

OUT OF DOORS: RECREATIONAL THERAPISTS AND THE DUTY OF CARE

by

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(Under the Direction of Nicholas Fuhrman)

ABSTRACT

A variety of residential and experiential therapeutic programs exist for youth who experience emotional, behavioral, or substance abuse problems that are not adequately responsive to traditional treatment options. While evaluations of programs are available in the literature, investigation of the experiences of professionals who undergird these programs and oversee re-entry of youth back into their communities is lacking. The research reported here used case study design with semi-structured interviews to explicate the experiences of recreational therapists. The results provided insight into the characteristics, needs, and experiences of recreational therapists who work with high promise youth. Further, the work provided a proposed change to current models of compassion satisfaction and compassion fatigue subscale interactions in this population. Findings indicated recreational therapists are optimistic, intrinsically motivated to spend time outdoors, become personally invested in their work and experience personal growth from their work. They required additional systems of support and guidance to effectively counter compassion fatigue and associated burnout. Recommendations included measures for organizations to effectively counter compassion fatigue through enhancement of peer support systems and self-care guidance.

INDEX WORDS: Adventure therapy, at risk, recreational therapy, therapeutic recreation, non-formal education, high promise youth, outdoor education, case study

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DEDICATION

For my little family: Keenan, my partner and pillar of support; and Dakota, for the unconditional love of a cherished pet and all of our desperately needed breaks for playtime.

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CHAPTER 1

INTRODUCTION

Youth-centered rehabilitation takes place in a variety of settings, using a variety of methods, often depending on the perceived or actual severity of risk or observed behaviors. In some cases, high promise youth complete residential rehabilitation programs for emotional, behavioral, or substance abuse treatment. Linguistically, this study contributed to a shift from descriptors such as high-risk, at-risk, or delinquent to high-promise youth, which recognizes resilience and the indeliberate nature by which some youth come to bear the title, including poverty and trauma (McElwee, 2007). Professionals who work with high promise youth in a rehabilitative or re-entry setting have a duty of care for a vulnerable population. The programs they work for are assumed to exist for the community benefit by way of reducing self- or community-destructive behaviors (or increasing pro-community behaviors).

A smaller sub-set of therapeutic communities base aspects of their care around outdoor skills and therapy out of doors. A lack of term operationalization in the existing literature has created semantic difficulties, with little cohesion among terms in a field that has grown from or has been variously called wilderness therapy, adventure therapy, therapeutic adventure, or recreational therapy, among others (Alvarez & Stauffer, 2001). The broad definition for adventure therapy as utilized by recreational therapists at the external site partner in this research is taken from Alvarez and Stauffer (2001), as “any intentional, facilitated use of adventure tools and techniques to guide personal change toward desired therapeutic goals” (p. 3).

In an initial review, most literature was focused on evaluation of wilderness intervention rehabilitation experiences and on defining recidivism and measuring rehabilitation efficacy. These rehabilitation experiences were those that most often took place in remote environments

disconnected from the day-to-day life of participants and do not represent diverse socioeconomic or racial groups, with an overrepresentation of Caucasian males (Winterdyck & Griffiths, 1984; Wilson & Lipsey, 2000). The evaluations they report on were accomplished through pre- and post-Likert scale instruments built to assess self-esteem, resiliency, or overall emotional well-being. They rarely examined long-term recidivism numbers, with few follow-ups and largely dropped off in the 1990s, though a resurgence of interest in adventure and recreational therapies as they more commonly exist now is apparent in a recent increase in syntheses and discussions (Fuentes, 2018; Jameson, 2019; Lan, Sveen, & Davidson, 2004; Randall Reyes, 2017). Wilson and Lipsey's (2000) meta-analysis focused only on studies with a control group. Following this, a few studies were conducted at wilderness therapy or adventure therapy programs, largely utilizing convenience sampling and pre-/post- Likert-scale instruments coupled with recidivism data of less than one year (Lan, Sveen, & Davidson, 2004; Walsh & Russell, 2010). These evaluations and studies used quantitative data. Currently, gaps exist in the literature on adventure and recreational therapy in diverse populations of youth and adults, by ethnicity, socioeconomic status, and gender. Furthermore, very few studies qualitatively investigate the experience of recreational or adventure therapists themselves, and none were uncovered that specifically aimed to discover the characteristics and experiences of recreational therapists in the context of their work outdoors.

More recent research has focused on the impact of environment on public health, to include infectious and chronic disease incidence and mental well-being (Kovacic, Stigler, Smith, & Kidd, 2014; Sampson & Gifford, 2010) or environmentally proactive behavior outcomes of outdoor education (Chanse, Mohamed, Wilson, Dalemarre, Leisnham, Rockler, Shirmohammadi, & Montas, 2017; Hughes, Richardson, & Lumber, 2018; White, Eberstein, & Scott, 2018). These works further illuminate the relevance of adventure-based recreational therapy to environmental

education, as such research has revealed the long-term health and environmental benefits of time spent in the outdoor environment, including mental health.

Very few studies implemented a treatment protocol and even fewer had long-term outcome information or completed follow-up investigations beyond a period of one year. Other literature examined variables such as sense of place, gameplay, or physical health in relationship to green space and behavior, but these were less common (Shepard, 2014; Shepard, 2015). No studies were found that investigated the lived experiences of recreational therapists themselves and their orientation to and interactions with various requirements of their work with high promise youth. Given the gaps identified through this synthesis, the research reported here used case study methodology, employed semi-structured interviews, and aimed to reveal the characteristics and lived experiences of recreational therapists and draw from them a nuanced description of the characteristics, needs, and experiences of recreational therapists who work with high promise youth in outdoor settings.

Problem Statement

While previous evaluations of such programs that report quantitative findings on youth participants' program outcomes are widely available in the literature, what is missing is an exploration of the experiences of the professionals who undergird these programs and oversee the re-entry of the youth in their care back into society (Lan, Sveen, & Davidson, 2004; Sampson & Gifford, 2010; White, Eberstein, & Scott, 2018; Wilson & Lipsey, 2000). The research reported here will address a current gap in knowledge regarding the people who make up this profession, as well as the challenges and rewards they may experience through the population they work with, the characteristics of the career (a helping profession), or from their own identity structures interacting with the former. Further, these insights may benefit efforts to recruit, train, and retain recreational therapists for work with high promise youth by offering opportunities to incorporate recreational therapists' experiences guiding therapeutic interventions, what factors

they prioritize in planning treatments, and how they experience compassion for their population. As recreational therapists can work with a variety of populations, a greater understanding is needed for the decision to work with high-promise youth in to effectively recruit recreational therapists who are uniquely suited for such important work.

Environmental educators often pursue similar outdoor learning activities with groups of young people, and due to the nature of their work, they do not hold primary office hours. Environmental educators, such as camp counselors, are also entrusted with a duty of care for their populations in terms of physical and emotional safety on trips or throughout physically challenging programs, and these results may offer additional insight into the recruitment and training of environmental educators who may experience similar compassion satisfaction and fatigue, especially those who work in populations with high-promise youth as participants or who address the needs of populations throughout the country struggling with poverty, food insecurity, or mental health issues.

Significance of the Study

The research reported here will benefit stakeholders in youth rehabilitation – not just the professionals themselves, but the partners, officers, school officials, social workers, caregivers, and the youth who participate, who can use these experiences to orient their related experience working with residential rehabilitative professionals. Communities of scholars and laypersons alike who share a common interest in reducing crime or delinquency and/or increasing pro-social behaviors have an opportunity to understand, through this study and others like it, the experiences of those performing this work, and from it, what more there is to learn.

Outside of rehabilitation, there is a component of this work that involves education out of doors. While for therapeutic purposes in this setting, there exists in this research an opportunity to learn which educational experiences are transformative for the professionals who participate, and what are the characteristics of recreational therapists who are attracted to this type of therapeutic

environment and career. This may create further opportunities to understand how pedagogy can be translated across settings and provide spaces for educators and youth outside of these settings to benefit from knowledge about alternative ways to approach informal and/or environmental education with youth. Understanding the characteristics and needs of professionals who work with youth outdoors will assist recruitment, training, education, and retention.

Purpose of the Study

The purpose of the research reported here was to discover and explicate the experiences of residential recreational therapists who work primarily with high-promise youth. The focus was on recreational therapists in residential rehabilitative facilities for youth with more than two years' experience working in the field. A better understanding of the experience of these professionals can offer significant insight about the day-to-day life of those in professions that demand continued empathetic expressions, and which hold a duty of care. To such an end, this study sought specifically to reveal the characteristics and needs of recreational therapists through their personal and professional histories and experiences.

Research Questions

To fulfill the purpose of the study and address gaps in the literature to date, the following research questions drove the research reported here:

1. How do youth-centered residential rehabilitative professionals understand their work in the context of:
 - a. their experiences,
 - b. their personality traits,
 - c. the environment that the work takes place in, and
 - d. internal and external perceptions of the work they do?
2. How do the professionals experience adventure therapy as practitioners?
3. Why did they select high-promise youth as their population of interest?

Key Terms

Recreational/Adventure Therapy: “any intentional, facilitated use of adventure tools and techniques to guide personal change toward desired therapeutic goals” (Alvarez & Stauffer, 2001, p. 3). These terms are used interchangeably in this research because the recreational therapists who participated are involved specifically in adventure-based therapy.

Environmental Education: “to provide every person with opportunities to acquire the knowledge, values, attitudes, commitment, and skills needed to protect and improve the environment; to create new patterns of behavior of individuals, groups, and society as a whole towards the environment” (*Tbilisi Declaration*, 1977, p. 14)

High-Promise Youth: A young person who has experienced poverty, trauma, neurodiversity, and/or psychological distress and who has prior or current involvement with specialized psychiatric needs for care, juvenile justice encounters for aggressive or criminal activities, or similar encounters with law enforcement. These young people are often perceived as less able to successfully transition into productive adults due to descriptors like at-risk or delinquent and the term high promise was chosen to emphasize their potential to grow, change, and contribute to their communities and the world (McElwee, 2007).

Limitations/Delimitations

The study focused on recreational therapists who work with high-promise youth under principles of adventure therapy and utilized a case study methodology. These findings are specific to the population studied. Additional perspectives from colleagues employed by the external site but not as recreational therapists were not solicited, nor were the perspectives of recreational therapists who work with different populations or at different sites. An additional limitation was presented through the researcher’s novice experience with reflexivity as research practice which

limited the efficacy of such practice and the decreased the volume of potentially rich data from the researcher. Other methods to ensure the validity of the study were thus more heavily relied on that the researcher reflexivity.

Summary

The research reported here was designed to reveal professional and personal characteristics and experiences of recreational therapists who work with high promise youth to facilitate enhanced understanding of their characteristics and needs related to personal growth, the context of their work as experiential education and therapy outdoors, their choice to work with high promise youth, and their experiences of compassion satisfaction and compassion fatigue. The data gathered and presented can be used to support future professionals, as well as to provide information about the experiences of these professionals to administrators, lawmakers, or community partners about how their work is experienced, and to recognize the experience as they live it with high promise youth in a rehabilitative setting. Chapter 2 will provide a review of the existing literature related to adventure therapy defined, adventure therapy as environmental education, and in-depth descriptions of high promise youth in adventure therapy and a review of the literature on facilitators of such programs. Further, chapter 2 will explicate conceptual and theoretical frameworks that informed the conducted research.

CHAPTER 2

LITERATURE REVIEW

Introduction

There exists little cohesion in academic research on youth rehabilitation in outdoor settings, making it difficult to draw connections between studies or to examine the data for nuances in the experiences of the youth who participate. Descriptors such as high-risk, at-risk, or delinquent have been used for this population but the current study contributes to a linguistic shift by using the term high-promise youth, which recognizes resilience and the indeliberate nature by which some youth come to bear the title, including poverty and trauma (McElwee, 2007). Youth-centered rehabilitation takes place in a variety of settings, using a variety of methods, often depending on the perceived or actual severity of risk or observed behaviors. Varyingly called wilderness therapy, remote therapy, adventure therapy, survival camp, wilderness challenge programs, and others, use cases for these therapeutic interventions are not always well described or comparable (Alvarez & Stauffer, 2001; Gass, Gillis, & Russell, 2012).

In this chapter, a definition is provided for adventure therapy, as well as core concepts necessary for the term adventure therapy to apply to the work, while acknowledging that providing such a definition is a contestable decision in the field. The literature on wilderness and adventure therapy to date is described by their contributions, as well as relevant syntheses and books that further explicate the history of adventure therapy as an intervention. Exploring the literature base requires an understanding of how adventure is used in therapeutic practice and who the professionals that guide adventure therapy practice forward are. This chapter also provides the frame of reference for the study in the context of environmental education (sometimes referred to

as place-based education), as well as the conceptual and theoretical frameworks utilized by the researcher to guide the research direction.

The literature was searched using the University of Georgia accessible database search through multi-libraries, which incorporates all current database accesses into a single search engine for catalog and online access, as well as ProQuest (theses and dissertations), and Google Scholar. Search terms included: “wilderness therapy,” “adventure therapy,” “recreation therapy,” “recreational therapists,” “outdoor therapy,” “outdoor education AND therapy,” “at-risk youth AND nature,” “place-based education,” “environmental education AND therapy,” and “youth offenders AND outdoor therapy.”

Adventure Therapy Definition

A lack of term operationalization in the existing literature has created semantic difficulties, with little cohesion among terms in a field that has grown from or has been variously called wilderness therapy, adventure therapy, therapeutic adventure, therapeutic camping, or recreational therapy, among others (Alvarez & Stauffer, 2001; Norton, Tucker, Russell, Bettmann, Gass, Gillis, & Behrens, 2014). The broad definition for adventure therapy for this research is taken from Alvarez and Stauffer (2001), as “any intentional, facilitated use of adventure tools and techniques to guide personal change toward desired therapeutic goals” (p. 3). As highlighted by the comprehensive work by Gass, Gillis, and Russell (2012), adventure therapy requires that there be an active, physical activity facilitated by an educator or rehabilitative professional as a collaborative group effort with an educational component that takes place outdoors. Though they acknowledge this definition is not without detractors, as the varied definitions for adventure therapy are, it is reflective of a need for continued research and refinement in the field. In this research, adventure therapy and recreational therapy are used

interchangeably, as the participant recreational therapists use adventure-based recreational therapy techniques and programs in line with the adventure therapy definition.

Adventure Therapy as Environmental Education

Adventure therapy, as defined, requires components of physical challenge, collaborative efforts, and educational guidance outdoors (Alvarez & Stauffer, 2001; Gass, Gillis, & Russell, 2012), and the roots of adventure therapy as an experiential practice are in experiential education, which overlaps with much environmental education (Norton, Tucker, Russell, Bettman, Gass, Gillis, & Behrens, 2014). The experiences pursued in adventure therapy programs utilize concepts and techniques familiar to environmental educators, but with different aims. Rather than explicit calls to environmental action or ecological stewardship as in environmental education, here the goals are personal development, healing, and psychological growth, with the recognition that human-nature interactions have evidentiary bases for promoting mental and physical health (Kudryavstev, Stedman, & Krasny, 2012).

Domains that join adventure therapy and environmental education include connections with nature, novelty, and skill development. It has been suggested that the characteristics of educators or facilitators such as recreational therapists may be related to the efficacy of programming, and understanding these characteristics and orientations toward their work is important for developing effective, replicable programs that achieve such objectives (Goldsmith, 2017).

Nature connectedness

The relationship between nature-based education and ecopedagogical curricula, environmental education, service learning, and other informal education work provides opportunities to draw in these intertwined areas of research in an examination of their collective efficacy. Relationships have been established between sense of place and physical and emotional

well-being and citizen stewardship, where sense of place is operationalized as two complementary understandings: place attachment and place meaning. The former denotes an identification bond a person has created with a place, and the latter involves the meanings a person has come to associate with that place (Kudryavstev, Stedman, & Krasny, 2012). There are additional studies posting that time spent in the natural environment for the purposes of reflection or to complete objectives is in itself a key component of calls to action or readiness to change, making the environment a “co-facilitator” in addition to the educator or adventure therapist (Norton et. al., 2014). Educators and recreational therapists alike must feel comfortable themselves in nature in order to promote connectedness among their audience.

These studies continue to demonstrate a salient issue with high-promise youth and the professionals who work in adventure therapy programs: agency and place-making behaviors in different environmental contexts. Agency here refers to the ability for people to act, insofar as they feel they are autonomous people with power to effectively take action or responsibility. The practitioners, or recreational therapists and educators, act as agents of change with these youth, guiding them through activities that contribute not only to their overall social and emotional development, but which may translate into individual meaning-making units for their own mental health journey. Recreational therapists create interventions with specific goals for their clients, but little is known about how recreational therapists who work with high-promise youth in the outdoor environment construct safe, effective programs in this context to meet the goals of the client. Additionally, given that recreational therapists can choose to work in a variety of contexts and with different populations, it is important to understand their choice to work in the outdoors with high promise youth in order to most effectively recruit future recreational therapists for this population and environment.

Novelty

Environmental education research often discusses interest approaches and the use of novel stimuli as a pathway to audience engagement, and research has additionally shown that novelty can enhance or impede recall following educational experiences dependent on social or environmental contexts (Boeve-de Pauw, Van Hoof, & Van Petegam, 2018; Dillon, Rickinson, Teamey, Morris, Choi, Sanders, & Benefield, 2006; Falk & Balling, 1982). Environmental educators also employ metaphors to draw connections between the material and the audience, and to engage multiple frameworks from which to understand an environmental question. The use of metaphor is often also a way to facilitate normalization of a new idea, to frame environmental communications in a more familiar context to promote understanding and relevance for the audience (and ultimately local, pro-environmental action), or even as a tool to co-construct shared environmental languages (Bell, 2006; Malebrán, Rozzi, Taber, Wright, Borucinska-Begg, McGillewie, & La Valle, 2019; Sanger, 1997). As a tool that has become pervasive, Bell (2006) uses the phrase *natural capital* as a case study on the importance of metaphorical understanding of the environment and to study the implicit impacts of our metaphor in environmental education, from denotative (explicit definition of the parts and whole of metaphorical content) to connotative (what metaphors are implied to mean) and how those impact our practice.

In the context of adventure therapy, the environment, techniques, and challenges presented to the youth are each novel and there is an experienced teacher (the recreational therapist) guiding them through these challenges as experiential learning opportunities that simultaneously address the felt needs of the youth involved individually and as a group (Alvarez & Stauffer, 2001). In this way, adventure therapists are employing environmental education techniques to ground the psychological work they complete with their clients by the connection of individual past experiences to novel environments and embodied movement toward more tangible manifestations of therapeutic goals through the use of metaphor. For example, a recreational

therapist might work with someone who has difficulty in confined spaces due to prior experiences, and perhaps they are working together toward cave diving. Working up to a risky small space might include visualizing a scary space and reimagining something comforting, and then creating an art piece from that, and the therapist processing (reflecting and revisiting) those steps as they move forward. The program building, outdoor environment, objective setting, and reflection are all components of environmental education, as well, though they look very different in practice. Conducting these activities in the natural environment with a trusted leader are thought to be key components of readiness to change (Rogers, 1961).

Skill & Psychosocial Development

Environmental education often juggles simultaneous aims to impact knowledge, attitudes, and behaviors for participants with respect to the environment (Ardoin, Bowers, Roth, & Holthuis, 2018; Bergman, 2016). For example, this may mean aiming to inform an audience of the positive roles reptiles play in a given ecosystem, using charismatic examples and interactions to change the attitudes of people who are fearful of reptiles to appreciate those roles, to actively working to provide or not destroy habitat or other related actions. The goals to reach multiple domains across a variety of past experience levels or prior human-wildlife or human-environment conflicts reflect a shared philosophy between environmental education and adventure therapy in the development of trust and in articulating explicit steps that move from immediate objectives, to short-term goals, to medium-term goals, and long-term impacts (Ardoin, DiGiano, O'Connor, & Podkul, 2017; Athman & Monroe, 2001). The skill building is based in learning theory and requires the generation of new knowledge be built on prior knowledge and skill acquisition in sensible, sequential order (Athman & Monroe, 2001).

The environment is emphasized in adventure therapy as an explicit reference to access to the natural world as a part of mental wellness and the wilderness is used to develop skills relevant to the geography (rock climbing, cave diving, kayaking, or gardening, for example) along with

psychosocial development (Alvarez & Stauffer, 2001). These skills often impart environmental or geographic knowledge as a part of mastery, but are implicitly delivered under the true objectives for the individual client, and thus they may not be aware of how much they have learned about the environment as they attach meaning to those facets of the environment where healing occurred. These overlapping experiences between environmental education and adventure therapy highlight the broad, interdisciplinary nature of both disciplines and the benefit of each to be able to pull from and work within different perspectives to enhance scholarship and practice in each. Recreational therapists and environmental educators must be able to evaluate starting and ending developments in their audiences, even when the audiences are unaware of how much progress they have made due to the way they reach those objectives less directly than other types of therapy and education. The current study aims to provide insight into how recreational therapists tune in to their populations to evaluate needs, provide effective programming, and build interpersonal relationships with their audiences.

In summary, despite notable differences in the overall targeted populations and specificity of objectives, environmental education and recreational therapy have undergirding principles and overlap that practically encourage interdisciplinary efforts and enhance scholarship in each. Their common grounding in experiential education further supports that conceptual and theoretical frameworks to complete research may be shared between the two.

Adventure Therapy and High Promise Youth

In a review, most literature focused on evaluation of wilderness intervention rehabilitation experiences and on defining recidivism and measuring rehabilitation efficacy. The evaluations were accomplished through pre- and post- Likert scale instruments built to assess self-esteem, resiliency, or overall emotional well-being, or specific instruments relevant to psychological diagnostic criteria (Clark, Marmol, Cooley, & Gathercoal, 2004). They rarely examined long-term recidivism numbers, with few follow-ups and those using the term

wilderness therapy or wilderness adventure largely dropped off in the 1990s, though a resurgence of interest in adventure and recreational therapies as they more commonly exist now is apparent in a recent increase in research focused on adventure therapies as a holistic approach to mental wellness (Fuentes, 2018; Randall Reyes, 2017; Russell, 2001; 2003; 2005; 2006a-c). Wilson and Lipsey's (2000) meta-analysis focused only on studies with a control group. Following this, a few studies were conducted at wilderness or adventure therapy programs, largely utilizing convenience sampling and pre-/post- Likert-scale instruments coupled with recidivism data of less than one year (Lan, Sveen, & Davidson, 2004; Walsh & Russell, 2010). These studies all focused on the youth participants themselves, and not the facilitators or therapists involved in the programming.

Qualitative work has explored the impacts of adventure therapy on the development of social skills and interpersonal effectiveness through the reduction of specific defensive mechanisms such as aggression toward peer or family groups (Gass, Gillis, & Russell, 2012; Porter, 1975; Russell, 2003). The rehabilitation experiences covered by these works were those that most often took place in remote environments disconnected from the day-to-day life of participants and do not represent diverse socioeconomic or racial groups, with an overrepresentation of Caucasian males (Winterdyck & Griffiths, 1984; Wilson & Lipsey, 2000).

More recent work has focused on the impact of environment on public health, to include infectious and chronic disease incidence and mental well-being (Kovacic, Stigler, Smith, & Kidd, 2014; Sampson & Gifford, 2010) or environmentally proactive behavior outcomes of outdoor education (Chanse, Mohamed, Wilson, Dalemarre, Leisnham, Rockler, Shirmohammadi, & Montas, 2017; Hughes, Richardson, & Lumber, 2018; White, Eberstein, & Scott, 2018). Many also examined current practices within institutional ecosystems (schools and correctional facilities) aimed at reducing recidivism, though most of these also took the shape of evaluations of existing or recently transformed practice and used similar methods to prior evaluations (Barton

& Mackin, 2012). A few have conducted reviews of existing literature paired with land use or criminology data with photovoice methodology to examine perceived and actual violent crime alongside information about how participants understand their surrounding environments (Flouri, Midouhas, & Joshi, 2014; Houser, McCord, & Nicholson, 2018; Kondo, South, & Branas, 2015), but even these have failed to examine the impact of urban greening or outdoor experiences on self-regulatory behavior.

As described by Gass, Gillis, and Russell (2012), the gaps in adventure therapy research can be compared to a “black box” (p. 288) wherein we have evaluative data that provides evidence that such a therapeutic approach works for many, but not enough data to support how or why these interventions are effective, from practitioner or youth understandings. Further, the authors confirm that much of the research in this arena struggles with methodology design weaknesses, with a lack of research using randomization or control groups, few explicit program descriptions or models, and gaps in the development of specific conceptual or theoretical frameworks to unify the field (Gass, Gillis, & Russell, 2012, p. 294-300).

These points are driven home by the results of a survey sent to the adventure therapy community, who agreed that the definition and practice of adventure therapy is difficult to combine and communicate, and that:

- few researchers are practicing and have been “arguing the same points for the last 15 or more years,”
- long-term follow-up is difficult,
- a lack of diversity in clientele make efficacy limited, and
- there is little operational oversight in the form of licensed programs (Gass, Gillis, & Russel, 2012, p. 307-308).

Facilitators of Adventure Therapy Programs

The diversity of populations involved in recreational and adventure therapy programs extends to the facilitators of the programs themselves. Facilitators of adventure therapy programs may be licensed social workers, clinical or counseling psychologists, recreational therapists, or trained by their organization. Some may hold licensure in a field, where others do not or are in a field where licensure is not available. At the same time, these professionals also have opportunities outside of adventure therapy to practice, as well as a variety of populations they could potentially serve in other capacities given their training.

A concern for adventure therapists, particularly those who work with high promise youth, is staff burnout (Bunce, 1998; Ducharme, Knudsen, & Roman, 2007; Marchand, Russell, & Cross, 2009; Wozencroft, Scott, & Waller, 2019). These professionals are in a position of trust with a vulnerable population, with a duty of care for youth in a residential setting, in addition to performing the emotionally taxing work of countering maladaptive responses or handling incidents of verbal or physical assault (Wozencroft, Scott, & Waller, 2019). As discovered by Bunce (1998), there is high turnover in adventure therapy staff. Though in some adventure therapy models, turnover may be artificially inflated by programs that are seasonally specific or time-limited, information is needed on whether those who separate from such employment continue to work in caring professions, as burnout is associated with adverse physical and mental health outcomes (Ducharme, Knudsen, & Roman, 2007). Ducharme, Knudsen, and Roman (2007) studied the impact of a coworker social support system as a protective mechanism against burnout and burnout associated turnover in caring professions, and found significant relationships between workplace attributes and exhaustion, including coworker support. Importantly, the relationship was also significant (and negative) between coworker support and intent to vacate their position (Ducharme, Knudsen, & Roman, 2007). More information is needed on the characteristics of recreational therapists to address these and other issues in the future.

These findings support a need for further investigation into the experiences of adventure therapists, as they are in a position of care, and work in a field that has undergone significant change and among which colleagues may have very different levels of education, areas of expertise, and/or types of licensure. Gass, Gillis, and Russell (2012) call for additional studies to contribute to the literature base on adventure therapy professionals and needs to be addressed to attract, retain, and sustain healthy, engaged adventure therapy professionals. In addition, knowledge of these therapists will assist college preparatory programs designed to train adventure therapists and environmental educators alike to effectively engage high promise youth in outdoor experiences.

In summary, recreational therapists are diverse mental health professionals and little research has been completed specifically on recreational therapists to date with a focus on understanding their characteristics and experiences. Prior research has indicated that burnout is a concern among mental health professionals as a general population as well as environmental educators, but explicit investigation into these populations is lacking.

Conceptual Frameworks & Theoretical Model

There are theoretical underpinnings and their conceptual approach counterparts, which work together to justify the expectation that recreational therapists in adventure therapy who sustain engagement with the practice have core shared traits. Based on the frameworks to be shared in this section, these include openness to experience, forgiveness, and positive thinking, as well as the expectation that burnout may be related to unmet professional, social, and emotional needs, such as a lack of respect or understanding of adventure therapy, training needs, or feedback mechanisms to address organizational or individual needs.

The conceptual frameworks identified are ecopedagogy and the wave framework, and under the context of these frameworks, the Compassion Satisfaction-Compassion Fatigue

Theoretical Model developed by Stamm (2009) addresses personal and professional needs of recreational therapists in adventure therapy. These are further described in the following sections.

Islands of Healing (1988) Wave Framework

Shoel, Prouty, and Radcliffe (1988) coined the analogy of a wave to represent the journey a client of therapy follows from a beginning point to a therapeutic goal or change position (see in Figure 1). Alvarez and Stauffer (2001) use this frame to consider the movement of clients from issues stemming from prior experiences to a desired goal, with examination of current

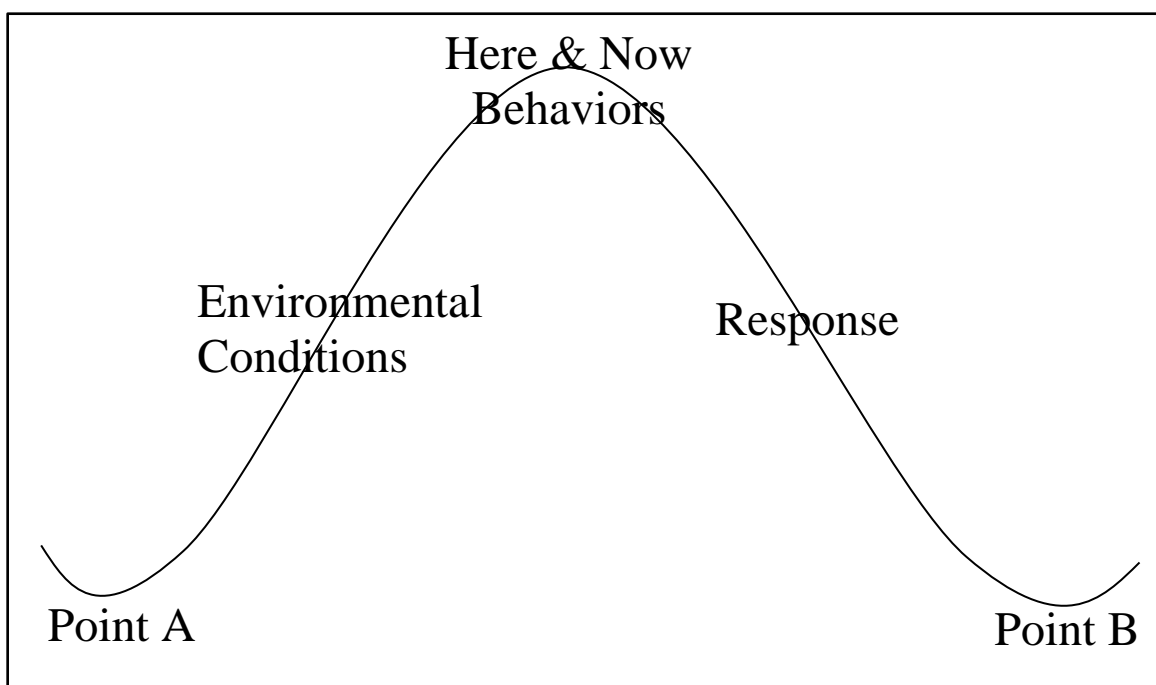


Figure 1. The Wave Framework, first attributed to Schoel, Prouty, and Radcliffe (1988)

positionalities grounded in the climax, or change point, of the wave of experience. This model is used to describe the importance of the individual client experience to an environmental context, to include the natural space, the group or individual setting, the relationship with the professional, and the life experiences of the client to most effectively, as a professional, provide the opportunity to create new life experiences with altered behavioral responses in the most effective and corrective way for the client (Alvarez & Stauffer, 2001).

While a useful tool to understand the experience of the client receiving therapy, the wave may additionally represent the experience of a practitioner who must be attentive to the individual needs of a client in the context of their lived experiences and therapeutic goals, especially when environmental contexts are considered as potentially triggering or alleviating certain behavioral responses. The practitioner must be as engaged in this process by building rapport with their clients, understanding the mechanisms that underlie behavioral response patterns, and to attend to these responses in the moment as they conduct their therapeutic activities and process through these experiences with the high promise youth they work with. The therapist's goal is to guide the client's development through activities aligned with the environmental context, behavioral context, and therapeutic goals, while remaining in control of their own responses in order to best serve the client. The therapist also has a set of behavioral responses to environmental conditions pursuant to their life experience, and the wave framework can be both personally and professionally relevant to the way they experience their work as adventure therapists for their clients, their colleagues, and themselves as they process and reflect on their work.

The Wave Framework: An Example in Practice

Individuals bring their own schema based on lived experiences to their interactions with their environment and with other people. Recreational therapists, then, bring their experiences to their present in their work with high promise youth. They begin at Point A in the wave framework. They may be unaware of their bias or response to a certain situation or person because it will be novel to them, or tangentially related to a prior experience or held belief. In this example, a recreational therapist has a negative feeling about the use of art for therapeutic intervention, instead believing that challenge-based adventure is the only way to pursue effective intervention with her client. Her client, however, has a physical disability and cannot complete all of the adventure-based recreational therapy employed but enjoys art and art-based activities.

The client is not progressing and the recreational therapist is frustrated by the situation, believing the client is not as unable as they claim, but rather disinterested. The outdoor environment is the context of adventure-based recreational therapy and the client needs to get on board, causing the recreational therapist to respond harshly (following the wave, the “here and now behaviors”). The response occurs when the recreational therapist understands that their reaction is due to an internal issue and not the other person, and uses their agency to pursue necessary attitudinal and behavioral changes, and by integrating those changes consistently, leads the therapist to Point B. In this example, Point B could be continued relationship building with this client and the pursuit of nature-based art activities that align with the clients physical and emotional needs. This framework, then, results in individual growth for both the therapist and the client, and collective growth as a therapist-client team working together.

Compassion-Satisfaction-Compassion-Fatigue Theoretical Model

Stamm’s (2009) Compassion-Satisfaction-Compassion-Fatigue Theoretical Model (CS/CF) works to provide explanatory powers behind environments and professional quality of life. In most studies, this takes the form of the Professional Quality of Life Scale (ProQOL) (Stamm, 2009), a quantitative metric of overall CS/CF in “caring” professions. CS is “the good stuff” or positive attitudes surrounding aspects of care, such as altruistic motivations or the positive interactions surrounding care provision. On the contrary, CF is “the bad stuff,” or negative attributes of care positions (Stamm, 2009). CS and CF can come from the same relational area, such as working relationships with colleagues in and outside of their specific duties – attributes that may be positive or negative depending on the people involved, the structures available to them, or prior experience, among other things (Stamm, 2009).

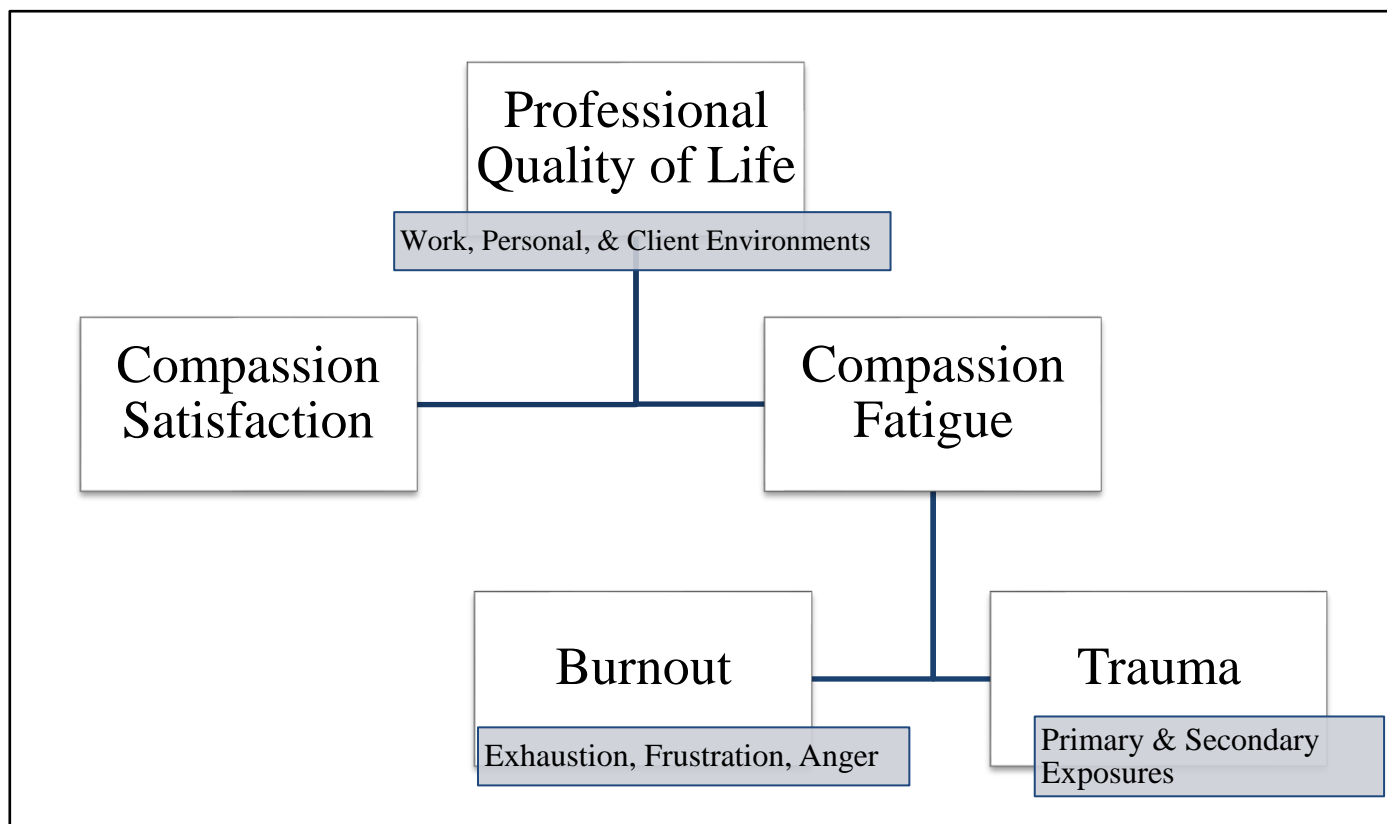


Figure 2. The CSCF Theoretical Model (Staumm, 2009)

This model delineates different presentations of CF and highlights complex interactions between potential reasons for these presentations, which include exhaustion, frustration/anger, and work traumatization, which are each expanded to effects of CF on the professionals (burnout, traumatization, and retraumatization) (Staumm, 2009). To visualize these connections, the model is illustrated in Figure 2.

Vicarious traumatization, or the traumatic experience of dealing with trauma secondary to one's own experience, has been shown to be related to adverse occupational, emotional, and behavioral outcomes for practitioners (Bride, Radey, & Figley, 2007; Killian, 2008). This multimodal model regarding practitioner orientation toward the work of caring and potential causal environments or interactions, such as those in vicarious traumatization, provides appropriate contexts for qualitative exploration of the experiences of recreational therapists who

work with high promise youth. These professionals must repeatedly interface with the trauma experienced by their clients while continuing to extend compassion, attend to behavioral and safety concerns, and continue to work toward therapeutic goals.

Recreational therapists who work with high promise youth may also experience compassion satisfaction, and as described by this model, this may be due to personal characteristics such as altruism, positive working relationships and coworker support systems, or positive attitudes about the transformative nature of the work they do. There may be elements of vicarious resilience, or strength from the successes of empathetic extensions to trauma survivors and success stories, that continue to propel their energy for caring as a profession. Prior studies have focused on CF more than CS as a practical need for the future of professions with a duty of care, as understanding the underlying reasons for intention to leave these positions is paramount to providing these professionals with necessary supports to promote their quality of life. However, these studies have not sought recreational therapists as participants nor participants who work in similar contexts to the participants in this study, such as adventure therapists. These professionals additionally work in physically challenging environments which may contribute to their presentation of the model. Furthermore, it remains unknown how previously identified support mechanisms may impact CS, as implied by Ducharme, Knudsen, and Roman (2007) in their finding that coworker support has a relationship with intention to leave (a measurement of burnout). This study contributed to the literature enhanced understanding of the CS/CF mechanistic actions in adventure-based recreational therapists, and can help inform organizational support inputs for teams of recreational therapists.

Summary

This study is necessary to address current gaps in knowledge on adventure-based recreational therapy professionals who work with high promise youth. A better understanding of the

experience of these professionals can offer significant insight about the day-to-day life of those in professions that demand continued empathetic expressions, and which hold a duty of care. This study aims to explicate the experiences of these professionals on the job, and the data gathered and presented can be used to support future professionals, as well as to provide information about the experiences of these professionals to administrators, lawmakers, or community partners about how their work is experienced, and to recognize the experience as they live in it with high promise youth in a rehabilitative setting.

Specifically, this study provided insight into the personal attributes of recreational therapists who chose to work with high promise youth, their experiences of caring, the mechanisms they employ to extend empathy and manage self-care, and their perspectives on the community of professionals whose work involves caring. These insights provided critical information for the community of stakeholders invested in rehabilitation and mental health to develop a robust understanding of the requirements of the profession and the safeguards possible to develop to support and retain mental health professionals.

The research reported here was underpinned by the wave framework, originally used to describe the experiences of youth who participate in adventure therapy. The research reported here posited that recreational therapists may also have personal and professional growth in a similar wave of experience as the one described in the framework, though it has not previously been used to do so. Additionally informing the research reported here is a model for the experiences of compassion satisfaction and compassion fatigue in mental health professionals, though it has not been explored with recreational therapists previously.

CHAPTER 3

RESEARCH DESIGN AND METHODS

A case study design using semi-structured interviews was chosen to answer the research questions: 1) to better understand the characteristics and experiences of professionals who work outdoors with high promise youth in a therapeutic environment, 2) how recreational therapists experience recreational therapy, and 3) why they choose to work with high promise youth. These were explored through the use of broad questions to explore their perceptions of the overall rehabilitative community and their previous experiences with the outdoors. These were funneled into a narrower examination of the following:

- Their personal histories and career trajectories leading to their current position,
- Their experiences in the outdoors,
- The perceptions of recreational therapy, and
- Particularly challenging and rewarding experiences with the profession and their chosen population.

Five interviews were conducted with recreational therapists to reveal their individual experiences and history with the population they work with, their motivations for joining this profession and for working with this population, and their interactions with youth in a recreational therapy setting. This chapter presents the purpose and rationale for the research design, the researcher's role, data collection, and analysis.

Purpose and Research Questions

The purpose of this study was to discover and explicate the experiences of residential recreational therapists who work primarily with high promise (an alternative to the descriptors at-

risk or delinquent) youth. Participants were recreational therapists in residential rehabilitative facilities for youth with more than 2 years' experience working in the field.

1. How do youth-centered residential rehabilitative professionals understand their work in the context of:
 - e. their own experiences,
 - f. their own personality traits,
 - g. the environment the work takes place in, and
 - h. internal and external perceptions of the work they do?
2. How do these professionals experience adventure therapy as practitioners?
3. Why did they select high promise youth as their population of interest?

Analysis of interview transcriptions to reveal latent and contextual information resulting from interviews holds additional promise for other professions with a duty of care or within which work is completed outdoors with high promise youth, such as camps and informal environmental education. Further, the experiences of recreational therapists who work outdoors with high promise youth are inherently based in experiential learning, and their intertwined processes and context (evaluation, program development, novelty, skill and psychosocial development, and taking place outdoors) may further reveal overlap in previous experiences outdoors and personality traits between recreational therapists and environmental educators.

Rationale for the Research Design

The research design as a case study used the following methods for data collection: semi-structured interviews, researcher observations, and researcher reflexivity in the form of epoche and journaling. The research questions are exploratory in nature and a qualitative approach was the most appropriate avenue to provide a rich source of data from which important themes could emerge. Such an approach provided the researcher with an opportunity to probe for additional meaning and clarification throughout interviews and, thus, gain additional insight into the

character traits, personal and professional trajectories, characteristic experiences with their population, and to explore areas that grew organically from the conversation in order to answer the research questions. Intervals between interviews and the time following the conclusion of all interviews provided the researcher an opportunity to reflect on the data collected and areas of surprise or interest to support transparency in data analysis and during conversations with the researchers' graduate committee during qualitative content analysis.

Yin (2018) posits that a case study is the appropriate research design for qualitative work addressing questions of *how or why*, particularly when such questions address unknown boundaries between a defined case and its context. A case study design as presented here also offers a distinctively constructivist approach to understanding recreational therapists' characteristics and needs by examining the alternative understandings provided by different members of the same case group (Yin, 2018). As summarized in the literature review, little is known about this phenomenon and qualitative methods were most appropriate.

Five recreational therapists were interviewed using the semi-structured interview guide in Appendix B. Follow-up included a member-checking invitation with transcripts of the interviews and a reminder email for non-responders. One participant responded in the affirmative and agreed to complete a ?, but after provision and follow-up, did not complete this. As such, only interview data was available and used for analysis for that participant.

Researcher Subjectivity

My personal orientation to the production of new knowledge and the research effort is one by which the researcher's life experiences and worldviews are intractably related to the areas in which I choose to work, the questions I choose to investigate, the methods I employ to lift up the data from its naturally obscure state to a result, and the interpretation of the results themselves. Particularly in the work described in this thesis, as it is qualitative and directly involves the lived experiences of others, my own relationship to the environments, themes, and

experiences under investigation is necessary to invite a critical examination of the research contribution.

In this work, the experiences of recreational therapists who work primarily outdoors and with youth who live with mental illness, trauma, behavior problems, or often combinations of the three in a residential rehabilitative facility were examined. I am not a therapist, nor have I ever practiced as a professional in any counseling capacity. Rather, my own experiences reflect repeated interactions with such professionals in a variety of capacities through my youth and into adulthood. I am able to identify some of my own prior struggles with depression and anxiety, and poor coping behaviors, as those that would overlap with the high promise youth with whom these recreational therapists work. I attended talk therapy sessions throughout my young adulthood as was necessary for my continued journey to wellness, but earlier experiences were not as positive.

My initial experiences took place during a time of turmoil and a lack of control over my home environment. Reflection on my experiences allows me to be appreciative of those who were of great help, and to appreciate my continued mental health journey with the guidance of talk therapists who have given me insight and tools for managing my mental health.

These experiences are relevant because they have the potential to influence the data in the interviews that I see as important, especially in cases where questions are asked that invite information about the professionals' interaction with or understanding of the patients they work with. These reactions to the data may be positive or negative, as my experiences have been both. Throughout this study, my responsibility as a researcher was to disengage my own experiences from those of the therapists that come out in interviews, and to frequently revisit and critically examine my own responses to the data throughout the data collection and analysis. The data analysis process also includes co-researcher calibration through independent thematic readings of the transcripts with an interrater.

Validity and Reliability in the Research Design

Qualitative research requires validity and reliability to ensure the trustworthiness of the results and key messages from the data. Ensuring validity and reliability in case study research requires explicit forethought from the design of the study through analysis. Yin (2018) provides several methods to employ in case study research that address construct, internal, and external validity and reliability of the data. Yin (2013) also wrote on issues of generalizability stemming from validity in case studies, stating that replicated case studies and rigorous attention to validity measures can become conceptually generalizable to well-defined cases.

This study took many of these steps, including the use of multiple data sources (interviewees), the use of theory to frame expected themes, explicitly addressing potentially oppositional explanations, and the maintenance of a chain of evidence. Tracy (2013, p. 235) further explores reliability in qualitative research through the use of interrater reliability, which was employed in this study. The author articulated a hallmark of well-done qualitative work as its resonance, or the ability of readers or other researchers to relate to the findings intuitively (Tracy, 2013, p. 239). This is often achieved through the use of aesthetic writing that emotionally engages the reader, but is difficult to measure prior to release.

Creswell and Miller (2000) write that, in qualitative research, additional tools promote validity, including: disconfirming evidence, peer debriefing, member-checking, and researcher reflexivity; these are also recorded as appropriate measures by Gillham (2000, p. 29-34). Disconfirming evidence and collaboration are addressed above through explicitly addressing and seeking out alternative perspectives from identified themes, completed through individual continued analysis and with interrater discussion of thematic discoveries. Member-checking, or the use of participants in validating the information gleaned from the data, was also employed by giving the participants the opportunity to review the data and clarify or change anything presented

by the researcher. One participant engaged with the researcher through member-checking and confirmed the data as sent with no clarifications or additional information offered.

The researcher received guidance and assistance from graduate committee members to appropriately design debriefing and follow-up messages to participants, as well as techniques to minimize researcher bias. Along with the aforementioned subjectivity statement, a series of reflections prior to and following data collection, including unknown catalysts for personal responses to the data, was kept. The researcher shared these thoughts with her mentor and also approached initial analysis and interpretation with the assistance of her mentor as an interrater. These processes allowed the researcher to engage deeply with the material and to disengage with personal attachment to the experiences being explored, and necessary flexibility of this qualitative work allowed the researcher to move inquiry into new or unexpected directions, to restructure the inquiries, and to uncover new relevant information as mutual meaning making occurred.

The researcher engaged in reflexive exercises throughout the research, beginning with reflections on the study topic and participants prior to data collection to disengage from preconceived beliefs and attitudes surrounding both. The researcher additionally provided a subjectivity statement to position herself within the context of the research, additionally providing trustworthiness and credibility through public reflection and positioning.

Creswell and Miller (2000) define validity in qualitative research as “how accurately the account represents participants’ realities of the social phenomena and is credible to them,” (p. 1) speaking to the necessity for qualitative research to be academically rigorous and communally authentic. Gillham (2000) similarly makes calls to the “representativeness of the data” (p. 30) and ensuring that measures are taken to be inclusive of the spectrum of potential responses within the case.

Rapport-building efforts were undertaken, beginning with a tour of the external site. Building a personal connection and fundamental understanding was important in order to

facilitate open, honest engagement with the research questions, especially because sensitive topics related to mental health and prior history were to be discussed. The researcher toured the site to gain a fuller understanding of the adventure therapy practices undertaken by recreational therapists on-site and to become familiar with the wilderness environments in which they took place on the rural, 1000+ acre location. This tour was essential for building rapport with the external site and to better inform the researcher of the context in which recreational therapists are working with high promise youth. The tour was lead by the experiential therapy manager and lasted approximately two hours and included small, informal chats with non-recreational therapists additionally involved in treatment teams, such as neuro-lab personnel.

The interrater agreement session was undertaken with the researcher's mentor early in the data analysis in order to ensure consistent reading. The interrater and the researcher revealed similar domains and themes, establishing the effectiveness of the research design and supporting the trustworthiness and reliability of the data (Creswell & Miller, 2000; Gillham, 2000). As such, the use of these methods can be employed by other qualitative researchers with similar attachment to the research area in order to thoughtfully and intentionally engage with the participants in interviews, and later, with the data collected, and similar methods have been employed within qualitative research in recreational therapy (Fuentes, 2018, p. 35).

Data Collection

Five interviews were conducted on April 10, 2019, as this date was a field day during which no recreational therapy groups were planned for the youth and offered the most flexibility for the recreational therapists to sit down with the researcher under few time constraints. Building rapport with participants was undertaken after informed consent by offering to discontinue audio recording at any point to encourage sharing of vulnerable experiences and to respect the nature of working with youth who have often experienced trauma. Rapport was further extended by addressing early mistrust of a researcher who, at first glance, appeared to be unfamiliar with and

from a discipline outside of the scope of their work. By forging the connection between environmental education, youth learning and behavior, and our interest in exploring how environments are understood and their impacts on work and personal lives, recreational therapists viewed the project more positively. Participants were also made aware of the researcher's prior academic background in psychology and her own experiences in the outdoors during times of mental stress in order to transparently enhance honest sharing on both sides.

Interviews lasted between 29 and 57 minutes in length. Notes were made of questions that appeared difficult to answer and probes that effectively ameliorated misunderstanding, of body language, and of points that surprised the researcher in order to further reflect on the meaning ascribed to such a feeling in reflection. The researcher had undertaken *epoche*, a reflexive exercise from phenomenological practice, to disengage from her own pre-conceptions surrounding therapeutic rehabilitation, and further employed journaling after interviews were conducted to examine her surprise at unexpected recurring responses prior to data analysis. Following the interviews, the audio recordings were transcribed and the transcriptions were sent to participants for member-checking, as recommended by Creswell and Miller (2000) and Gillham (2000). Member-checking is used to ensure the validity of the data, and participants were further offered the final paper to check the validity of the findings. At the end of the interview, participants were provided the opportunity to open-endedly address any important facets of their work or lives they felt the interviewer did not approach or completely address through her questioning, as well as ask any follow-up questions or clarify prior statements.

Research Context

Site Selection

In selecting a population and external site, a review of the existing literature revealed additional problems with defining the populations we were looking for. Disparate programs interchangeably used terms like adventure-based therapy, wilderness therapy, wilderness

adventure camp, and residential facility to mean very different on-the-ground implementations and groups of professionals, which ranged from non-licensed or certified counselors, masters-level clinical counselors, recreation therapists, educators, and even correctional professionals implementing programs developed by counselors (Hoss & Armstrong, 2016; Mobily & Morris, 2018; Wilson & Lipsey, 2000).

This variability in program type, length, administration, and even terms used to describe such programs and facilities has revealed a difficulty establishing an understanding of outcomes, measures, or relevant professionals who work with high promise youth, and even who those youth are. There are difficulties establishing what education is needed by professionals, as adventure therapy is not an academic discipline, and has practitioners from psychology, education, recreational therapy, and other fields, and the practice does not always require certification or licensure (Itin, 2001). Licensure for recreational therapy is available in some nations or states, and master's degrees or related area licensure are increasingly required for practice in adventure therapy (social work, counseling, or other currently recognized licensure), though there is still a lot of variability depending on organization and population (Mobily & Morris, 2018).

It was discovered that many of these programs, no matter how defined, are not covered by health insurance or court-orders, or state welfare agencies (personal communication with experiential therapy manager, 28 February 2019). This resulted in the studies on youth participants overwhelmingly overrepresenting Caucasian youth from middle-class or above households able to pay for services rendered out of pocket.

So few studies have focused on the professionals at all that looking for a specific group often relies on seeking out accredited programs or licensed professionals, with none examining the experiences of professionals who may or may not be certified and with limited time-in-service (Jameson, 2019; Randall Reyes, 2017). The researcher spoke with administrative officials and

managers at Georgia Department of Juvenile Justice (GA DJJ) Community Outreach and Reentry Office, who explained a variety of these programs and revealed that they do not contract with adventure therapy facilities anymore, but offered other facilities to contact. The researcher then reached out to the experiential arm of the Clarke County Learning Center Alternative School, the GA DJJ Animal Therapy coordinator, and the Youth Villages contact office in Douglasville, Georgia.

Youth Villages was the only facility to respond. A review of their available literature, website, and a tour of the campus suggested this population met the criteria outlined in the original proposal, including interventionists who worked with high promise youth as a part of their day-to-day job duties, and that this work took place outdoors or in the environment. Additionally, this facility houses youth from a variety of backgrounds, is working toward accreditation by the National Recreation Therapists Association (NRTA) and the Professional Association of Therapeutic Horsemanship International (PATH Intl), and accepts a variety of payment through insurance, state welfare agencies, and Tricare (military healthcare), providing a diverse population for the professionals to work with.

Participant Selection

Purposive sampling was employed to gather experiences from those who are uniquely qualified to give them – professionals who work with vulnerable populations as they complete a residential rehabilitative program, have at least two years of experience, and are between the ages of 18 and 65. To facilitate face-to-face interviews, the geographic area for participants was limited to within a 150-mile radius of Athens, Georgia. Youth Villages met these requirements and the research coordinator for the facility agreed to participate as an external site, allowing the researcher to interview their recreation therapists on staff at the Douglasville, Georgia location. This agreement was not immediate, despite prior connections with the Douglasville staff and rapport building efforts. The research coordinator and chief clinical officer had concerns about

reportable offenses because of a prior experience with a graduate student researcher who failed to understand what constituted a reportable offense and violated HIPPA in the course of their research. There were also concerns about the disidentification protocol and a request to clarify that process prior to agreement. Because of this, Institutional Review Board (IRB) approval took longer than expected, with the final necessary public comment being added on March 27, 2019 (see Appendix A).

The invitation to participate was sent by email from the experiential therapy manager to his staff, who were directed to respond to the researcher directly with affirmative consent to set up an interview. Through calls with the experiential therapy manager, it was discovered that the interviews had been organized by the manager already.

Duration of Participation and Study Timeline

The estimated time commitment for each interview was initially set at approximately an hour. All five interviews were under an hour, ranging from 29 to 57 minutes in length. The largest time commitment came from the research coordinator of the external site, who dedicated several hours to approving the external site's involvement and allowing participant recruitment to begin. The researcher set up a tour of the external site and an invitation to participate was sent to all recreational therapists at that site, excluding the manager. One week later, a date was set for the researcher to travel to the site to conduct interviews with five recreational therapists willing to participate, following a call with the experiential therapy manager in which the researcher learned their participation had already been coordinated. At the initial meeting with each participant, this invitation was extended an additional time in person since the affirmative response had not been sent to the researcher directly. Analysis of the data took place in two parts: an initial, holistic review of all transcriptions in the month that followed data collection, and a full analysis with interrater coding that took approximately one more month later in the same year.

Research Procedures

Instrument and Materials

Documents associated with this research include the semi-structured interview guide (Appendix B), invitation to participate (Appendix C), follow-up reminder email (Appendix C), and informed consent document (Appendix D). The methodology and analysis methods, alongside external site approval, were submitted with such documents to the University of Georgia Institutional Review Board and approved under project ID PROJECT00000218. The IRB Approval is in Appendix A.

The interview guide in the research reported here was original to the study and was created to be open-ended and allow room for the researcher to probe for richer, more complete data as the experiences of the practitioners and their personal and professional trajectories were illuminated, informed by the literature review and frameworks identified in chapter 2, as seen in Table 1. The interview went through several iterations with the assistance of a qualitative researcher and faculty member and with the guidance of the researcher's faculty mentor to ensure that the guide would meet the needs for the research questions without guiding interviewees to specific responses.

The instrument was crafted with the participants and research questions at the heart of its purpose and reviewed to be as sensitive to the possibility of vulnerable information being made known through the interview process as possible while encouraging honest experience sharing. IRB was also contacted to discuss methods for interviewing concerning the sensitive nature of the subject to ensure that questions were appropriate rather than intrusive while still providing needed insight for the research aims. As a result of this collaboration, an amendment was created that allowed for audio recording to be turned off if the participant wanted to share something off the record, but this was not requested at any time during the interviews.

Table 1*Cross-referencing literature with semi-structured interview guide*

Author, Year	Key Construct/Finding	Interview Question
Gass, Gillis, & Russell, 2012	Gap in current literature related to characteristics and motivations for adventure therapists	What experiences led you to this kind of work?
Marchand, Russell, & Cross, 2009	Emotional and stress related difficulties in outdoor behavioral healthcare professionals and support needs	How have you experienced your work? You can talk about your feelings, thoughts, or actions in your experience of the work you do, as broadly or as specific as you'd like.
		Unstructured probes for additional information and mechanisms of support
Trust, Krutka, & Carpenter, 2016	Peer support networks in teaching enhance professional and personal goal setting and achievement	What have been some of your experiences working with your colleagues in this profession? Inside the organization? Outside?
Mobily & Morris, 2018	Various definitions for practice of therapeutic recreation	How would you describe the rehabilitation community? How would you describe your role in the rehabilitation community?
Alvarez & Stauffer, 2001	Various definitions for practice of adventure therapy	Tell me about the work you do as a rehabilitative professional.

Note: This table is a non-inclusive review to illustrate how the literature was used to construct a novel semi-structured interview guide.

Data Collection

The experiential therapy manager knew of the researcher as he gave her the tour of and introduction to the facilities. He served as the contact person to disseminate the invitation to participate to maintain anonymity of the professionals and their specific youth population until they had the opportunity to become familiar with the research objectives and researcher via the invitation. Sun, Conrad, and Kreuter (2020) found that “high levels of respondents’ sense of rapport seem to make a real difference in the amount of disclosure when highly sensitive information is elicited” (p. 14).

The invitation to participate was sent by email from the experiential therapy manager to his staff, who were directed to respond to the researcher directly with affirmative consent to set up an interview. On April 10, the researcher traveled to Douglasville with additional copies of the informed consent document. Those interviews that had been arranged were to take place over the course of the entire morning and into early afternoon, constituting of five interviews in total. All those who came to interview reviewed the informed consent (Appendix D) and were given the opportunity to ask questions, decline to participate, and were made aware that if they felt uncomfortable recording some part of a response because of mandated reporting concerns (as had been previously relayed to the researcher by the research coordinator), that the researcher would stop the recording until such an experience had been shared. This gesture of goodwill and trust-building with the sensitive nature of some of these experiences may have resulted in increased comfort by the participants sharing their experiences of their work (Sun, Conrad, & Kreuter, 2020).

Signatures were not obtained in order to maintain the highest level of anonymity with the sensitive nature of the data being collected. Interviews were conducted in an office directly above the recreational therapists' shared open office space and next to a bathroom and breakroom with coffee, tea, and a view of the property.

Holding the interviews on the campus rather than in an unfamiliar location provided the social and cultural context for the recreational therapists at their place of work, relevant to the topic of study, and additionally respected power relationships between researcher and participant by providing a comfortable, known environment from which they could return to work with minimal disruptions in their lives. This sociopolitical importance of interview site selection is detailed in Elwood and Martin (2004) and maintains that place is not a small detail, but one of great importance for data gathering and relationship building, and marry pragmatic necessities with data considerations.

Data Analysis

Interviews were transcribed verbatim from a high-quality audio recorder and sent to participants to member-check and offer the opportunity to clarify any statements they felt necessary (Creswell & Martin, 2000; Gillham, 2000). Transcription took one week and was completed by the researcher. All identifiable information in the transcriptions (including names of colleagues and youth) was disidentified. The researcher used pseudonyms for the interviewees as well as any person mentioned within the interview data.

Data analysis took the form of qualitative content analysis, a procedure used to summarize, examine, and aggregate the textual and observational data into emergent themes across the dataset. This allowed for further interpretation and the treatment of textual data not as singularly meaning but identifying the potential for multiple meanings as surface and latent content (Vaismoradi, Jones, Turunen, & Snelgrove, 2016).

Thematic analysis from holistic and line-by-line readings identifies themes that occur and reoccur within and across interviews, as well as areas of disagreement between individual experiences that serve to highlight additional areas for future inquiry. These procedures bring the data together and then pull the data apart into resonant, digestible quotes that serve as exemplars or aesthetically necessary segments that lift out of obscurity the dominant undercurrents in the data and can be characterized in this study as utilizing an abductive, low abstraction, high interpretation analysis (Graneheim, Lindgren, & Lundman, 2017).

To this end, the analysis used themes rather than categories, distinguished by their treatment as a thread throughout multiple categories (sub-themes) and utilized metaphor in interpretation to bring forth latent content in a resonant way (Yin, 2018). The research was informed by the *Islands of Healing* (Shoel, Prouty, & Radcliffe, 1988) wave framework and the CS/CF Model (Stamm, 2009), and moved between theory and the data, with an openness to moving from a deductive approach to a more inductive approach as themes emerged from the

data in a responsive and reliable explication of the data collected (Vaismoadi et al, 2016; Graneheim et al., 2017). An example of theme identification using interview data is available in Appendix E, which highlights Theme 5: Safety, pulling out key dimensions in the data to describe the overlap between subthemes while recognizing their distinctive differences.

This process was enriched by interrater agreement to bolster reliability. Each interview was independently analyzed and themes identified within them. Interviews were first read holistically, with overall themes and feelings noted by the researcher, then in a line-by-line reading, allowing additional themes to emerge within each interview. These themes were recorded alongside researcher reflections to identify potential biases and discussed with the interrater/mentor. As the initial inter-rating agreed, with only one theme found by the researcher not found by the interrater/mentor, further analysis moved forward. Following the initial content analysis, interviews were compared and broader themes across interviews emerged, with subthemes from individual experiences identified.

Reflexive Journaling

Reflexive exercises of qualitative researchers are far more than face value journaling, thinking, or distancing. Rather, they are a pointed arrow at the researcher, who must confront how their own personalities, beliefs, attitudes, and understanding impact their experience and action. The practice of epoché is often used in phenomenological research. Described by van Manen in *Phenomenology of Practice* (2014), it is not a simple reflective exercise, but rather an intentional thinking style in order to disengage with the natural attitude, or our normal, unquestioned experience. Farina (2014) further posits epoché as a contending with our way of knowing under scrutiny. The aim to suspend the natural attitude with which we find ourselves in the world is often described as bracketing our pre-understanding; that is, to render what we think we know unobtrusive and unable to interfere with the revealed understanding (Vagle, Hughes, & Durbin, 2009). In practice, epoché is largely discussed as an undertaking prior to the active work eliciting

understanding from data – that is, epoché takes place before we engage with the participants or other research effort. This is not always true, as reflexive exercises themselves can be a rich source of data and epoché can be the source material for data itself.

In the researcher's experience with epoché, she attempted to remove her own assumptions, prior experiences, and understanding of the work she wanted to investigate. She found difficulty being able to confront biases directly and focused too heavily on her own experiences as a young person. It made sense, at first, to attempt to use her experience as a point from which to explore what she thought she knew. Conversely, recounting these experiences oriented her perspective away from the those who work with the youth and resulted in an examined account of her own youthful, emotional responses to the professionals I engaged with as young person.

She felt that she was not approaching this task appropriately. She had, by implementing a strategy, boxed herself in to a method unintentionally. By framing how she was going to conduct epoché, she had made it more difficult to creatively imagine another way to approach it. It was not until she was in the middle of her first interview that she had an epiphanous moment. She recognized in a participant response one of her own assumptions, as a participant described feeling as though their practice was not respected by other mental health professionals outside of recreational therapy. It dawned on her that she could have begun the process in a straightforward way – writing a reflection or lived experience description as though she were the subject of her own interview, and using that data to highlight her assumptions and contend with them. The sense of surprise within herself during interviews served to underscore that she thought *something* about those things, even if she didn't realize it – and that is something that epoché, when completed appropriately, would address.

At the conclusion of each interview, an attempt was made to record reflections and general points to return to at a later time by the researcher, though in two instances the next

interviewee arrived early and this time was not made available to the researcher given the pace of the day. During a longer break, the researcher took 45 minutes to reflect on all prior interviews before the final interview of the day, and during the 3-hour return trip sat with those reflections prior to a post-journal. The time sitting with these thoughts allowed for a purposeful engagement with them prior to data analysis. These thoughts and reflexive exercises were revisited during the construction of the researcher subjectivity statement and data analysis to enhance rigor and reduce researcher bias (Creswell & Martin, 2000). Ideally, the researcher came to understand that the interviews should not have even been conducted on the same day, and her reflexive efforts needed time and commitment. She felt a need to review the data and remove herself from her interpretations, assumptions, and any confirmations or denials of those that appeared in one interview before the next interview took place. Particularly, having those experiences so close to one another impacted what phrases or experiences she heard and latched onto in subsequent conversations as familiar. This resulted in a limitation regarding researcher reflexivity to reduce researcher bias, and shed additional light on the importance of a research practice that employed multiple methods to ensure validity, such as interrater agreement.

Summary

This chapter provided an in-depth review of the research study design and methodology used to answer the research questions. The research effort included semi-structured interviews and researcher reflexivity. The researcher included a subjectivity statement delineating her prior experience with the subject area of interest to invite a critical reading of results and to ensure that researcher bias was appropriately identified. Reflexivity principles were employed throughout the study to mitigate the impact of researcher bias on the results of the study, and interrater agreement was obtained prior to complete data analysis to ensure trustworthiness and dependability. Chapters four and five reveal the results and interpretation of the data while offering recommendations for next steps.

CHAPTER 4

RESULTS

The purpose of this study was to discover and explicate the experiences of residential recreational therapists who work primarily with high promise youth in an effort to understand their characteristics, experiences, and needs, which will aid efforts to recruit, train, and keep recreational therapists. The focus was on recreational therapists in residential rehabilitative facilities for youth with more than two years' experience working in the field. The two years of experience parameter was important in the context of this study because it offered researchers the opportunity to speak with professionals who have professional experience outside of internships, who have lead rather than assisted recreational therapy interventions, and have seen clientele complete entire therapeutic programs from start to finish. The following research questions guided data collection, analysis, and interpretation:

1. How do youth-centered residential rehabilitative professionals understand their work in the context of:
 - a. their own experiences,
 - b. their own personality traits,
 - c. the environment the work takes place in, and
 - d. internal and external perceptions of the work they do?
2. How do these professionals experience adventure therapy as practitioners?
3. Why did they select high promise youth as their population of interest?

One residential rehabilitation facility that incorporated outdoor recreational therapy into their treatment program was identified within the geographic constraints of this study. Five recreational therapists were interviewed on-site at the facility using a semi-structured interview

guide (Appendix C). All of the participants were certified recreational therapists in the state of Georgia and had worked as a recreational therapist for at least two years.

The interviews were transcribed verbatim and participants were given the opportunity to review the transcriptions and offer clarifications or additional thoughts before data analysis, as recommended by Creswell and Martin (2000) and Gillham (2000).

Data analysis for emergent themes was calibrated through an interrater reliability scheme, where I, the researcher, and my advisor separately coded an interview and reviewed the results together in order to ensure reliable coding. I identified 8 themes across the interview transcriptions. They are presented in order of their relevance to the research questions and underlying theoretical frameworks. Quotes from interviews are presented under each theme and sub-theme identified to further illustrate the themes and to provide context from the participants.

Research Question 1: How Recreational Therapists Understand Their Work

A four-part question, research question 1 sought to elucidate how recreational therapists who worked with high promise youth understood their work in several contexts. Four themes relevant to this question emerged 1) connections to outdoor experiences, 2) optimistic positionality, 3) personal investment and 4) misrepresentation.

Theme 1: Connections to Outdoor Experiences

The participants, in mapping their trajectory to recreational therapy as a career, often noted their own connections to outdoor experiences as one of the reasons for pursuing their career. These included experiences for recreation, as well as other professional experiences or expressed interest in experiential activities. Some of these were explicit discussions about how the outdoor environment shaped their perspectives, while others simply enjoy the outdoor activities and combined them with their interest in psychology. Ellie described her experiences beginning with her childhood, stating:

I grew up in the country. And I had this 16 mile biking/hiking/walking trail like right behind my house, and that's where I played my entire life. Um, my family did the mountains for vacation. [. . .] I always personally found that therapeutic, um, and just being in like, nature, and feeling tiny in the woods.

Later, she expanded on this, describing the outdoors as having “some unidentifiable, definable, just, difference that space and fresh air and trees, and just, life and openness in it, and I just think it makes a difference.” Jane noted that while she had experience working in other day programs, she chose this work because “it just clicked” and encompassed “all the experiential stuff that I enjoy doing.” Prior to this group, Jane had not worked in mental health before, but did recreational therapy with physical needs groups.

Anya echoed this sentiment. She previously worked at summer camps and with developmentally delayed populations but switched to recreational therapy on learning that she could “help others doing things I love and doing things they love,” and noted that in addition to incorporating adventure-based programming with experiences she already has, she is working toward getting certified in caving to expand the outdoor experiences at her disposal, allowing her to “get to do the things that I love to do, and show them all the things that I love to do, you know, give them these experiences as well.”

Britta's emphasized the environment as a “hidden colleague” in recreational therapy and her decision to pursue it “because it is experiential and teaches you so much without even realizing it,” adding that she can reorient expressions by “finding something that is a hobby [. . .] and make it purposeful.” She provides a salient example by describing how she can use recreational therapy on herself using the experiential and psychological skills she has gained.

Theme 2: Optimistic Positionality

As the participants described their work, their populations, and their experiences, themes about their orientation to each became apparent. All of the participants described a desire to help others as a driving force behind their career trajectory. Many also described previous internships

or volunteer experiences in other helping professions or in their introduction to recreational therapy, and noted that they were inspired by the progress they saw in their clients? . They shared a helping orientation, were quick to see the good in people during times of problematic behaviors and distress, and emphasized the importance of teamwork over the individual.

Sub-theme 2a: Helping Orientation

The recreational therapists all indicated a desire to help other people or a passion for this population as a reason for choosing this career and a driver to their continued involvement despite the challenges that come with the work. When asked about the experiences that led her to this kind of work, Anya replied “I’ve kind of always had a passion for helping others,” and that she knew she wanted to do therapeutic work, expanding on her experiences with the following:

[L]earning about how you can help others doing things I love and doing things they love just really appealed to me. [. . .] I had worked at a summer camp for two summers when I was in school for children with developmental disabilities. I had the 2-4 year olds, the little babies. It just completely changed my life. I knew then that’s what I wanted to do. That helping others no matter how difficult it was was definitely something I was passionate about.

The knowledge that the work they do is impactful for their clients and the implicit understanding that this population presents unique challenges to face reinforces these helping orientations. Reflecting on this, Jane said:

I cannot do this job if I didn’t have a passion for it or patience. [. . .] I just know that’s what gets me through it when they’re upsetting me or when I’m like I feel like I’ve failed today, and it’s just a matter of knowing they’re my purpose and that’s why I’m here is to help them. They wouldn’t be here if they didn’t need it.

After detailing some personal experiences with mental health and as a victim of a prior situation, Britta noted that she wanted to understand “how to prevent that, and how to, like, why that happens and how to help someone, you know, understand social skills and the just, privacy, and [. . .] different things that you can do to help the person.” Britta also previously worked with youth in a different psychiatric facility during her education as she was interested in psychiatric nursing before discovering recreational therapy. While describing a specific client, she also noted

that “[i]t’s a lot of giving and pulling type of work, and then, a lot of hoping that you’ll get through to them.” Finally, Britta also noted how this act of helping others also helps herself, saying “[i]t’s not only therapeutic to interact with them for them, but for you, too; you’re seeing that you’re helping someone and you’re building a light into someone that has only seen darkness.”

Ellie noted that her secondary experiences with high promise youth “pushed” her into looking at professions like recreational therapy, and “just helping people, and feeling like I had a mindset to kind of understand it from a personal perspective.” She described the work of herself and her colleagues as the work of being “accepting and forgiving and willing to extend grace over and over and over to people who kind of make not the right choices over and over and over,” saying further

And if we’re not willing to just over and over and over and kind of unconditionally extend, like, I don’t know. That wasn’t the right choice for you, but let’s keep moving. And I think that is what any rehabilitative community has to be.

Julie described helping as advocacy for the youth who are admitted, disparaging the stigma associated with the psychiatric or behavioral problems the youth have, saying

I want people to realize, like, it’s not a disease – like, it is a disease, but it’s not like, you don’t need to be scared of it. Everybody struggles with minor something, even though it may not present like the kids here present, so just kind of being an advocate for that.

She expanded on her role as a helper, stating

I feel like my role is just to provide the best services I can provide while still also just being a shoulder to lean on and just helping anybody I come in contact with just be their best self. Even somebody on the street, I feel like, just a smile – like, you know, just like living out what I’m teaching them. [. . .] So if I’m just pouring good, you know, hopefully at least my immediate surroundings could benefit.

Sub-theme 2b: People, not Problems

When asked to describe their work using client exemplars, participants unfailingly described experiences that began as frustrating or even unsafe situations, with problem behaviors from one or several of the youth in their recreational therapy groups. Despite these verbally and

physically aggressive behaviors, none of the recreational therapists viewed these behaviors as negative personality attributes, instead choosing to describe the positive characteristic it revealed in the frustrating client, even when they did not like the client personally.

Jane talks about how to address these behaviors in the context of their constructive counterparts while describing her current group, saying:

We have a lot of bossy kids, so I want to teach them how to be a leader and to do that you have to know how to talk to people. So it's okay to be quote unquote bossy but to find a way to do that in a way that is constructive. Um, so it's just a matter of seeing their behaviors and seeing what's really going on and then kind of deciding how to handle a situation.

Julie described a client that was “defiant, very aggressive” and who had been in facilities like the one studied here for most of her formative life without gaining appropriate behavioral skills. Julie started detailing the struggle to connect with this client, saying “[s]he did not like me at first. I did not like her at first,” continuing to say that the client “did come in, yelling, cussing [. . .] just calling names and that kind of a thing, and for one, I had to take a step back and realize, okay, she's here for a reason.” By working on building a relationship with this client by using her free time for “hanging out with her just getting to know her,” their bond became the strongest one in memory for Julie, who said “I've only cried when two kids have left, and she was one of them.”

Julie also explicitly separates the behavior from the person later in the interview, stressing how important it is for people doing this work to “not take it personal,” because:

They're all here for a reason. A lot of them in this population in particular have had traumatic things happen, and I've had to learn that they just do not have these skills. They might be calling me a bitch right now, and they just do not have these skills to cope appropriately in the moment, and for me it was a lot of patience, a lot of not snapping back, and just really having to like, refocus myself in the moment and just remember why they're here, remember where they came from.

Anya, when expanding on how frustrating it can be to work with this population, also clarified her position by noting how rewarding it can be. She started by saying, “it can be frustrating and

kind of draining to be around certain behaviors or certain attitudes for a long period of time” and continued to say:

But, it is also so rewarding. Um, I’ve seen huge changes and they’re not over a short period of time, or usually just one session, but it is so rewarding and for me, um. I feel like a lot of people are intimidated working with these youth. Especially at first. But once you get to know them, and you’re around them, like, they’re – it’s really not intimidating, you know. You get to know these kids, and they’re like anyone else. They have their challenges, but they have such great personalities. They’re so fun to be around. I love being around my kids. I try to be around them as much as possible, even when I’m not in groups with them.

She went on to detail a specific experience where she described a difficult client as being “very challenging for me. Verbally aggressive, um, great kid though. A great personality, a leader in the group.” This young man in this instance began to get close to Anya and began “mouthing off, calling me all kinds of names” and “invading my boundaries after several prompts.” She described being “nervous” and experienced “fear, I guess you could say, of just not knowing what he was gonna do in the moment.”

In this experience, the group was derailed from the disruptive behavior and the youth was removed from the activity, which Anya described as:

frustrating, because he was, like I said, such an amazing leader. He had such a great personality. He was a huge asset to the group, and he looked forward to group. He was always excited about group, um, he just really that was like, his thing.

Anya gave him an alternative assignment in a therapy workbook, which he had thrown on the ground and she did not expect him to complete but discovered later that he actually completed more of it than was assigned. At a later time, he apologized. Anya used this example because the challenging and rewarding experiences of the job can be “one and the same” and stated that working with this youth was also “very rewarding, very exciting to know that he had kind of, like, processed through all of that himself, was able to follow through on the consequences, which to me he had never done.” In a more general sense, toward the end of the interview, Anya shared the perspectives others might have of this population again, stating:

A lot of people come in thinking that these kids are terrible, they've done these terrible things, these terrible things have happened to them. But the strength that they have and the fact that they're able to continue to push forward and to just be here is amazing. Um, it really does make you think about what you have, and the things that you, you know, you've gone through and how you've handled them.

Britta also discussed a client where one of their first interactions involved the youth cussing at her. She described a reactive person who took a few months before being able to “express ‘well, if this happens I’m going to do this’” and stated that even if the action the youth described was negative, the progress is still apparent because the youth is verbalizing her intent, noting the importance of recognizing individual skill gains.

Sub-theme 2c: Team Orientation

The participants all stressed the importance of teamwork across different dimensions in their work, including the team of recreational therapists, the treatment teams with other professionals, and the teams they form with their groups of youth to progress through activities. They tended to view the therapeutic environment of the facility as holistic, where every member of the treatment team and youth participants fulfill needs for program success, such as Anya’s statement that “our community is our group of recreational therapists but also our other support staff,” expanding to include that “there’s just a big team, kind of a team aspect to it, that kind of helps the whole rehabilitation process.”

Britta reinforced the idea of holistic teamwork and the importance of the whole team, positing “some people think that their job is the most important job, but I think that because there are so many moving parts, they’re equally as important, so I don’t think you can have one without the other.” Anya returned to the idea of a team when discussing the support for youth-centered decisions with the treatment team, saying “we all kind of have our part. We all give our feedback, we all play our part in the team. Every decision that’s made we make it as a group.” She mentioned that while that is the case at her current organization, that this team orientation with

recreational therapists is especially good “compared to some other facilities I guess, or companies that I’ve heard about.”

When describing the rehabilitative community, Jane said:

here, um, we’re just a huge team. So the unit for our client is ages 6-12 and we just work very closely together and it’s constant just ‘what can I do to help you,’ ‘what can you do to help me.’ We’re always working together and trying to figure out the best way to help our clients so, just like a big team. Then we also have our rec therapy team, there’s 7 of us, and anytime we have 3 to 4 to 5 interns. So we’re just like, our own little family too which is nice.

When asked to describe her role in that team, Jane continued to share:

When I’m not doing that [recreational therapy], when I’m not doing documentation, I just go up there and ask what can I do to help or do you need anything so maybe supplies or they just need physical me being there, that’s fine. My role is to be as helpful as possible.

Julie noted that “there’s not one role, group, concept, idea, like, anything, that isn’t related to something else” and said “each thing has an intricate role” in relationship to the treatment teams for the youth. Expanding on that thought, she shared:

We’re all there with the one common goal to help the youth. So I feel like my role is just to provide knowledge about them in group, knowledge I think they could benefit from and just being a team player and open to collaborating. I’m working with everyone on the team.

In terms of the youth, Anya noted that the youth also go through team building as “activities that require them to communicate effectively, to strategize, to practice appropriate boundaries with each other, things like that.” Jane noted that she “has to look at the group and what their goals are,” and provided an example, saying “Right now, my group just struggles to work as a whole together, so we’re not going out into the woods [. . .] We’re staying close to our unit and we’re doing basic – not get to know you games, but games that are just going to bring the group together.”

Theme 3: Personal Investment

The data from the interviews with recreational therapists illuminated the personal investment in the success or failure of their therapeutic interventions based on the progress of the

youth themselves and their struggles navigating personal attachment with professional responsibilities. For example, this emerged when Jane described her reaction to a positive outing at the end of a caving sequence with her group:

Ten people should have been able to go. At the end I think we brought 6. [. . .] It's like a 2-hour drive and like 4 to 5 hours in the cave. And it's asking a lot of boys that age, to be gone for almost 12 hours of the day and they were amazing. We went in, everybody was so positive to each other, and they really struggle with that because, for them, they're always correct, and nobody else is right and I just saw them helping each other with obstacles and physically pulling people up and verbally encouraging them and it was amazing. And then when it was over, you know, we have this thing about boundaries, asking for hugs, only giving side hugs and at the end of this they all just attacked me in love. Just like gave me all these hugs, and I boo hooed because it was just so sweet and it was work to get to that point.

She also expanded on her investment in those who didn't get to go, though, saying "it was so hard to leave some of them on the unit when we were all going," and continuing to say it might be "really great this group and then maybe the next group we struggled the whole time and I would just leave so defeated." Finally, Jane was able to sum up the challenges and rewards of personal investment succinctly, saying "every day we go through struggles and we go through highs and lows. I have wonderful experiences where I've cried tears of joy because of how they just get it, and then sometimes, you just cry because you're so upset."

When discussing closure after the youth leave the unit, Anya mentioned that she will:

write a discharge letter to my kids, and just make sure that I, you know, like, have a conversation with them before they leave, just to have that closure piece on my end, with them, individually. It's difficult, and can be really emotional, especially when you have developed those relationships and we don't know what's gonna happen when they leave.

She went on to say, "it's hard for me, because I do get very invested in my kids. Um, they're why I do what I do, so it's difficult to kind of balance that, and to not worry about them and to not think about them when I'm not at work." Julie also mentioned the difficulty she had balancing her investment and her well-being, saying, "I feel like it's a huge strength for me but also a huge flaw, is like, the level of care I have for anybody I come into contact with. It's very hard for me to separate professional and like, personal and genuine care."

Theme 4: Misrepresentation

The recreational therapists interviewed overwhelmingly felt that recreational therapy was largely unknown and sometimes intentionally misunderstood by others, and expressed frustration across several domains of this gap. Most frequently cited sources of misrepresentation of their work came from internal colleagues who work on the treatment team but who are not recreational therapists themselves; a general knowledge deficit among friends and family; and the lack of national or international standards for recreational therapists such as licensure which exist for related fields.

Sub-theme 4a: Internal Friction

Some participants noted friction within their treatment teams due to a framing of recreational therapy as physical education or activities, while others noted that they feel very supported by their teams while acknowledging that their experience is not necessarily reflective of the experiences of the other recreational therapists on site.

Jane noted this lack of understanding and the framework that their colleagues use was just what they were familiar with, and indicated that while it is a common misconception, she did not believe they meant to use the term derogatorily:

I'm a huge advocate of rec therapy so I like to make sure everyone knows what it is and it's not just PE or games, 'cause we have school on campus so a lot of times we get 'name does PE' and it's not an insult by any means. It's just different, but we learn different things and we strategize different ways to plan our sessions, so I like to make sure that my courtyard and whoever I come in contact with knows what, what I do.

The courtyard Jane was referring to is a specific internal population in the facility, which is split into dormitory-like spaces for youth separated by age, gender, insurance (in the case of TRICARE), or single dorm spaces for gender fluid, transgender, or special needs youth. Each recreational therapist has a specific courtyard or multiple courtyards they work with consistently. Ellie encompassed the feeling Jane mentioned about a lack of respect for their work from others, and offered an understanding of what it might look like from the outside looking in, saying:

We get framed as the PE coaches a lot, which we don't like. And I can see from an outsider's perspective how it can look like that when we just play, you know, like a version of football, but we're not playing real football, you know, there's different rules, adapted rules, it's a whole different concept, and the difference is that afterwards we're talking about it – what happened, why did this happen, what were you feeling, why was this so important, so yeah.

Reflection with the youth participants was an important process after each activity. Britta expanded on this and noted that this dynamic between recreational therapists and the treatment team may inadvertently have worked to make the team of recreational therapists a more cohesive unit:

Some staff are like, this is PE, but it's not. It's not PE. So, getting people to understand what rec therapy is, and um, that's why I think the rec therapists work so well together, because we know what it's like. We know what it's like to plan something and for it to be shot down, or told that we're stupid, or that the activity is stupid, and then having the staff not say anything or not understand, so I think it really just depends on the person. And although we work in treatment team, like I said, sometimes people just don't know what it is.

Anya, one of the recreational therapists who spoke most at length about misunderstanding recreational therapy in all three sub-theme dimensions, felt supported by her team but recognized that this may be specific to her team, as many did not really understand recreational therapy without explanation:

I feel like with my program and my courtyard specifically, I feel like we do a really good job of kind of all putting in equal, um, effort and equal part, and I feel like I am definitely supported from my team. Um, I do groups with each side of my courtyard three times a week and I have at least a good two hours with them, so I feel like, um, you know I've seen these kids a decent amount. I feel like I have a pretty good rapport with all of them, um, and that they look forward to coming to rec, so I feel like, I would like to think that, you know, if I play a big role, and a lot of times the kids don't necessarily know that or realize that they're getting as much from these sessions as they are, because it typically is fun. [. . .] I definitely feel like here and with my team I feel supported and I feel like I play a big role in making a difference. [. . .] I just feel like rec therapy gets overlooked, because it's not well known. Um, and sometimes it's just seen as like activities, so for me I'm very thankful that here it is important and it is supported.

Sub-theme 4b: External Lack of Knowledge

Participants also discussed a lack of knowledge about recreational therapy as a whole, expressing that the field is growing but still young, confounded by the fact that it encompasses a

broad range of applications, populations, and settings that make explaining it difficult. Anya discussed how she feels that recreational therapy is supported by her organization, but expressed how challenging it can be to describe outside of that environment.

Well, definitely, rec therapy as a whole, it's still growing as a profession, and I think that a lot of the challenges and barriers are just that people just don't know about it. People don't know what it is or understand fully what it is, um, and even, you know, going back to what I just said, I feel like it is very well supported here, but I also don't feel like a lot of people here even realize that it's so much bigger than just here. Like, I said, we can work with so many different populations. We can work in so many different settings. [. . .] It's not, um, it's so broad too. Like, we joke, and it's like, get your elevator speech ready to like, tell people what rec therapy is, because it's so complex, and it's so, it can be so broad that it's hard to explain if someone doesn't know what it is.

Jane revisited an example while explaining how frustrating reactions to her profession and population can be when talking to people outside of the world they work in, saying:

Yes people outside of here. I'm just explaining what I do is very difficult, and we do joke about it a lot and are like oh you work with crazy people and it's like nooo. The other day I got asked and oh, it just burnt me up, this guy asked me if how often do people leave you and just go to jail and I was like, just do not ask me that, that's just so insensitive and so rude. So I feel like for me it is just so frustrating is to be able to explain what I do.

Sub-theme 4c: Need for Licensure

Recreational therapy has a variety of institutions and organizations, but differing standards for practice across states and nations (Hoss & Armstrong, 2016). In Georgia, where this study was conducted, it requires certification, but there is no licensure body as there are with clinical counseling psychologists, social workers, or other related fields that recreational therapists often work with or do similar work to (Norton et. al., 2014). Some of the interviewees felt this lack of formal recognition may be part of the disparaging opinions or perspectives that people and professionals outside of recreational therapy can have. Anya believed it is also tied to the lack of awareness about the field and what types of activities and objectives are encompassed by recreational therapy, saying:

It's just one of those things where I don't feel like people are educated on it, and right now it just requires a certification here in Georgia and not a licensure. But they're moving towards licensure which I think will be a huge thing just for like awareness, and

just making it seem like a more equal to other professions, um, so that's exciting. But definitely I feel like people just don't know about it.

Britta described formal recognition and organizational ways to increase understanding among colleagues to reduce frustrations and miscommunications among other therapy professionals in the organizational structure, saying:

It's just not formally recognized. Like, how our field is so small, but if it was formally recognized, it would be such a large community, you know [. . .] just having it formally recognized, maybe like defined on each wall, haha. So, I think working with a group of rec therapists is so much more beneficial for our own mental health working in a mental health facility, because if it was only Roger or only Julie or whatever, they would be constantly explaining what rec therapy is. Because people just see it as PE or free time or this is my time when you have the kids and I can go be on my phone.

Research Question 2: How Recreational Therapists Experience Recreational Therapy

Research question 2 focused on how the recreational therapist experiences the therapeutic interventions they lead. Two themes emerged from the data relevant to this question: 1) safety, and 2) coping with caring.

Theme 5: Safety

Recreational therapists are engaged in physical and psychological activities with their population, and a common thread through the interviews was safety, across several dimensions that included relationship-building. The perspectives on safety offered from the recreational therapists included building rapport with the youth to facilitate psychological safety for growth, encouraging a mutual responsibility for activities and the creation of psychologically and physically safe spaces for their groups, and how unsafe situations can ripple from one person across the group.

Sub-theme 5a: Building Rapport Through Ownership & Psychological Safety

A safe space for the youth to make mistakes involves feelings of mutual trust and respect based on the responses from the recreational therapists, and is intentionally produced in order to

provide a learning environment where the youth can develop healthy coping mechanisms, as

Britta describes here:

We're almost purposefully putting them in a place where they can mess up here so that way they don't mess up in the community. From basketball you go into, like, an art activity where you do a past and future hand. Working on how did you react in the past, how was your mental health in the past, how do you want to be in the future. So you're coming at it with from many different aspects, the physical side the emotional side.

Ellie expanded on this, adding a personal perspective about why she thinks it is so important to provide open communication and space to distinguish between cognitions and reality for effective change:

I think, a lot of times, if you're not, if you don't have that opportunity to talk about it, um, then you – I personally would walk away from an experience and I'd have all these thoughts, and I wonder what these people were feeling and this is how I felt and I want to talk about that, you just wanna talk about it, or at least I do, and I think to give that opportunity and to maybe also process through thoughts that weren't, that they might be having that aren't really true or rational. And just to be able to do that in a space where like nobody's really judging them, and it's really just, you're just learning.

Creating an environment free from judgement was important. Even when dealing with the challenge of a disruptive or personally challenging client, Julie discussed the importance of building trust through being a reliable adult. She mentioned coming to view this relationship “like a mission on myself, I say she was my project,” and emphasized how getting to know her individually impacted her progress. She continued on to say:

I realized from getting to know her came from, she just, she didn't feel cared for. She never really had a good support system, she never really had anybody consistent. So, once I started being there for her consistently we had a better relationship because she saw, okay people can be consistent. [. . .] She was one of those that like, I really celebrated the small accomplishments, because. Some kids, they like brush you off when they do something small. But she was one that like, that affirmation and that little push got her through, even if it was just the next hour without starting a fight or something, just something. Recognizing the small steps, revisiting those small steps then next week like, okay, I know you're upset right now, but last week, whatever, or remember when you told me. Just stuff like that, revisiting that.

Creating a space for reflection on progress was also noted by Anya, who described how important it is to have that rapport in order to read other social and communicative cues from a

psychological standpoint in order to maintain physical safety, especially during adventure programming steps:

Being mindful of the way they interact with each other because that's a huge part of it being that it's group sessions. Are they able to communicate with each other effectively? Um, because taking them out into the woods is a huge thing. Uh, and if they can't do it here, right on the court, then I can't take them into the woods. So just kind of picking up on their moods, is a big thing. Um, and kind of how they cope with that. Like, are they communicating with me about what's going on? Or are they just walking away from the group and being disruptive? Are they screaming at each other and cursing at each other, or are they like effectively communicating, like hey this really upset me, can you please not do this again. So just kind of like, just watching, basically, and just trying to pick up on those little cues on how they're interacting and how they're coping with it to be able to say we're not moving forward, or we're gonna stay.

One method the recreational therapists used to foster trust between themselves and their group was through ownership of the activities and objectives that the group proceeds with, whether by getting to know the specific interests of the group and tailoring the activities to those, or through other means that allowed the youth to hold themselves accountable. Britta described getting to know her group as a recreational therapy assessment that gives the youth the opportunity to voice “what they want to work on, what they're interested in, what they like to do, and why they like to do it and how they can use that to help them,” boiling it down to a conversation between two friends deciding what to do together, saying:

It's just like a lot of conversations, so like if you and I were trying to get to know each other and we asked you know what we liked, and then from there if we wanted to hang out we might go and do something, if you liked hiking, okay well lets go hike.

Anya discussed a contract development with the youth in a way that “allows them to get involved” in their therapy process, explaining that the youth will have to answer questions like “what do you think the expectations [are] before we go out in the woods” in order to generate investment from the participants. She described leveling these up to an outing (an off-campus trip) as the final stage of a sequence with the youth, saying:

Sometimes we do like a contract with them or allow them to get involved in that process. And like, okay, what do you think are the expectations before we go out in the woods, so we kind of involve them, like I said, as much as possible with this, because it gets them

invested. It makes them feel like they're a part of it. So we do low ropes, which leads to high ropes. And then, sometimes we'll do an outing, at the end, of like, a sequence. So Richard just took his kids tree climbing after they finished ropes course. So different things like that, but that's kind of like our sequencing process with them. So I work on that with the kids. Just leading group sessions, processing with them. Being involved in other ways, at other times on the courtyard to develop that rapport.

Sub-theme 5b: Domino Effect

The recreational therapists also described how a single unsafe individual can throw a group meeting or sequence off course, as the behaviors and specific triggers can present differently within a group and domino out to behavioral regression in other members, and they reiterate the need to understand each participant individually in order to most effectively respond before anyone gets into crisis. Jane emphasized how different backgrounds have impacted her groups and how she attempts to proactively manage triggering behaviors among her group members:

We have some kids that are very reactive to the other kids depending on their backgrounds. I have one girl every time her peers get in a fight, she will run into it and try to get them off of each other, and that's just very indicative of her past, just knowing what that is. And I have others who, she covers our ears and she falls on the ground, and it's just like she rocks. And I've seen that many times and that's what she used to do at home, so that's how she reacts now, so it's just for those 2. The one girl was, you know, you can't intervene in everybody else's life, so we talked to her a lot about, you know, focusing on you and yourself, you're not in that fight so don't put yourself in it. And in that moment it's just getting her away so you can deal with this. And the other one is just being comforting, first getting her to take her hands off her ears so she knows it's a safe spot, and the ones in a fight it's like getting them off of each other and just separate.

While discussing an unsafe situation that happened with a client previously, Anya discussed how disruptions can take on different forms with every member of the group, whether the behaviors that are triggered are for other members to "act out" or other coping mechanisms depending on their backgrounds. She also mentioned rapport building and open communication for participants as early intervention strategies before the disruption occurs:

Whether or not it's something like that or whether or not it's someone being unsafe in the group, it's usually triggering for everyone else in some way or another to trigger them to act out as well, or to make them upset, um. With my girls group right now, it's a lot of fighting, a lot of self-harming, um, and yelling, just aggressive behaviors, and so any time anything like that happens, it pretty much derails the group, because everyone is just out of sorts in some way. They are in the corner crying, and they're wanting to self-harm now

because they've seen someone else do it, or they're fighting the urge to jump in the fight, and so it just becomes this like, let me walk around and check in with all of you very quickly, because, um, it's just very dysregulated. Not always, but typically, some – a lot of times, we try to encourage them to communicate with us if you start feeling any of these feelings, like let us know, so we can help you. We can take you to the side, take space, or we can help you use a coping skill, and then be able to come back to the group, so if we have enough staffing and we're able to do that, that's typically what we try to do. Definitely try to intervene early so that disaster doesn't impact the whole group.

Ownership by the youth through the process was an important theme noted earlier. Britta discussed how giving ownership of the choices and consequences of those choices helped her in a disruptive group, and how debriefing in a group and with the individuals gave everyone the opportunity to talk through the situation:

One of the kids, we were coming on a perfect day, we were outside, and she just got up and said who wants to fight. And me, trying to keep the group, not have it disruptive, um, saying you know okay well you have a choice you can do this or you can do that, so I'm giving you two choices, I'm letting you have an option. I'm not just telling you want to do but you still choose something else, so I give you: you can stay in the group or you can leave the group and do this. So after the group ended, just debriefing with them individually, but in a group setting we would just debrief them about the group, not talk about what happened with that one individual.

Theme 6: Coping with Caring

All of the study participants referenced ways they cope with the challenges of their job and the population they work with. While those techniques had individual differences or recognized individual pieces of this work a person struggled with, the data overwhelmingly represented to major sub-themes regarding how these recreational therapists cope with the duty of care, including the support of other recreational therapists and self-care. These have been distinguished from one another despite terminology overlap in the verbatim materials due to references to latent context, such as the use of peer support to engage in self-care as something distinct from peer support as a self-care mechanism itself, as the data below reveal.

Sub-theme 6a: Peer Support

Processing, or the use of recreational therapy tools to deconstruct an activity or event in reference to personal experiences, is something recreational therapists do regularly with their

youth, but also emerged as an important piece of coping with doing that work. As Anya described, processing was “the biggest help” when she utilized it with her office of recreational therapists together:

The biggest help for me has just been the processing piece of it. Um, you know, we process with our kids, and then we process with each other, like as an office. So like, we have, several rec therapists, and we’re all very close, and we all kind of know and understand what each other goes through on a daily basis, and how that can affect us, so having someone to process with about it is been the most helpful for me. To just kind of like, vent, and just get it all out, you know, this is what happened, this is how it made me feel. So that I’m kind of able to stop thinking about it in my head, has been so helpful. Because when you try to talk to someone outside of this profession or outside of even just this population, they don’t typically understand the whole extent to it and how it can really just stick with you. Um, so just having that support here has made a huge difference and I don’t know what I would do if I didn’t have that. It’s amazing.

Julie also discussed the use of her peers for support, not only for processing through difficult days on the job, but because as she built those relationships she felt able to lean on them for an accurate representation of her own needs, leading her to value “a supportive community where sometimes you don’t even have to say anything,” as she describes below:

Part of that with self-care just goes into building relationships with your colleagues and people around you, so they know your strengths, they know also what upsets you triggers you, that sort of thing, so everyone can step in for everyone, that’s a huge, huge component of self-care is to have a supportive community where sometimes you don’t even have to say anything and they’ll say okay, go home, step away. Or keeping you accountable, like did you, did you, how late were you at work last night, are you taking your vacation days? [. . .] Like I know, what needed to be done, but having four other people support you and say the same thing. Or they can just tell it’s not your day, okay, go home. Just being confident in that, sharing experiences with each other, our struggles, things that work, things that didn’t work, like, okay. I got this this week you can do it next week kind of thing, just that open environment, but they are holding you accountable, but in the most genuine way possible.

Britta posited this use of recreational therapy for recreational therapists as an organizational support need that could boost recognition of the service they provide among other staff as well as be an additional support for the recreational therapists:

Something that would be great would be having rec therapy built into like, employee training or something, you know. Just having them you know, do group sessions on their own, us leading them, when they get to training and then having them do certain things on their own. I think they do different things like that, but it’s not certified rec therapy,

you know. If we had someone who was another rec therapy on staff who could just be for the staff, you know.

Sub-theme 6b: Self-Care

Self-care was mentioned in all the interviews, and it was clear this facility prioritized self-care among the support staff, as they have monthly meetings about self-care practices. However, each of the recreational therapists interviewed described a struggle understanding how to navigate self-care on an individual level, whether from difficulties separating professional and personal emotions, coming to terms with reactivity to specific clients, or feeling a sense of duty that prevented them from taking adequate time away from work. Julie described her difficulty coming to terms with saying no and taking care of herself, which she recognized she is “still working with” below:

I’m a yes person. Yes to everything. So me saying like, it’s okay for me to not be able to do this in this moment, as long as I’m still providing the therapy, as long as I’m still doing my job, all this extra, it’s not vital. If I have time yes, but I had to realize and it took a lot of people telling me, like, you don’t, you don’t have to be doing all this extra. You don’t have to be spending all your time up there, like, go home. Relax. It was a lot of like, people around me that really helped me just kind of refocus. Re- I don’t know, take care of myself. And um, yeah. And just being okay with taking days off, and that was a struggle internally, but having people realize it and understanding and hearing them, but actually listening and fighting these battles in my head and like, being okay with saying no, which I’m still working with, or being okay with taking a day off or saying, I can’t do this today, and just being okay with it. Cause nobody else was mad, it was just me.

When asked how she came to understand the importance of such practices, Julie mentioned help from her coworkers, but noted that she felt “physically and emotionally drained” before she was able to begin taking those steps:

I don’t know, consulting with coworkers, with Roger, about how to like, how to separate that. How do you not take it home? It was making a list of priorities, like, I’m going to do work from this time to this time and then I’m going to go home. I would not even take my computer home sometimes, take a day off here or there. Because it took a point of me being physically and emotionally drained that I cannot go to work today, I cannot give anything else.

Jane echoed a struggle in her early career struggles with leaving work at work, and described a progression to being able to reduce how much of her work she takes home with her, saying:

I used to struggle with that a lot and I've been here four years which is a long time but it's not and I have gotten better at just leaving everything here. I used to not do that I go home and think about my kids and if I went to treatment team that day I'd be like well they need to do this they struggle with this and this is where they came from. Now it's just when I leave, I leave. I don't think about it as much unless I just have things I need to plan. They preach so much here about self-care that is really just engrained of like what do I need to do to make sure that my mind is right. I mean whether that just be like signing off when I leave or just taking mental health days when I need them 'cause it gets overwhelming. It does, I don't think anybody would say that it doesn't.

Britta described using recreational therapy techniques on herself for self-care, including in-the-moment realizations that activities she planned for her group would be just as useful for her own mental wellness:

Using it for yourself is another thing. Um, like, you know I kind of come up with some of these activities, and then I'm like, I really should do that activity. It's different, you know, I mentioned I wanted to do nursing, I couldn't nurse myself, but with rec therapy I can rec therapy myself. So I can make an activity and I can process with myself or someone else and it still becomes purposeful and can teach me something.

Research Question 3: Why Recreational Therapists Work with High Promise Youth

Recreational therapists have the opportunity to work with a variety of populations, including broad categories such as youth, adults, or the elderly, as well as narrower populations within them, such as the developmentally delayed, outpatient psychiatric care groups, and geriatric physical care groups, among others (Hoss & Armstrong, 2016). Work with high promise youth and work in adventure-based recreational therapy are choices, and this research question aimed to reveal factors underlying the choice to work with this population and this setting. Three themes emerged relevant to this question: (1) trauma experiences and mental health and (2) personal growth, and (3) sub-theme 2a from Research Question 1 (helping orientation).

Theme 7: Trauma Experiences and Mental health

The recreational therapists, working in mental health, discussed their own journeys and the secondary experiences of journeys to mental wellness of others, and described the impacts of those experiences on their decision to pursue recreational therapy as a career as well as the impacts of those experiences on their continued expressions of empathy and self-care needs.

Britta described her switch from a history major to recreational therapy in part of “learning how to cope” with her own illness:

I um, switched over to rec therapy because I had my own psychiatric issues, you know, just like depression and um, learning how to cope on my own, you know, just doing different things that we do in rec therapy, different art things or sports. I didn't know I was using and transferring those skills and identifying them. [. . .] I think what led to that was in college, there was a peeping tom, and so I was a victim of that.

Other recreational therapists also had personal experiences which inspired their career path.

Ellie mentioned the experience of her brother's path as a high promise youth as a defining feature of her choice, to do “work like this,” saying:

My brother is one of these kids. Um, he's two years older than me, but that experience of, having, just that trauma in my own life, um. And it's just like, what's that word, um, I don't know the word. Just I didn't, I wasn't like him, I didn't experience the things he experienced, just the trauma from what he experienced and how that effected our family, um, is something that kind of pushed me into doing work like this.

In this instance, she wanted to make a difference in the lives of others who were similar to her brother. Later, she referred to her own mental health priorities in creating a protective mechanism against taking her work home with her, noting that she has her “own mental health issues,” that have to be managed. She continued by stressing the boundary that must be created between this line of work and one's personal life, sharing, “if it's gonna effect me, I can't care about it. I don't mean that to be cold or uncaring, you know, it's just, work is work and my home is my home.”

Jane touched on the difficulties associated with secondary trauma exposure, revealing her internal narrative that seeks to both understand that many of these youth come from difficult backgrounds and to believe in second chances, while struggling to feel compassionate toward the youth who “have committed some pretty terrible things,” which she described as “back and forth:”

For me it is just so frustrating is to be able to explain what I do that these kids just need a second chance and they've been through hell and back, more than anybody that I know can just can fathom, and still having compassion for these people who commit crimes. Because, we go up to age 21, and they have committed some pretty terrible things so having compassion for them is very difficult. And I struggle with it a lot, knowing some

of their stories, and just I really go back and forth: ‘they’ve been through this’ but ‘they did this,’ so when do they stop being innocent children?

Theme 8: Personal Growth

The interview data revealed that the rewarding aspects of the job do not only lie in observing change in the youth, but in the interactions from the recreational therapy for the youth and recognizing personal growth within the recreational therapists themselves. In these stories the recreational therapists shared how they recognized areas they needed to work on because of their interactions with youth in their care, or becoming more acutely aware of their own personal triggers through the job and working on them themselves or with the help of the other recreational therapists.

When participants described exemplar cases of their work, they often discussed clients or client stories that stuck with them due to their personal actions and reactions, and in describing the trajectory to wellness for the participant, also shined a light on how these relationships elucidated cues to their own growth as people and professionals. Julie, when recounting an experience with a client she “did not like” and who did not respect her, spoke about how interactions with the client made her act “totally out of [her] character” and forced her to work on her own perspective:

She had got me to the point, where I learned so much about myself, to the point where I was totally out of my character. She had me arguing back and forth with her. She cursed at me and I cursed back at her – one day, that one day! – and I took a step back and I was like, this is the environment that I work in. I have to figure out how to handle it. [. . .] I always say I struggle with reacting off my emotions, and she was one kid in particular that really showed me how to stay grounded in that moment and sometimes that moment is walking away. I feel like I learned so much from her, because she took me to so many places that I have never been with kids before. So, just challenges with her. Just, could change from day to day. [. . .] And she was one that I saw grow and change. I was super excited for her to leave, but also kind of, relieved, like okay. But it was cool to see her growth and my growth, and I would say everybody else around her’s growth.

Anya described a more holistic feeling of growth from the ups and downs of working with high promise youth over time, and emphasized the need to “celebrate those tiny successes” despite frustrations:

There’s definitely times where I’ve been very discouraged, and wondered why I’m doing this, um, but it does always pay off. Um, and you have to celebrate those tiny successes, and you have to just feel good on the work that you’ve done, and knowing that, you know, you did your best, um, it has helped me as a person. I feel like I’ve grown so much from working here. [. . .] I just feel like, overall as a person, it’s bettered me, and I truly do look forward to my job every day. I get to come to work, and I get to work with these awesome kids. Yeah, they frustrate me sometimes, but I have so much fun with them and I’m able to see that growth

Participants also discussed how coping with caring can interact with mental illness or personal triggers that already exist with them before they get to the group reflection setting, whether they are aware of them beforehand or not, and stress the importance of self-awareness in order to handle your clients’ needs and your needs. Julie described the unpredictability of the day-to-day and how a self-awareness of triggers can help effectively handle situations in which they arise:

Realizing your triggers, I know that sounds funny, but, like, kids here are. They do act out, they’re very defiant, anything can happen. So knowing what triggers you in that moment, whether it’s getting spit on or getting disrespected or them cussing you out or not listening to you, just realizing what that is so you can either remove yourself or have somebody else step in so you’re not getting yourself to that level; you’re not stooping down to that level.

Britta described how triggers can be confounding due to additive stress factors on interpersonal interactions and the relationships required in recreational therapy work, stating that “working with other people is stressful. Working with other people who have their own mental health issues is even more stressful. Working with other people who have mental health issues and having your own mental health issues is the most stressful.” Anya simply describes her surprise at some of the things that have triggered emotional responses through the course of her work, saying “working with this population has challenged me. Things that I’ve never thought would upset me or make me mad have made me mad and upset me.” The youth and recreational

therapists have mutually benefitted from each other's company in ways perhaps only begun to be understood through this study.

Summary

The eight themes which emerged from the interview data provide thick descriptions of the challenges and rewards of working with high promise youth as recreational therapists, as well as the characteristics of the recreational therapists which drive them to do this work. Recreational therapists are reflective, use the tools afforded them by their training to pursue personal and professional growth, and inherently turn toward optimism in their attitudes toward the population they work with, choosing to emphasize positive potential even in situations that trigger negative or maladaptive behavior patterns.

They do not deny frustrations or challenges that arise from the work, and these include personal and professional difficulties arising from the perception that their field is undervalued by other mental health professionals and relatively unknown in the larger population, as well as struggles coping with the emotionally taxing work of "extending grace" to individuals they receive verbal or physical abuse from.

In their interactions with colleagues and clients, they are relationship-builders and feel personal investment in the outcomes of their programs and clients, describing difficulties with the uncertainty of client trajectories once they complete treatment. They are team-oriented, and thrive in situations where they are able to incorporate multiple objectives and collaborate with others to reach a common goal. They regularly practice self-care, but recognize progress and pitfalls in their abilities to do so effectively, leaning heavily on their peer recreational therapists for support, guidance, and accountability.

Recreational therapists may have histories with mental illness or trauma themselves that inform their decision to pursue mental health professions or impact decisions they make in the course of performing their duties, as well as potential triggers for their own coping behaviors

which can unexpectedly reveal themselves in their working lives. The following chapter will expand on these results to include discussions of the conceptual and theoretical frameworks and their relationships to these findings and the implications of such for practice and future research.

CHAPTER 5

SUMMARY AND CONCLUSIONS

The prior chapters detailed a review of the relevant literature and context for the study, provided in-depth rationale for the study design and methods, and delivered the findings of the research in line with the research questions. This chapter will briefly summarize and review major points from the prior four chapters, discuss the findings in the context of the frameworks utilized to guide the research and the implications of such, and provide recommendations for practice and research.

Purpose and Research Objectives

The purpose of this study was to discover and explicate the experiences of residential rehabilitative interventionists who work primarily with high promise youth in an outdoor, experiential learning environment. The participants in the study were recreational therapists in residential rehabilitative facilities for youth with more than 2 years' experience working in the field. The research questions guiding data collection and interpretation included:

1. How do youth-centered residential rehabilitative professionals understand their work in the context of:
 - a. their own experiences,
 - b. their own personality traits,
 - c. the environment the work takes place in, and
 - d. internal and external perceptions of the work they do?
2. How do these professionals experience adventure therapy as practitioners?
3. Why did they select high promise youth as their population of interest?

This chapter summarizes key findings in the context of these research questions under the conceptual and theoretical frameworks. Further, recommendations for practice and future research are provided based on the study findings and limitations.

Limitations/Delimitations

This study focused on recreational therapists who work with high promise youth under principles of adventure therapy and utilized a case study methodology. These findings are specific to the population studied and should not be generalized. Additional perspectives from colleagues employed by the external site but not as recreational therapists were not solicited, nor were the perspectives of recreational therapists who work with different populations or at different sites. An additional limitation was presented through the researcher's novice experience with reflexivity as research practice which limited the efficacy of such practice and the decreased the volume of potentially rich data from the researcher. Other methods to ensure the validity of the study were thus more heavily relied on that the researcher reflexivity.

Review of Conceptual Framework

Schoel, Prouty, and Radcliffe (1988) coined the analogy of a wave to represent the journey a client of therapy follows from a beginning point to a therapeutic goal or change position (seen in Figure 3). Alvarez and Stauffer (2001) used this frame to consider the movement of clients from issues stemming from prior experiences to a desired goal, with examination of current positionalities grounded in the climax, or change point, of the wave of experience. This model is used to describe the importance of the individual client experience to an environmental context, to include the natural space, the group or individual setting, the relationship with the professional, and the life experiences of the client in order to most effectively, as a professional, provide the opportunity to create new life experiences with altered behavioral responses in the most effective, corrective way for the client (Alvarez & Stauffer, 2001).

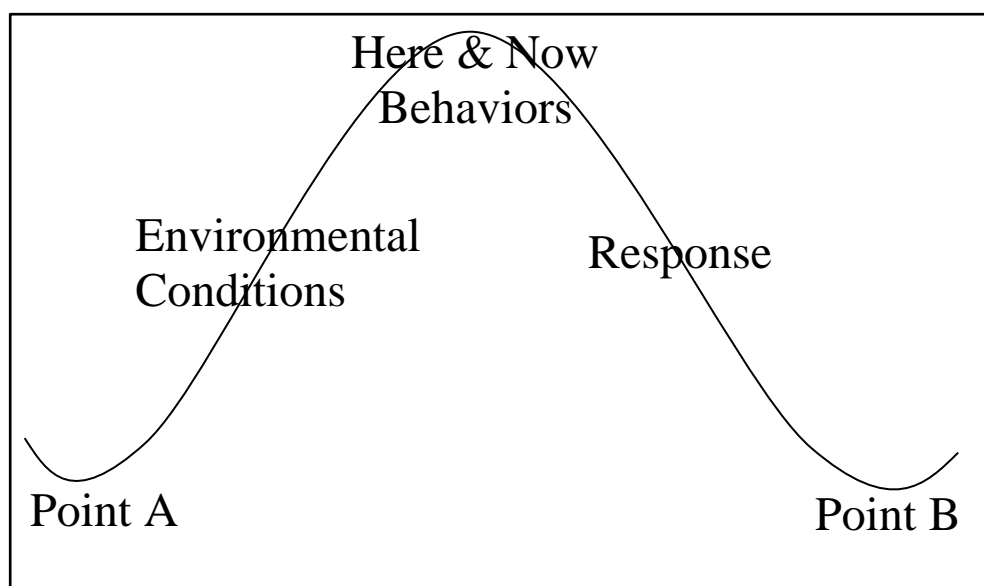


Figure 3. The Wave Framework, first attributed to Schoel, Prouty, and Radcliffe (1988)

In the context of this study, the *Islands of Healing* (Schoel, Prouty, & Radcliffe, 1988) wave framework is applied to the practitioner rather than the client, with similar expectations for the importance of the environment, the relationships with the client, and personal response patterns important in their personal and professional growth. In essence, this assumes that the therapist is growing alongside their client throughout the therapy relationship. The prediction is based on the knowledge that all individuals, including the therapist, have a set of behavioral responses to environmental conditions pursuant to their own life experience, and the wave framework can be both personally and professionally relevant to the way they experience their work as recreational therapists for their clients, their colleagues, and themselves as they process and reflect on their work. Prior to this study, the framework has not been applied to professionals who work in adventure or recreational therapy, and thus it was unknown whether the similar growth experiences were shared between therapist and client.

Review of Theoretical Framework

Stamm's (2009) Compassion-Satisfaction-Compassion-Fatigue Theoretical Model (CS/CF), (Figure 4), works to provide explanatory power between environments and professional quality of life. In most studies, this takes the form of the Professional Quality of Life Scale (ProQOL) (Stamm, 2009), a quantitative metric of overall CS/CF in "caring" professions. CS and CF can come from the same relational area, such as working relationships with colleagues in and outside of their specific duties – attributes that may be positive or negative depending on the people involved, the structures available to them, or prior experience, among other things (Stamm, 2009). In the CS/CF model, there are no subscales for CS and two subscales for CF,

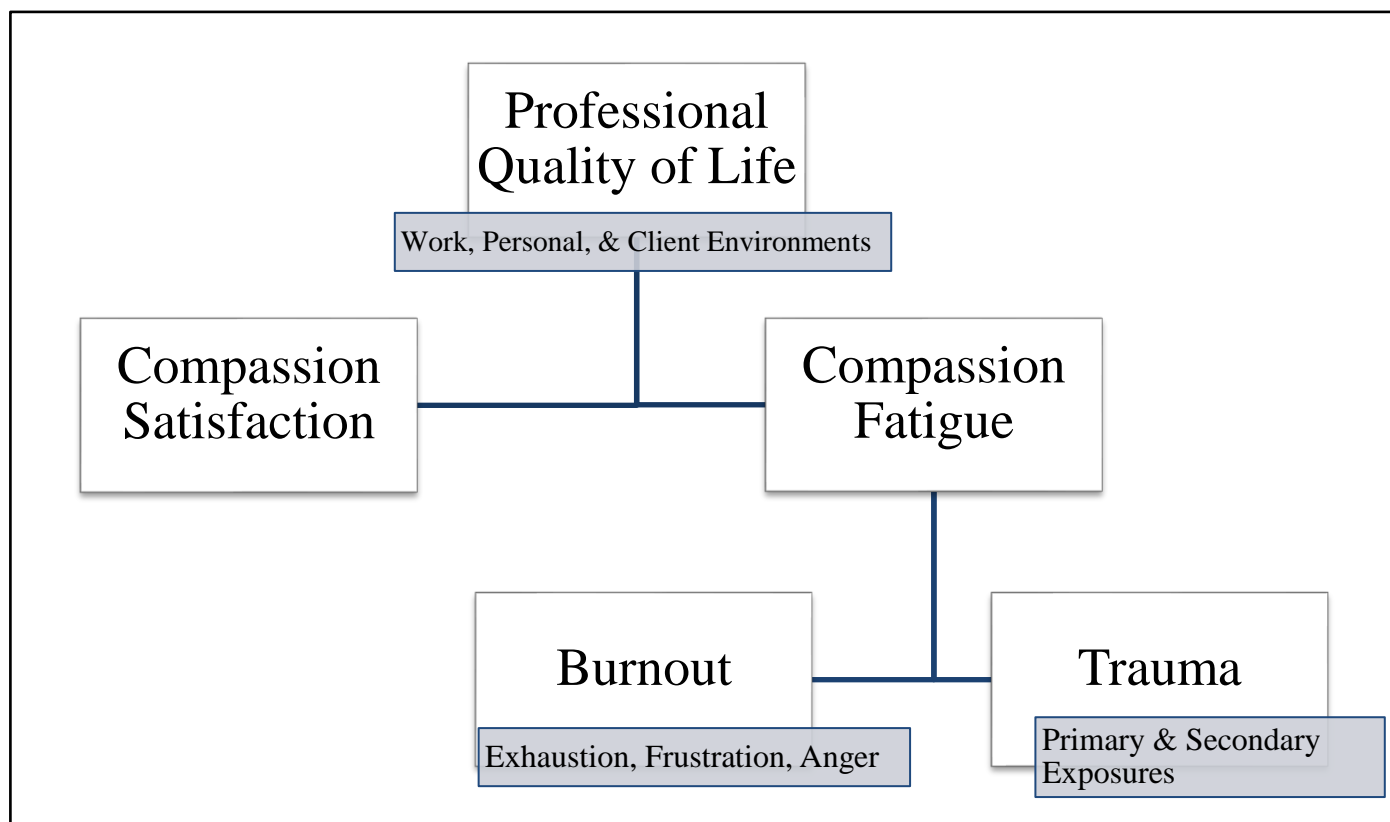


Figure 4. The CSCF Theoretical Model, adapted from Stamm (2009)

burnout and trauma. This reflects the intention of the measure to screen for stress-related problems in professionals with a helping or caring position.

Many of the studies to date have used known or proposed survey or scaled metrics to quantify CS/CF, including ProQOL. Those that have used qualitative methods have worked with specific trauma serving populations and may over represent professionals who work with adults or trauma-specific centers. In the context of this study, the model guided the interview questions meant to elucidate how the recreational therapists experience their work (research question 1). For example, recreational therapists in this study may experience CS as described, by personality traits such as optimism and altruism, as well as from the emotional rewards from helping others, and may experience CF due to the exposure to triggers of their own traumas or secondarily, exposure to the traumas of their clientele, in addition to burnout from continued expressions of empathy. They may also experience CS/CF in the context of their outdoor work environment, clientele, and ability to experience peer support as indicated by Ducharme, Knudsen, and Roman (2007).

Review of Methods

A case study design using semi-structured interviews was chosen to address the research questions. Yin (2018) posits that a case study is the appropriate research design for qualitative work addressing questions of “how” or “why,” particularly when such questions address unknown boundaries between a defined case and its context. The semi-structured interview was constructed to address these questions and was informed by the literature base.

Five interviews were conducted with recreational therapists to reveal their individual experiences and history with the population they work with, their motivations for joining this profession and for working with this population, and their interactions with youth in a recreational therapy setting.

Interviews were audio-recorded and transcribed verbatim by me. Follow-up included a member-checking invitation with transcripts of the interviews and a reminder email for non-responders. I analyzed the Interview data using qualitative content analysis. Content analysis steps included holistic and line by line readings of the interview transcriptions to develop themes that were checked for further accuracy and consistency via interrater agreement. Following this step, themes internal to interviews were explored across interviews and themes from the entire study were developed, alternative explanations sought in the transcriptions, and member-checked with the participants. Themes were solidified and the results were described in chapter 4. This process was enriched by interrater agreement to bolster the reliability of the themes identified and discussed. Each interview was independently analyzed and themes identified within them. Interviews were first read holistically, with overall themes and feelings noted by the researcher, then in a line-by-line reading, allowing additional themes to emerge within each interview. These themes were recorded alongside researcher reflections to identify potential biases and discussed with the interrater. I employed Reflective journaling to disengage from the material and contextualize my experiences separately from those presented in the data in order to bolster the validity of the findings, and included the researcher subjectivity statement in chapter 3 (Creswell & Martin, 2000).

Summary of Findings

Full results from the study are available in chapter 4 and include resonant quotes for each of the themes revealed from the interview data. This summary serves to provide a review of the themes in the context of the research questions, followed by a discussion of the implications for key findings within the results based on the existing literature.

Research Question 1: How Recreational Therapists Understand Their Work

Research question 1 focused on how recreational therapists understood their work and encompassed several sub-questions aimed to uncover how this is related to their experiences and

personality traits, the environmental context of their work, and how they feel their work was perceived by those outside of their specific profession. Participants reported having connections to the outdoors and enjoyed the activities they can provide therapeutically, had optimistic outlooks for themselves and their clients, and overwhelmingly reported a lack of understanding and misrepresentation of the work they do internally and externally. These were described by the following themes:

1. Connection to the Outdoors
2. Optimistic Positionality
 - a. Helping Orientation
 - b. People, not Problems
 - c. Team Orientation
3. Personal Investment
4. Misrepresentation
 - a. Internal Friction
 - b. External Lack of Knowledge

Participants noted their connections to the outdoors as a reason for pursuing their career path into recreational therapy and described the outdoor environment as having intangible quality that made therapeutic activity more productive. Their connections ranged from a personal psychological interest combined with enjoyment of outdoor activities to a view of the outdoor environment as necessary for their own journeys with mental health in their formative years.

Participants also described their desire to help others as a part of this driving force behind their career trajectory, including prior experiences helping others in volunteer or internship capacities. Recreational therapists described inspiration from being surrounded by the progress of others and a sensation that this field of work “clicked” for them, often after trying out other helping disciplines or professions, which ranged from summer camp counselors to working with

children with disabilities. They similarly expressed that if the work they do is impactful that it feeds back into their desire to help, and that this population of youth display visible progress, as they are vocal and physical to a degree that other populations are not perceived to be by recreational therapists.

As they described the youth they work with, they unfailingly used positive descriptors despite relaying experiences that jeopardized their safety or the safety of others in the group. This included describing “bossy” and “defiant” youth as leaders, positive members of the group, and took a person-first approach to understanding their clients on individual levels in order to most effectively reach them and bring out those positive behaviors stemming from the same character trait that the negative behaviors expressed. For example, when Anya described a moment with a client where she felt “fear” and “nervousness” due to the aggressive behavior of a youth, she immediately countered this description by mentioning that while he was “very challenging” and “verbally aggressive” he was a “great kid though. A great personality, a leader in the group.” They further described these efforts as a product of teamwork, and positively associated their work among other therapeutic interventions as part of a total rehabilitative process with many working parts in order to reach everyone. This holistic interpretation of their goals as in tandem, rather than in competition, with the work of others at the same facility emphasizes the team orientation, succinctly stated by Julie as “one common goal to help the youth.”

Another facet of this positivity toward their work and their clients was expressed as a personal investment in people and outcomes, including their struggles to navigate experiencing personal feelings of failure and success and creating positive ways to disengage while remaining vulnerable enough to do their job effectively.

They expressed disappointment when some members of their group were unable to participate due to poor behavior and feeling “defeated,” and noted that they cried as a result of both the challenges and rewards of the job.

Others discussed methods they used to gain closure when their youth are released from the program to handle the uncertainty that comes with leaving the rehabilitative environment. They discussed their investment as a strength and a flaw, noting that it was important to care about the youth but also to create boundaries in order to take care of their own mental wellness.

Research Question 2: How Recreational Therapists Experienced Recreational Therapy

Research question 2 focused on how recreational therapists experienced recreational therapy as professionals. Two themes and four sub-themes emerged in relationship to this question. Recreational therapists described the practice of recreational therapy in the context of safety for themselves and others as both physical and psychological, and described the personal impacts of guiding and practicing recreational therapy with their clients, peers, and themselves. These are described by the following themes:

5. Safety
 - a. Building Rapport Through Ownership & Psychological Safety
 - b. Domino Effect
6. Coping with Caring
 - a. Peer Support
 - b. Self-Care

The recreational therapists in this study engaged in physical outdoor activities with the youth that required an attention to safety for well-being. Their responses went further than creating a physically safe environment for themselves and others as they progressed through more bodily demanding exercises in their jobs. They arrived at physical safety as a destination, and the route necessitated psychological safety, or a space in which they and the youth could be vulnerable with themselves and one another, in order to communicate safety responsibilities, goals, and needs. This relationship-building effort involved developing mutual trust, often by incorporating the youth into the decision-making process in order to create agency and

responsibility for follow-through in order to achieve desired goals, both behavioral and for future activities which require more cohesive teamwork.

This discussion of safety is incomplete without their recognition of a domino effect when unsafe behaviors do arise, though, and the therapists often noted that maladaptive behaviors that were exhibited by one member of their group often either triggered separate unsafe behaviors from others or otherwise excite the group such that they were no longer communicating effectively with one another. This can impact their ability to continue with the activities, debrief with their group, and may result in backwards progress to earlier objectives for the group before they can move forward with an outing. The participants discussed ways they attempt to intervene before the behavior arises by remaining in tune with their group and the individual moods of their clients, as well as providing additional opportunities for them to make informed choices as they begin to exhibit negative behaviors, such as one youth who unexpectedly “got up and said ‘who wants to fight?’” The recreational therapist in this situation offered her a choice, reinforcing their relationship, retaining the youth’s agency, and maintaining safety for other members of the group by isolating the behavior as soon as it began.

The experience of recreational therapy for recreational therapists also revealed more information about how they cope with the challenges of the work and their chosen population, and each recognized the emotionally taxing nature of the duty of care. In the interview data, they often used “self-care” as a term that referred to seeking out peer support as well as individual self-care measures, and the sub-themes are identified to distinguish between these two uses in order to make salient the separate methods that recreational therapists in this study undertook to maintain and enhance their mental wellness and professional effectiveness. The recreational therapists here often discussed “processing” with their peers, or the use of recreational therapy techniques to decompress from particularly difficult days among the recreational therapists themselves. They often noted that due to the lack of understanding outside of their profession, the

support of other recreational therapists was immeasurably helpful and a core part of their effectiveness. They stated that this support was not only necessary for their own processing, but in order to keep them accountable because they have such personal knowledge of the other recreational therapists needs, and their peers can push them to take care of themselves in ways they may not recognize until later. The therapists also described their individual struggles with self-care despite an organizationally supportive community which recognized and highlighted self-care regularly. Many described essentially asking for permission to take time for themselves or to re-prioritize their time in order to maintain healthy boundaries with their work. In discussing these struggles, they identified a sense of duty in addition to personal attachment which exacerbated the difficulty they had navigating appropriate self-care measures.

Research Question 3: Why Recreational Therapists Work with High Promise Youth

Research question 3 focused on why recreational therapists, who have several populations aligned with their training and skill set with whom to work, chose to work with high promise youth. Of the eight themes from the dataset, three themes emerged in relationship to this question, with one theme duplicated from research question 1, discussed previously. Recreational therapists in this study were reflective of their own mental health journeys and traumatic experiences, both primary and secondary to their own lives, focused on the personal growth they experienced through their work with youth, and revisited a desire to help others they felt many are intimidated by in the following themes:

1. Trauma Experiences & Mental Health
2. Personal Growth
3. *Sub-theme 2a from Q1: Helping Orientation*

Earlier data revealed that recreational therapists entered the profession and experienced the work of recreational therapy from their personal experiences in the outdoors and through their inherent desire to do good. However, they expanded on this trajectory to discuss their choice to

work with populations that are young and often have traumatic pasts by turning inward and reflecting on their own experiences with trauma and mental health.

They described primary victimization, secondary exposure via their clients and family members, and expressed the demanding nature of choosing a profession in mental health while struggling to find their paths to mental wellness. They confronted difficulty with reconciling what crimes these youth have often committed with the traumatic experiences they have endured, as well as their continued turn to empathy and grace in order to give them another chance to become productive citizens. They described this work in reference to their own journeys through their belief that their personal experiences provide them with the necessary perspective to work with high promise youth, and expressed a desire to use this work to cope with their own experiences and to help those that perpetrated harm against them in their own form of giving back.

In this effort to contribute to growth in others, they also expressed the rewarding personal growth they experienced through working with a difficult population. They described being surprised by their reactivity to certain clients or situations, which has assisted their recognition of triggers internally. They (who?) talked about their work as a rollercoaster, with highs and lows, discouragement and inspiration, and ultimately felt challenged and bettered by their work with high promise youth. They emphasized the need to understand and process through the triggers that were revealed through their work and believed that there is a mutual benefit in recreational therapy.

Key Findings and Implications

The eight themes that emerged from this work come together in the context of the frameworks utilized to undergird this study and can be used to expand upon research on recreational therapists who work with high promise youth. The data revealed through this study that recreational therapists actively utilize the tools afforded them to process their past and present experiences for personal and professional growth, leading to behavioral and attitudinal

changes in themselves. The data also present enhanced information on the mechanisms that support compassion satisfaction in a way that is not currently represented in the theoretical model, and illuminate areas for future research into a newly proposed model.

The Wave for Recreational Therapists

The recreational therapists described being confronted with their own mental health needs when they found themselves behaving in ways that they felt were out of character, or through recognizing a trigger while working with or decompressing from working with the youth in their care. As practitioners, they must be engaged with their clients and the environmental context they are in to maintain safety and provide a therapeutic experience. Their training provides them with insight into behavioral responses and behavioral change mechanisms. The wave framework, a conceptualization of the journey to behavioral change that adventure therapy guides clients through, can be seen in action when examining the recreational therapists' own journeys toward mental wellness.

Based on these findings, they seem to begin at point A, or the triggered response, and alter their own environmental conditions by stepping away, soliciting peer support, engaging with the triggering individual, or utilizing some of their recreational therapy tools to achieve a goal. Through these efforts, this case study suggests that they process through the behavior to get at the root of their response – the climax of the wave – and come to a deeper understanding of their personal and professional experiences that they bring from their lived experiences. From this understanding, they are able to push themselves to interact with their triggers in more productive ways and to reach out for needed support systems as necessary until they reach point B, personal growth through changed responses, seen compared to the original wave of experience in Figure 5.

The therapists gave examples of this in action as seen in chapter 4, and an example worth highlighting again in the context of this framework is Julie's experience with one of her clients. They did not like each other, and Julie came to understand that being around this client triggered

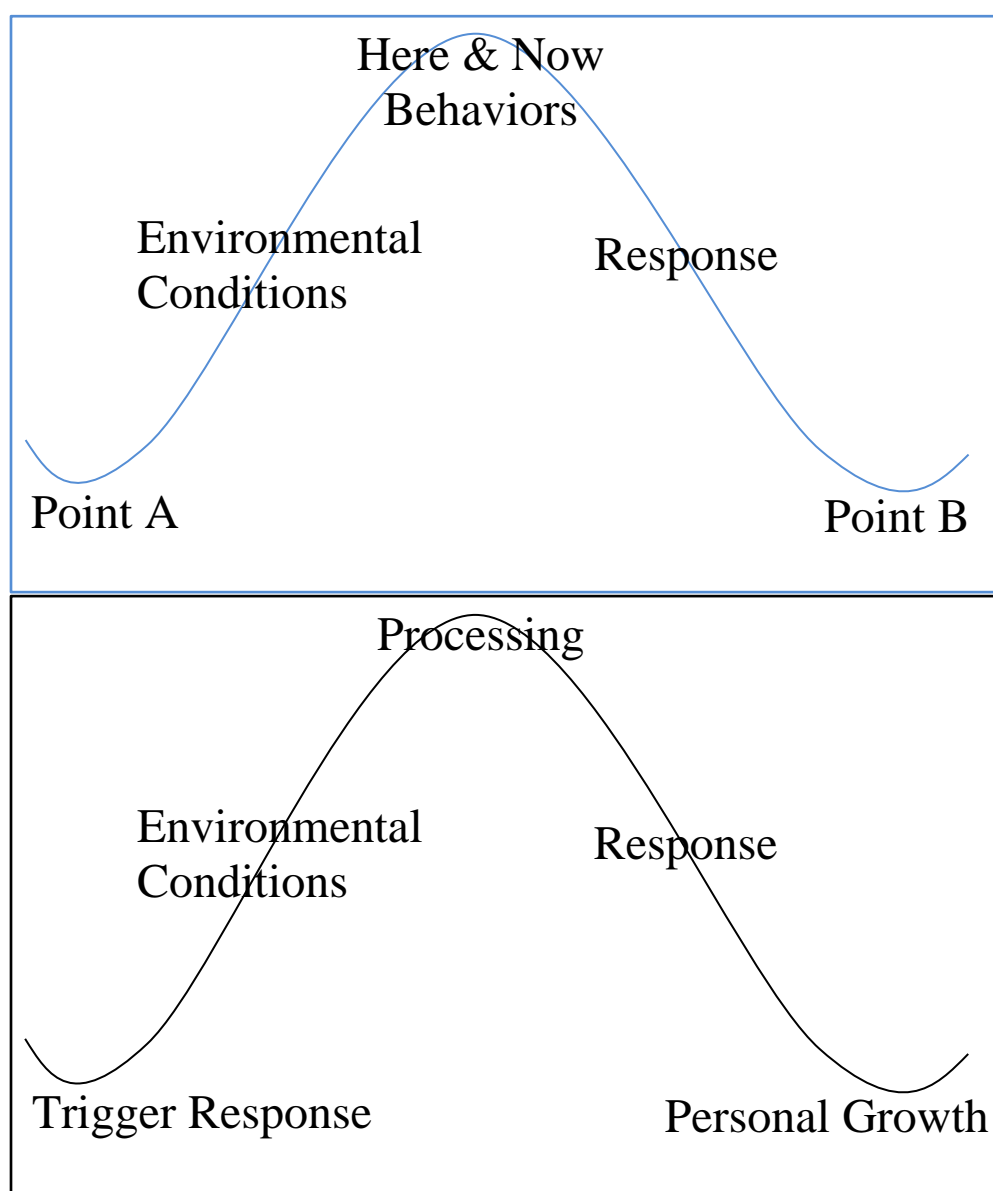


Figure 5. The wave of experience for recreational therapists (black), compared to original (blue).

her to react aggressively and in non-productive ways for the youth; this gave her the push she needed to work on her triggers and focus on building better relationships with her peers and with the youth in question. In doing so, she says, “she was one kid in particular who showed me how to stay grounded in that moment and sometimes that moment is walking away.” Julie’s journey from emotionally reacting to understanding how to handle a situation in a way that could be

personally and professionally productive is at the root of the wave of experience from point A to point B. The major difference here is a shift in the “climax” of the wave – in the client population, this was conceptualized as the current behavior in novel conditions, where for the recreational therapist, the behavior is point A, and the utilization of processing is the climax that indicates the summit undertaking in order to develop new attitudinal and behavioral responses.

As described by Gass, Gillis, and Russell (2012), the gaps in adventure therapy research can be compared to a “black box” (p. 288) wherein we have evaluative data that provides evidence that such a therapeutic approach works for many, but not enough data to support how or why these interventions are effective. Further, Bunce (1998) discovered high turnover in adventure therapy staff, though the structure of some programs make those numbers difficult to appropriately compare. The results described here indicate that the lived experiences of the recreational therapists themselves are brought into the learning and therapeutic context with the youth they work with, and that the recreational therapists travel through a similar wave to reach their own growth milestones in a way that provides them with a deep sense of reward from their work. Individuals with recreational therapy backgrounds may pursue careers in environmental education where they are working with high promise youth.

In the context of environmental education, this revised wave framework model is important because it provides a framework by which we can begin to understand the mutually transformative process of working in outdoor, experientially-based learning environments with all audiences who may elicit responses that are surprising.

Similar gaps exist in the environmental education literature on the characteristics of environmental educators (Goldsmith, 2017) and environmental education takes many structural and organizational forms, much like recreational and adventure therapy, which may make understanding their experiences and time in the profession difficult to compare. Therapists and educators alike bring their histories, experiences, biases, and learned attitudes and behaviors into

the classroom (Kunkle & Monroe, 2018), and thus this wave of experience framework may find useful application understanding attitudinal and behavioral changes among environmental educators themselves, and not just their audiences.

The utilization of the wave framework to better understand how professionals experience growth through their work is new in this study, and its mechanism is poorly understood. Gass, Gillis, and Russell (2012) additionally described a lack of unifying frameworks across the discipline. The use of this singular framework to drive study into the mechanisms by which recreational and adventure therapy operate to produce effective behavioral change provides one that highlights the experiences of the participants and practitioners simultaneously. Continued research into the use of recreational therapy techniques by recreational therapists is warranted to develop a theoretical model for this tandem experiential growth, especially in the context of personal growth feedbacks into compassion satisfaction and compassion fatigue. How environmental educators respond to triggered responses and achieve continued growth through their work is unknown, but could be investigated under a similar model of experiential growth in order to also explore the challenges and rewards of personal growth and ties into their experiences of CS and CF as outdoor, experiential educators.

Compassion Satisfaction/Compassion Fatigue in Recreational Therapy

Stamm's (2009) CS/CF model, a quantitative metric designed to provide insight into the duty of care in professions that require extended expressions of empathy, does not have subscales for CS. The CS scale does use constructs for altruistic rewards and positive interactions in care provision, but does not explicitly scale mechanisms by which CS is supported or ways that CS interacts with CF. The model utilizes two subscales for CF, burnout and trauma. The model does account for interactions between trauma and burnout fueling CF, but it does not explain interactions between burnout and elements of CS as they are supported by the findings of this study. In light of the results of this study, which provide new insight into the mechanistic action

of CS, a revised model is proposed as seen in Figure 6. The following sections provide more detail on each side of the model (CS, CF, and interactions).

CS/CF Subscales in Proposed Model for Recreational Therapists

Fundamental definitions of CS and CF as described by Stamm (2009) are kept in the proposed model, with CS described as the aspects of caring that generate positive outlooks and intention to remain in the profession and CF as the negative parts stemming from the duty of care that can lead to poor personal and professional outcomes for caring professionals. CS was supported in our data by the recreational therapists' optimistic positionality (theme 2), an inherently positive way of understanding and interacting with others in order to reveal the potential displayed by their clients across behavioral expressions. While they were often frustrated by the behaviors happening in the moment, they were quick to turn to positive character traits to describe disruptive behavior – as leadership, bravery, or progress from some prior state – and focused on the return on investment they felt they received through the opportunity to see changes in their clients over time. They noticed changes in group dynamics that provided for outings that were safe and reinforced positive behavior patterns among their groups, and described a desire to be around their kids “as much as possible,” including when they were “not in groups with them.”

This characteristic of the recreational therapists also leads them to be humble and team-oriented, expressing that they do not feel they have the most important job and that they feel they are a part of a larger process aimed at helping youth heal. This holistic outlook on the efforts of rehabilitation also feeds back into CS by providing a diffusion of responsibility in the work environment, as they view their community as inclusive of the youth and other professionals in a collaboratively responsible way. This is a match for the way CS is described in Stamm's (2009) model overall, as CS is measured as the positive aspects of caring professions and references an underlying altruism in those who pursue positions with a duty of care. The proposed, revised

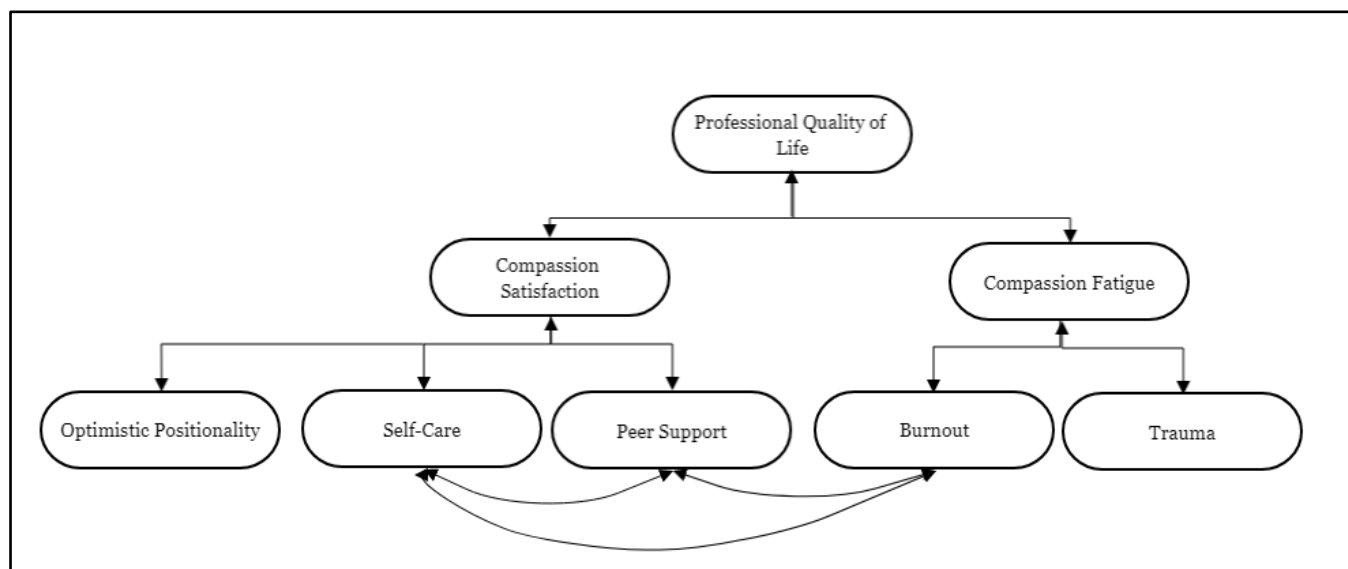


Figure 6. Proposed model of CS/CF in recreational therapists.

model stemming from these study findings separates it from CS to emphasize the multimodal nature by which CS is achieved and maintained, and posits that this positionality is equally as important as self-care and peer support measures to fully capture CS in recreational therapists.

For environmental educators with duties similar to those of recreational therapists, this is relevant because the extension of empathetic expression, education, and interacting in novel environments for the purpose of changed attitudes and behavior can impact their experiences of CS and CF. Understanding how environmental educators experience their work under a CS/CF framework may reveal similar characteristics and needs, which could help drive recruitment, training, and retention of environmental educators by enhancing CS and reducing CF.

Trauma as an indicator of CF was also supported by the data in this study, where the recreational therapists discussed primary and secondary traumatic exposures in reference to the reasons they chose to move into the profession as well as one of the difficulties with continuing to perform caring professionally. They have their own mental health concerns and journeys that are at times triggered by their work, but often also report personal growth as a result of this continued interaction with caring even when it is difficult to continue to be compassionate. Vicarious

traumatization (Bride, Radey, & Figley, 2007; Killian, 2008) was not seen in this population, which may indicate that the population served hold different life experiences or behaviors as a result of those experiences which effectively serve as a cue for emotional distance from the traumas held by the recreational therapists themselves, or may be due to the recognition of their own personal growth through their exposures to such difficult situations; a relationship between vicarious trauma and growth was found in Brockhouse, Msetfi, Cohen, and Joseph (2011).

More complex is the relationship between self-care, peer support, burnout, and CS. Through the data collection and analysis, overlap between these structures and their expressions demonstrated that each can contribute to CS and CF. However, in the context of environmental education, more research is needed to further explain these linkages.

Feedbacks between CS/CF Subscales

The recreational therapists spoke at length about coping with caring (theme 6), and several sub-themes emerged that resulted in the proposed feedbacks between self-care, peer support, and burnout as seen in figure 6. Consistently, the therapists discussed how transformative using the recreational therapy techniques they employed with their clients were on themselves among their direct peers (other recreational therapists, rather than the wider peer community of other therapeutic staff) to process through difficult days. They also frequently cited the need for additional peer support mechanisms through additional training for other staff on what recreational therapy is, and one member suggested having a recreational therapist on staff for the staff specifically. In a review, Macran and Shapiro (1998) found that personal therapists for therapists has evidence for increasing empathy and that most therapists report benefits from pursuing therapy. This focus on peer support to effectively combat CF when the work environment is overwhelming or frustrating indicates that peer support provides an important feedback with burnout. Peer support is an important characteristic of a work environment that facilitates CS through enhanced cohesiveness in the therapeutic community and, as expressed in

the coping with caring theme, through getting to know the other recreational therapists in order to solicit guidance for other self-care measures and to be held accountable for staying healthy.

This interaction with peer support and self-care was described by the recreational therapists as a part of their journey learning to cope with their personal and professional lives. They often experienced difficulty separating their personal and professional extensions of caring and empathy, especially early in their career. While relying on their peers for processing as a self-care measure, they also relied on them for guidance when faced with a need to take care of themselves on their own. The organization also had a focus on self-care, holding monthly meetings on the topic to encourage a norm of noticing behaviors in one another indicative of approaching burnout. However, recreational therapists still expressed feeling as though they did not really feel confident describing how they manage self-care on their own and wished they had additional guidance on how to manage their own mental health while working in mental health. Having senior peers to offer advice on self-care methods and to hold junior members accountable can increase CS through burnout reduction. A self-care measure that was also often described included learning to set boundaries with their clients and prioritizing working times and environment, indicating that these influence CS on their own by giving the recreational therapist a sense of agency in their professional lives. In the context of environmental education, noticing behaviors in other camp counselors and audiences can help create a safe environment for sharing and would be important to provide space for peer support, mutual growth, and physically safe programs that encourage positive behaviors and reinforcement of best practices to maintain those behaviors personally and professionally. These interactions are important to recognize and understand in order to provide, encourage, and enhance organizational and peer structures to increase CS and decrease CF in recreational therapists and environmental educators.

Recommendations for Research

This study contributes a more nuanced model of CS/CF as it presented in this population of recreational therapists to the literature, suggesting that multiple modes exist with feedbacks between CS and CF worthy of further study. There remains a lack of qualitative research on recreational and adventure therapy professionals, who work in different contexts and with different populations. Continued investigation into their characteristics and needs is warranted, bolstered by future quantitative measures or mixed methods research to better examine specific constructs, such as self-care via peer support. Findings of such work would be useful to collegiate programs training future recreational/adventure therapists and environmental educators working in outdoor camp-type settings where the duty of care goes far beyond normal working hours and they must be physically and emotionally available at all times for youth in their care. This model may additionally contribute to the structure of programs available for environmental educators in these settings, such as the creation of an intentional peer support system or advocate position available to the facilitators of these programs throughout program duration.

As noted above, the results of this study did not find support for vicarious traumatization in recreational therapists but this may be due to the small sample size and specific population of clientele. Future studies on the relationship between trauma and CF should aim to more explicitly investigate types of primary and secondary traumas and mental health concerns among recreational therapists and their populations in order to understand how these contribute to CF in recreational therapists. Specifically, future research should seek to:

1. Reveal characteristics of recreational and adventure therapists across different populations of clientele.
2. Disentangle the relationships between self-care, peer support, and burnout.
 - a. Investigate the proposed feedbacks for veracity and further model development.

- b. Develop measurement tools for use in practice, including both semi-structured interview guides and quantitative scales for larger populations.
 - c. Disentangle the relative importance of peer support from recreational therapist colleagues versus other mental health professionals and organizational support mechanisms.
- 3. Investigate the relationship between primary and secondary traumas in recreational therapists and vicarious traumatization/retraumatization.
- 4. Develop additional metrics by which to measure CS and CF, in adventure and recreational therapists and environmental and experiential educators.
- 5. Provide conceptual and theoretical models to support continued research into recreational and adventure therapy for high promise youth, with specific focus on those working in outdoor/place-based and environmental education.

Recreational and adventure therapy programs assume a community benefit by way of reducing self- or community-destructive behaviors (or increase in pro-community behaviors), and in the case of the program we have connected with, often intake youth on requests from psychology professionals, juvenile justice diversion programs, and other child welfare agencies. However, the literature does not qualitatively examine the experiences of the *youth* who participate in this program with goals to delineate what specific aspects of such outdoor experiences remain meaningful or translate into their return to their communities, homes, or social groups. Waiting to be revealed are the specific elements of these programs that contribute to reduced recidivism, the long-term impacts on behavior, and whether those skills effectively translate into coping mechanisms in a home, school, or work environment post-program completion. Future research to this end should seek to:

- 1. Examine what ingredients of recreational therapy remain most salient by soliciting participants before, after, and long-term post program completion.

2. Investigate the experience of place for program participants across remote, residential, and in-community recreational and adventure therapy programs.
3. Recruit participants for experimentally designed studies using randomization and controls.
4. Investigate potentially important distinctions in all of the above between youth who are:
 - a. diverted to recreational and adventure therapy programs and those who are not, and
 - b. successful program completers and those who are not.

Other researchers also called for some of these measures, including Gass, Gillis, and Russell (2012), Marchand, Russell, & Cross (2009), and Wilson & Lipsey (2000). Increased understanding of professionals' characteristics, intentionality, experiences, and growth, across adventure and recreational therapy and environmental education, can provide needed information for practical application in recruiting, training, and retaining top professionals in the field to work most effectively while remaining healthy themselves. Increased understanding of the salient aspects of the work to the clients and the characteristics of clients who are and are not diverted to such therapeutic practices may shed light on disparities and specific areas in need of refinement that are essential to continued growth in the discipline and the enhancement of best practices in therapy and education for this population.

Recommendations for Practice

Recreational therapy and the requirements for recreational therapists are inconsistent across state and federal borders. In some areas, certification is required. In others, licensure is required or being pursued as a requirement. In still others, no academic or professional requirements must necessarily be met and recreational therapists may have mental health backgrounds from another area (Hoss & Armstrong, 2016).

The recreational therapists in this study supported efforts for comprehensive licensure, citing the importance of licensure for awareness and to place recreational therapy professionally on par with other mental health professions that require licensure. Study participants often revealed frustrations with the perception from mental health professionals outside of recreational therapy referring to their work as “PE” or “activities,” and believe that licensure provides observable legitimacy to others who may not understand or appreciate the work of recreational therapy at first appearances. As such, I recommend that recreational therapists, organizations that provide recreational therapy, and professional recreational therapy organizations continue to gather information and develop pathways to consistent standards for the profession across the board, to include consistent licensure requirements.

In the context of environmental education, higher effective teaching (teaching efficacy) has been shown to be related to certification in environmental education in North Carolina, where certification requires 200 hours of training (Harrison, Gross, & McGee, 2017). Results from another study with teachers and administrators indicates that environmental education is highly valued, and that it should be included in teacher preparation programs, with implications for the extension of environmental education coursework and training for all preservice teachers. Strikingly, in this study fewer than half of respondents engaged with environmental education in their undergraduate teacher education (Yates, Reefer, Robertson, Hubbard-Sanchez, Huss, & Wilder, 2019). This indicates a continued need for environmental educators and environmental education organizations to pursue comprehensive standards for pre- and in-service teachers with appropriate training, coursework, and certification standards for enhanced efficacy and awareness.

The facility partner in this study engaged in monthly meetings with therapeutic staff on self-care, but the recreational therapists still did not feel confident in their ability to care for themselves efficiently or effectively, often relying on their peers for more immediate care

assistance or self-care guidance. Peer support is multifaceted, and peers can be described as those who share similar life experiences or those who share career paths and values related to them; peer support networks have been shown to increase intervention effectiveness in homeless populations by pairing a homeless individual with a person who has experienced homelessness (Barker & Maguire, 2017) – as the recreational therapists said, someone who “gets it” and can offer empathy. Peer learning networks were shown to act as support technologies for teachers in Canada, with a title quoted from the raw data: *‘Together we are better’* (Trust, Krutka, & Carpenter, 2016). Peers are experts through experience and can offer genuine companionship and empathy to their networks while holding them accountable for continued growth. However, self-care outside of peer support networks still requires additional organizational support systems for teachers and recreational therapists. The culture of support encouraged by the organization studied here facilitates healthy communication and a cohesive team of recreational therapists comfortable depending on one another, but does not provide the necessary organizational support structures for the recreational therapists to feel comfortable taking measures they deem necessary to take care of themselves and combat burnout. A recommendation for organizations that provide recreational therapy is to provide clear and consistent support for self-care within the organization, by providing mental health day guidelines, support staff for recreational therapists, flexible schedules where possible or appropriate, and therapist-directed agendas for self-care topics at regularly scheduled meetings on the topic. Addressing specific recreational therapist needs in meetings provides a space for all members of the team to provide guidance without necessitating the vulnerability from a one-on-one request for support from a member of the team.

Further, as mentioned earlier, a recreational therapist who was presented with a young person who attempted to start a physical altercation in the group defused the situation while retaining the young person’s agency, reinforcing their relationship, and maintaining safety for other members of the group by isolating the behavior as soon as it began. She accomplished this

by offering the young woman a choice about her situation and acknowledgement of the consequences of that choice, and the situation is analogous to those encountered in indoor and outdoor classrooms as students become aggressive with one another. The implications for training recreational therapists and environmental educators here rely on examining and refining current tools professionals are equipped with to most positively defuse unsafe situations and to train capable, confident therapists and educators to retain control without dissolving hard-fought relationships. These can be further solidified through currently internship and first-year teacher trainings and support with a tie into the senior guidance from colleagues mentioned above in order to present options for classroom management that are additionally culturally responsive.

An additional recommendation for practice related to self-care and peer support is to provide a recreational therapist for staff members. While many of the participants in the study were already utilizing the skills gained through their education and experience, they cited a benefit from outside perspectives on triggers and responses. These indicate that providing a staff recreational therapist can improve recreational therapist efficacy, self-awareness, and peer support feelings, enhancing CS. Providing this service for other staff members may additionally offer future opportunities for staff to engage with recreational therapy in a meaningful way, increasing their understanding of the field and its benefits, in turn enhancing peer support from the wider community of mental health professionals, improving CS and the likelihood that they continue in the profession for many years to come.

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APPENDIX A: IRB APPROVAL



UNIVERSITY OF
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Human Research Protection Program

EXEMPT DETERMINATION

March 18, 2019

Dear [Nicholas Fuhrman](#):

On 3/18/2019, the Human Subjects Office reviewed the following submission:

Title of Study:	How Do Rehabilitative Professionals for High Promise Youth Experience their Work?
Investigator:	Nicholas Fuhrman
Co-Investigator:	Kerrie Bethel
IRB ID:	PROJECT00000218
Funding:	None
Review Category:	Exempt, HHS 2(iii)

We have approved the protocol on 3/18/2019. Please submit a Progress Report by 3/17/2024.

This project has received Limited IRB Review. It has been determined that there are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data. Changes to study procedure that affect privacy and confidentiality must be made by submitting a modification.

You can keep us informed of changes that don't affect the risk of the study, the privacy of participants, or the confidentiality of data by using "Add Public Comment".

Please close this study when it is complete.

In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103).

Sincerely,

Commit to Georgia | give.uga.edu

An Equal Opportunity, Affirmative Action, Veteran, Disability Institution

APPENDIX B: SEMI-STRUCTURED INTERVIEW GUIDE

1. What experiences led you to this kind of work?
2. How would you describe the rehabilitation community?
 - a. *Probe and notes will depend on the offered definition for “community” and whether the interviewee describes this as the community they work in, their colleagues, or the total community of counseling, rehabilitation, and related professions and professionals.*
3. How would you describe your role in the rehabilitation community?
4. Tell me about the work you do as a rehabilitative professional.
 - a. *Probes may include requests for the interviewee to expand on experiences with their duties, to further explain items unfamiliar to the interviewer, and requests for context in terms of items that involve interaction with youth or other professionals.*

Explanatory text: For the following questions, feel free to describe experiences before program entry, during program treatment, or after program completion.

Probes for the following questions are expected to rely on requests for the interviewee to tell more about an experience, to further describe the experience as though they were living through it, to include or add thoughts, feelings, or experiences into their telling or recollection.

5. What have been some of your experiences working with high promise youth?
6. What have been some of your experiences working with families of high promise youth?
7. What have been some of your experiences working with your colleagues in this profession? Inside the organization? Outside?

8. How have you experienced your work? You can talk about your feelings, thoughts, or actions in your experience of the work you do, as broadly or as specific as you'd like.

APPENDIX C: INVITATION TO PARTICIPATE AND EMAIL

Invitation to Participate – Email

Hi –

My name is Kerrie Bethel and I am a graduate student with the University of Georgia. My PI is Dr. Nick Fuhrman (fuhrman@uga.edu) and we are interested in learning more about how rehabilitative professionals who work with high promise youth (our alternative to terms like at-risk or delinquent) experience their work.

The purpose of this study is to explicate the lived experiences of professionals who work with high promise youth. This central, broad research question will contribute to the literature an understanding of the relationships these professionals have with their work, the youth they work with, the families of the youth, their colleagues, and more. It is our hope that by using an open qualitative approach, we will be able to gather rich, nuanced data.

If you are interested in participating in an interview about your experiences and a follow-up activity, work within 150 miles of Athens, GA, are between the ages of 18 and 65, and have at least 2 years experience working as an interventionist rehabilitative professional with high promise youth, please email kabethel@uga.edu with your interest. You will receive an informed consent form, have the opportunity to ask additional questions, and if you agree to participate, an interview will be scheduled.

Kerrie Bethel

Graduate Student | Agricultural and Environmental Education
University of Georgia
706-542-5871 | kabethel@uga.edu

Follow- Up Reminder Email

Hi –

My name is Kerrie Bethel and I am a graduate student with the University of Georgia. My PI is Dr. Nick Fuhrman (fuhrman@uga.edu). We sent the following invitation to participate in a research study last week. This is just a reminder in case you forgot to respond. If you're not interested, you can ignore this email and we will remove you from future communication about this study.

We are interested in learning more about how rehabilitative professionals who work with high promise youth (our alternative to terms like at-risk or delinquent) experience their work.

The purpose of this study is to explicate the lived experiences of professionals who work with high promise youth. This central, broad research question will contribute to the literature an

understanding of the relationships these professionals have with their work, the youth they work with, the families of the youth, their colleagues, and more. It is our hope that by using an open qualitative approach, we will be able to gather rich, nuanced data.

If you are interested in participating in an interview about your experiences and a follow-up activity, work within 150 miles of Athens, GA, are between the ages of 18 and 65, and have at least 2 years experience working as an interventionist rehabilitative professional with high promise youth, please email kabethel@uga.edu with your interest. You will receive an informed consent form, have the opportunity to ask additional questions, and if you agree to participate, an interview will be scheduled.

Kerrie Bethel

Graduate Student | Agricultural and Environmental Education
University of Georgia
706-542-5871 | kabethel@uga.edu

APPENDIX D: CONSENT LETTER

UNIVERSITY OF GEORGIA CONSENT LETTER

What is the Experience of Rehabilitative Intervention Professionals in Their Work?

Dear Participant,

My name is Kerrie Bethel and I am a student in the Agricultural Leadership, Education, and Communication Department at the University of Georgia under the supervision of Dr. Nick Fuhrman. I am inviting you to take part in a research study.

The purpose of this study is to discover and explicate the experiences of residential rehabilitative interventionists who work primarily with high promise (an alternative to the descriptors at-risk or delinquent) youth. I am looking for participants who work in a professional capacity with high promise youth. Eligible participants will have at least 2 years of experience working as an interventionist with high promise youth and be between the ages of 18-65. Eligible participants will additionally work within a 150-mile radius of Athens, GA.

If you agree to take part in this study, you will be asked to participate in a face to face interview of approximately 1 hour duration. The interview will be audio recorded, transcribed, and disidentified. Following an initial review of the interview transcriptions, participants will receive a follow-up email verifying the content. Follow-up methods may be an additional interview or a request for a written description of a particular experience discussed during the interview.

Participation is voluntary. You can refuse to take part or stop at any time without penalty. Your decision to participate will have no impact in your invitation to participate in any future collaborations nor any impact on your current participation in any programs or employment.

There are questions you may not be comfortable responding to. You are not obligated to respond to any question you do not wish to. The use of audio recording presents an identification risk which will be minimized via disidentification of transcripts and destruction of audio. Interviews will be audio recorded. Following the interview, these recordings will be transcribed and will use false names wherever names appear and the original audio will be destroyed. A master key of real names and false names will be stored separately from the

transcribed records until study completion. Written materials or descriptions will also be disidentified using this master key. At the completion of data gathering and disidentification, the master key will be destroyed. It is possible that the disidentified transcripts or writings will be used in future studies or publications. The researcher hopes to continue to work in this area of study and the information gathered in this study could be of importance in future studies.

Your participation in this research may help us understand the experiences of people who choose to and continue to work with high promise youth. The information presented at the completion of this study is of benefit to all stakeholders in youth rehabilitation – not just professionals like you, but all who share an interest in reducing crime or delinquency and/or increasing pro-social behaviors. The opportunity to understand, through this study and others like it, the experiences of those performing this work, can assist these stakeholders with supporting youth rehabilitation professionals in any areas revealed in interview responses.

If you are interested in participating or have questions about this research, please feel free to contact me at 706-542-5871 or kabethel@uga.edu. Dr. Fuhrman can be contacted at fuhrman@uga.edu or by phone at 352-226-1199. If you have any complaints or questions about your rights as a research volunteer, contact the IRB at 706-542-3199 or by email at IRB@uga.edu.

Please keep this letter for your records.

Sincerely,

Kerrie Bethel
Graduate Student | Agricultural & Environmental Education
kabethel@uga.edu | 706-542-5871

APPENDIX E: QUALITATIVE DATA ANALYSIS EXAMPLE

Table 2*Qualitative Data Analysis Example: Safety*

Raw Data (Interviewee)	Key Dimensions	Theme (subtheme)
We're almost <u>purposefully putting them in a place where they can mess up</u> here so that way they don't mess up in the community. From basketball you go into, like, an art activity where you do a past and future hand. Working on <u>how did you react in the past, how was your mental health in the past, how do you want to be in the future</u> . So you're coming at it with from many different aspects, <u>the physical side the emotional side</u> . (Britta)	Creating a learning environment, lack of judgement, goal setting, processing	Safety (Building Rapport Through Ownership & Psychological Safety)
I think, a lot of times, if you're not, <u>if you don't have that opportunity to talk about it</u> , um, then you – I personally would walk away from an experience and I'd have all these thoughts, and I wonder what these people were feeling and <u>this is how I felt and I want to talk about that, you just wanna talk about it</u> , or at least I do, and I think to <u>give that opportunity and to maybe also process through thoughts that weren't, that they might be having that aren't really true or rational</u> . And just to be able to do that in a space where like <u>nobody's really judging them, and it's really just, you're just learning</u> . (Ellie)	Open communication, processing, lack of judgement, learning environment, processing	Safety (Building Rapport Through Ownership & Psychological Safety)

Raw Data (Interviewee)	Key Dimensions	Theme (subtheme)
<p>Being mindful of <u>the way they interact with each other</u> because that's a huge part of it being that it's group sessions. Are they able to <u>communicate with each other effectively</u>? Um, because taking them out into the woods is a huge thing. Uh, and if they can't do it here, right on the court, then I can't take them into the woods. So just kind of <u>picking up on their moods, is a big thing</u>. Um, and kind of how they cope with that. Like, are they <u>communicating with me about what's going on</u>? Or are they just walking away from the group and being disruptive? Are they screaming at each other and cursing at each other, oare they like <u>effectively communicating, like hey this really upset me, can you please not do this again</u>. So just kind of like, just watching, basically, and just trying to pick up on those little cues on <u>how they're interacting and how they're coping with it</u> to be able to say we're not moving forward, or we're gonna stay. (Anya)</p>	<p>Open communication, safe communication strategies, attention to group dynamic, disruption emotionally and physically</p>	<p>Safety (Building Rapport Through Ownership & Psychological Safety)</p>
<p>Sometimes we do like <u>a contract with them or allow them to get involved in that process</u>. And like, okay, what do you think are the expectations before we go out in the woods, so we kind of <u>involve them, like I said, as much as possible with this, because it gets them invested</u>. It makes them feel like they're a part of it. So we do low ropes, which leads to high ropes. And then, sometimes we'll do an outing, at the end, of like, a sequence. So Roger just took his kids tree climbing after they finished ropes course. So different things like that, but that's kind of like our sequencing process with them. So I work on that with the kids. Just leading group sessions, <u>processing with them</u>. <u>Being involved in other ways, at other times on the courtyard to develop that rapport</u>. (Anya)</p>	<p>Ownership, agency, processing, relationship-building/rapport</p>	<p>Safety (Building Rapport Through Ownership & Psychological Safety)</p>

Raw Data (Interviewee)	Key Dimensions	Theme (subtheme)
<p>We have <u>some kids that are very reactive to the other kids</u> depending on their backgrounds. <u>I have one girl every time her peers get in a fight, she will run into it and try to get them off of each other</u>, and that's just very indicative of her past, just knowing what that is. And I have <u>others who, she covers our ears and she falls on the ground</u>, and it's just like she rocks. And I've seen that many times and that's what she used to do at home, so that's how she reacts now, so it's just for those 2. The one girl was, you know, you can't intervene in everybody else's life, so we talked to her a lot about, you know, <u>focusing on you and yourself, you're not in that fight so don't put yourself in it</u>. And in that moment it's just getting her away so you can deal with this. And the other one is just being comforting, first getting her to take her hands off her ears <u>so she knows it's a safe spot</u>, and the ones in a fight it's like getting them off of each other and just separate. (Jane)</p>	<p>Physical safety, group impacts, triggering behavior, individual attention to needs</p>	<p>Safety (Domino Effect)</p>
<p>One of the kids, <u>we were coming on a perfect day, we were outside, and she just got up and said who wants to fight</u>. And me, trying to keep the group, not have it disruptive, um, saying you know okay well <u>you have a choice</u> you can do this or you can do that, so I'm <u>giving you two choices, I'm letting you have an option</u>. I'm not just telling you want to do but you still choose something else, so I give you: you can stay in the group or you can leave the group and do this. So after the group ended, just <u>debriefing with them individually, but in a group setting we would just debrief them about the group</u>, not talk about what happened with that one individual. (Britta)</p>	<p>Threats to others safety, agency, ownership, attention to individual impacts, group dynamics, processing</p>	<p>Safety (Domino Effect)</p>