IEMT Self Care Model

Based on the work of Dorothea Orem (1980)

Dorothea Orem developed the self-care deficit nursing theory which quickly became “a grand theory of nursing” that has been widely adopted in the field of health care provision and training.

It was developed between 1959 and 2001 is also referred to as “Orem's Model of Nursing”. It is most commonly implemented in rehabilitation and clinical primary care environments, where the central aim of treatment is to restore patient independence.

Dorothea Orem’s Self-Care Deficit Theory defined *Nursing* as “*The act of assisting others in the provision and management of self-care to maintain or improve human functioning at the home level of effectiveness*.” It focuses on each individual’s ability to perform self-care, defined as *“the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being*.”

When considering the model of IEMT and its role in the field of brief therapy it is clear that this definition is not restricted to just that of the delivery of nursing care. This model is most applicable when considering the chronic or dependent client with complex emotional, psychological, behavioural and psychiatric needs.

Central philosophy

The central aspect of Orem's model is that all patients wish to care for themselves and dependency is desired by very few. Dependent and incapacitated individuals may recover more quickly when encouraged and permitted to perform their own self-care to the best of their ability and within the limits of their capacity.

The self-care model is the very antithesis of the “total care” concept outlined and described by Irving Goffman et al.

As a brief therapy, Integral Eye Movement Therapy (IEMT) can be taught as a self-care model where the client learns to self-apply the core principles of treatment via therapeutic remedial and generative change.

In many instances, a client's/patient's dependency on ongoing therapeutic support via “long therapy”, medication or long-term engagement with psychiatric services can be reduced and independence can be developed.

Operating Assumptions of the Self-Care Deficit Theory

Core Self-Care Theory assumptions are:

1. Effective and functional survival requires people to engage in constant communication and form connections among themselves and to their environment.
2. People necessarily behave proactively to identify their needs and to make necessary judgments.

3. As mature individuals, people experience deficits in life-sustaining and function-regulating actions for both themselves and for others.
4. Human agency is exercised in discovering, developing, and transmitting to others ways and means to identify the needs for, and offer inputs into, ones-self and to others.
5. Division of labour inevitably and necessarily occurs with groups of people arising with structured relationships clustering tasks and allocating responsibilities for providing care to group members.

*examples needed for each of the above

Self-care requisites

Self-care requisites are groups of needs or requirements that Orem identified. They are classified as either:

- Universal self-care requisites (*objective*)
- Health deviation requisites (*subjective and changeable*)
- Developmental self-care requisites (*subjective*)

The developmental self-care requisites are further divided into:

1. maturational: progression toward superior levels of maturation.
2. situational: prevention of deleterious effects related to development.

this section needs development

From Dependence to Independence

There can be four clear phases involved in the move from therapeutic dependence to independence.

Phase 1. The trained therapist assesses the client and delivers intervention to compensate for the deficits.

Phase 2. Following psycho-education, the client begins to improve the quality of self-care within their capabilities with active support, encouragement and intervention for the therapist as required.

Phase 3. The client has greater involvement in directing both self-care and the assistance and professional interventions and support required.

Phase 4. The client gains greater independence and achieves agency for self-care.