity studies are needed; however, it has been demonstrated that the Pizzi Holistic Wellness Assessment is very effective in developing clinical wellness interventions.

How can you get very far?  
If you don't know Who you Are?  
How can you do what you ought,  
If you don't know What you Got?  
And if you don't know Which to Do  
Of all the things in front of you  
Then what you'll have in front of you  
Is just a mess without a clue



Of all the best that can come true  
If you know What and Which and Who

—*The Tao of Pooh* (Hoff, 1982, p. 58)

#### NOTE

Further clarification about the assessment and inquiries into its integration into curriculums, practice settings and its use in developing wellness programs and workshops can be addressed to Michael Pizzi, 10 Wall Street #209, Norwalk, CT 06852, or e-mail at <mpizzi5857@aol.com> or <pizzim@sacredheart.edu>.

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