



Honors College Theses

4-15-2019

Caregiver perceptions on the effects of a therapeutic camp on well-being using the flourishing through leisure model

Abigail L. Greer
Georgia Southern University

Brent Wolfe
Georgia Southern University

Katy Gregg
Georgia Southern University

Follow this and additional works at: <https://digitalcommons.georgiasouthern.edu/honors-theses>



Part of the [Recreational Therapy Commons](#)

Recommended Citation

Greer, Abigail L.; Wolfe, Brent; and Gregg, Katy, "Caregiver perceptions on the effects of a therapeutic camp on well-being using the flourishing through leisure model" (2019). *Honors College Theses*. 416. <https://digitalcommons.georgiasouthern.edu/honors-theses/416>

This thesis (open access) is brought to you for free and open access by Georgia Southern Commons. It has been accepted for inclusion in Honors College Theses by an authorized administrator of Georgia Southern Commons. For more information, please contact digitalcommons@georgiasouthern.edu.

Caregiver perceptions on the effects of a therapeutic camp on well-being using the flourishing through leisure model

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in School of Human Ecology

By
Abigail Greer

Under the mentorship of Brent Wolfe, CTRS, PhD., FDRT & Katy Gregg, PhD.

ABSTRACT

Literature has noted the contribution of therapeutic camping programs in enhancing overall functioning and well-being. Therapeutic camps can provide an opportunity for recreation involvement, skill development, and reduction in deficits by providing a variety of activities suited for the needs of the population. This study explores caregivers' perceptions on the impacts of a four week therapeutic day camp program on well-being in adolescents with disabilities. Qualitative data was collected through functional profiles, treatment goals, discharge summaries, and caregiver surveys provided by Camp RAD to evaluate the outcomes of the camp through the lens of the Flourishing through Leisure Model. By providing the correct environmental supports, Camp RAD led to improvements in the physical, social, emotional, cognitive, spiritual, and leisure domains that assist participants in achieving flourishing and overall well-being. The study suggests that a therapeutic camp program is effective at enhancing skills and assisting in the achievement of well-being.

Thesis Mentor: _____
Dr. Brent Wolfe

Thesis Mentor _____
Dr. Katy Gregg

Honors Director: _____
Dr. Steven Engel

April 2019
Recreation Program
University Honors Program
Georgia Southern University

Acknowledgements

I would like to express my gratitude towards all of those who have assisted me in the development of my honors thesis and encouraged me throughout.

To Dr. Wolfe thank you for constantly inspiring me to work everyday towards becoming the best Recreational Therapist that I can be. The last four years under your guidance have taught me so much. Thank you for taking your students in as family and making Statesboro a true home away from home. Your advice and assistance have allowed me to grow immensely during my undergraduate career.

Dr. Gregg and Dr. Colquitt, thank you for allowing me to become part of the Camp RAD community and providing me with a vision for my thesis. The passion behind this study comes from my time with Camp RAD and knowing how truly impactful it can be. I want everyone to see the amazing community RAD has built.

To Taylor Forney, Cristian Felix, Quin Latimer, and Courtney Toledo for making me apart of the best summer staff ever. I appreciate all of the work, dedication, and passion each of you put into Camp RAD to make it an unforgettable experience.

Paper Mate® and Pilot G2® - thank you for making enough colors of pens that I could code all of my data by hand and not be confused as to which domain I was referring to.

To the Daily Grind for its endless supply of coffee, free wifi, and wooden chairs for keeping fueled throughout the entire thesis process.

Mom and Dad, thank you for constantly pushing me to be my best and finish the race. All of those phone calls talking me through the overwhelmed moments and keeping me on track. Thank you for listening to me talk about my research for hours even though you have no idea what I am talking about and my phone cuts out constantly.

Lastly, the University Honors Program for instilling me with a love of research from the very beginning. My undergraduate experience would be vastly different without the skills and opportunities provided by the Honors Program. I will be forever grateful for the growth I experienced in the program.

Research has established that leisure can lead to increased quality of life (Anderson & Heyne, 2010; Anderson & Heyne, 2016, Caldwell, 2005; Carruthers & Hood, 2004). Because of this connection, leisure has been regarded as a right of all people (Anderson & Heyne, 2010, Bekesi et al., 2011, Etzel-Wise & Mears, 2004; Hill et al., 2015, White, Moola, Kirsh, & Faulkner, 2016). People with disabilities experience additional barriers to participating in leisure (Anderson & Heyne, 2010, Bekesi et al., 2011, Etzel-Wise & Mears, 2004; Hill et al., 2015, White et al., 2016). By providing supports, these barriers to leisure can be overcome and quality of life improved for people with disabilities. Providing appropriate supports to overcome barriers can be difficult and, if not done correctly, can cause further isolation and stigma (Means & McIntire, 2017). Recently there has been a shift in the best approaches for treatment, away from work based on the clients deficits to a strengths based approach (Anderson & Heyne, 2016; Caldwell, 2005; Carruthers & Hood, 2004). Many positive outcomes such as self-actualization, self-confidence, increased optimism, and increased resiliency have been correlated with a strengths based approach (Anderson & Heyne, 2016; Caldwell, 2005; Carruthers & Hood, 2004). By utilizing the clients strengths, instead of focusing on their deficits, clients are able to reach their goals faster and in a more positive manner.

Another simultaneously occurring shift is in the definition of health. Previously health was thought to be the absence of disease or deficits, but has shifted to a more holistic view that includes well-being and flourishing in multiple life domains (Carruthers & Hood, 2017). The new strengths based approach and well-being definition provide evidence on how positive experiences can assist clients in overcoming barriers.

Implementing positive leisure experiences can be a beneficial tool to increasing overall quality of life and these positive leisure experiences can lead to benefits in physical, social, emotional, cognitive, spiritual, and leisure domains. (Anderson & Hood, 2016; Caldwell, 2005; Carruthers & Hood, 2004). By utilizing a strengths based approach and positive leisure experiences, clinicians can assist people with disabilities in reaching their goals while simultaneously improving their quality of life.

Literature Review

One common leisure intervention utilized to achieve the outcomes is therapeutic camps. Therapeutic camps combine all of the fun typically involved in the camp experience with opportunities to address deficits and improve functioning and quality of life. Often therapeutic camps can be focused on specific medical diagnoses to create programs based on common needs of those diagnosed with the disability. Children with disabilities are often isolated from typical life experiences due to frequent medical treatment or hospitalization, stigma, and experience few opportunities that provide appropriate supports. Therapeutic camps provide opportunities to participate in positive leisure experiences and improve well-being (Bekesi et al., 2011; Hill et al., 2015; White, Moola, Kirsh, & Faulkner, 2016).

One study examined the effects of a camping program on health-related quality of life (HRQoL) at three medical specialty camps in Hungary (Bekesi et al., 2011). The kidscreen-52 was used to measure HRQoL before and after a therapeutic camping experience among adolescents diagnosed with either diabetes, juvenile arthritis, or cancer. The measure was completed two months prior to camp and two months after

camp in a sample size of 105 adolescents; 32 were oncology patients, 28 had juvenile arthritis, and 55 had diabetes (Bekesi et al, 2011). The results showed significant positive effects on HRQoL that was independent of gender, diagnosis, age, or previous camp experience. Limits to the study include lack of a control group and no data on progress of disease. Many studies have indicated the HRQoL is connected to time since diagnosis and progress of disease, which was not indicated in the study.

Another study examined the impact of a therapeutic camp for children and adolescents diagnosed with Type 1 diabetes using the Self-Determination Theory (SDT). SDT explains that actions are autonomously motivated based on perceived freedom of choice and perceived competence. If these factors are increased, then adolescents with diabetes should become more independent at managing symptoms and effects of the disease (Hill et al., 2015). Self-report surveys from campers were collected at the start of camp and immediately at the end of camp. The Family Diabetes Camp Questionnaire contains scales measuring competences, autonomy support, camper relatedness, and camper satisfaction. These four factors are indicative of self-determination, especially autonomy (Hill et al., 2015). The results showed a strong positive correlation between pre and post competence scores, a positive correlation between camper relatedness and camper satisfaction, and a positive correlation between time of diagnosis and autonomy support. The findings of this study indicate that camp can be an effective tool in improving disease management when a strengths based approach is used based on the self-determination theory (Hill et al., 2015).

A unique study conducted by White et al. examined the impacts of a therapeutic camp for congenital heart disease on the well-being of the parents (2016). Using semi-structured interviews, qualitative data was gathered from nine parents to examine their perceptions of the effects of camp. The study hypothesized that the effects of chronic illness affected more than just the child diagnosed, but the whole family and in the same way the positive camp experience could impact the whole family (White et al., 2016). The data showed two common themes of increased independence and respite care. Increased independence included learning to let their child go, allow the child to accept more responsibility over their diagnosis, and worry less about allowing their child to do things independently. Camp provided the parents an opportunity to see that their child could manage their disease and accomplish tasks without them. For parents of children with chronic illness, it can be a relief to learn that your child will be safe without you (White et al., 2016). For respite care, common findings included time to relax, seeing friends and family, and having time to engage in activities that they enjoy. Many parents are consumed with the daily care of their children with chronic illnesses and do not have opportunities to do things independently. Camp provided an opportunity for the parents to engage in their preferred activities without having to worry about their child (White et al., 2016).

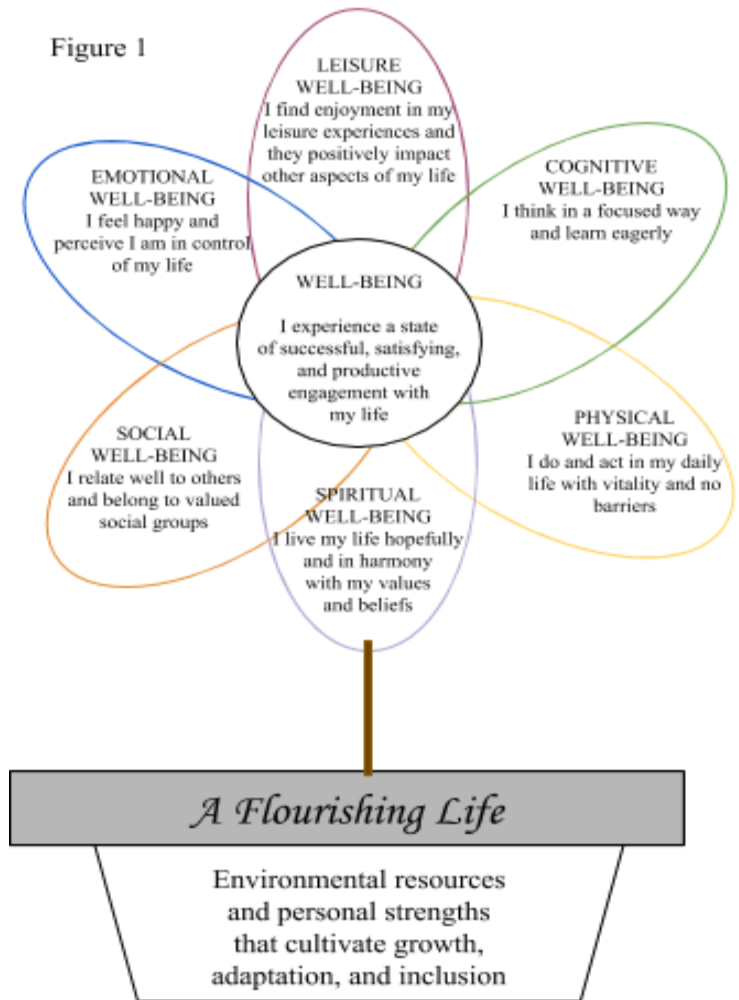
As evidenced by the three studies, therapeutic camps can have wide ranging benefits for both the parents and the children. Children are able to increase their independence and skill set while parents enjoy a much needed break from their role as primary caregiver (Bekesi et al., 2011; Hill et al., 2015; White et al., 2016). Therapeutic

camp are great modalities for decreasing barriers for children with disabilities by utilizing a strengths based approach and positive leisure experiences.

Model

Anderson and Heyne created the flourishing through leisure model (see Fig. 1) to explain the effects of providing a strengths based approach and proper support in one’s environment on well-being (2012).

The model shows the connection of flourishing in six life domains as indicators of wellbeing. The six domains, physical, social, emotional, cognitive, spiritual, and leisure, each affect overall well-being and quality of life (Anderson & Heyne, 2012). In order for a person to flourish, there needs to be environmental resources, personal strengths, and inclusion. These factors can be utilized in a therapeutic camp to increase functioning in the six domains and increase overall well-being. The model was used to examine the effects of a therapeutic day camp program for adolescents with a variety of diagnoses.



Physical

The physical benefits of leisure are some of the most studied of the domains. Some of the physical benefits of leisure include reduced risk for many conditions such as heart disease, diabetes, dementia, bone fractures, and high blood pressure, and increased immune system functioning, general health, and cancer remission (Anderson & Heyne, 2016; Anderson & Heyne, 2010; Caldwell, 2005; Carruthers & Hood, 2004). Therapeutic camps can provide opportunities for benefits in the physical domains through activities such as high and low ropes, canoeing, rock climbing, and nature walks. The words “act” and “do” connect to the physical domain on the Flourishing Through Leisure Model and can assist in coding qualitative responses into this domain (Anderson & Heyne, 2012).

Social

Social benefits of leisure are especially important to adolescents with disabilities as they often lack opportunities for typical social interaction due to stigma. Benefits associated with the social domain include increased social acceptance, self-esteem, positive social relationships, and social support (Anderson & Heyne, 2016; Anderson & Heyne, 2010; Caldwell, 2005; Carruthers & Hood, 2004). Therapeutic camps offer opportunities for friendship, increased acceptance, and self-esteem by creating an atmosphere where disability is destigmatized and natural relationships and social interaction can occur. The words “relate” and “belong” connect to the social domain on the Flourishing Through Leisure Model and can assist in coding qualitative responses into this domain (Anderson & Heyne, 2012).

Emotional

Emotional benefits of leisure can have long lasting impacts on mental health and wellbeing. Some of the emotional benefits of leisure include increased buffer against stress, coping abilities, optimism, positive mood and affect, and decreased depression (Anderson & Heyne, 2016; Anderson & Heyne, 2010; Caldwell, 2005; Carruthers & Hood, 2004). Therapeutic camps can offer emotional support and activities that address coping skills. The words “perceive” and “feel” connect to the emotional domain on the Flourishing Through Leisure Model and can assist in coding qualitative responses into this domain (Anderson & Heyne, 2012).

Cognitive

Cognitive benefits of leisure can be of value to children with disabilities that have cognitive involvement. Some cognitive benefits of leisure include increased attention span, neuroplasticity, ability to store new information, and cognitive performance (Anderson & Heyne, 2016; Anderson & Heyne, 2010; Caldwell, 2005; Carruthers & Hood, 2004). The words “think” and “learn” are associated with the cognitive domain on the Flourishing Through Leisure Model and can assist in coding qualitative responses into this domain (Anderson & Heyne, 2012).

Spiritual

The spiritual domain is often overlooked as it is more difficult to measure but the impacts are equally important as the other five domains. Some of the spiritual benefits of participating in leisure include understanding that one is a vital part of their community, self-restoration, personal transformation, identity formation, and finding a purpose in life

(Anderson & Heyne, 2016; Anderson & Heyne, 2010; Caldwell, 2005; Carruthers & Hood, 2004). The words “value” and “believe” are associated with the spiritual domain on the Flourishing Through Leisure Model and can assist in coding qualitative responses into this domain (Anderson & Heyne, 2012).

Leisure

Leisure acts as both a means and an end for benefits. Leisure creates opportunities for the benefits in the other domains, but participating in leisure is a domain that needs to be fulfilled as well. Benefits of participating in leisure include the reaffirmation of the connection between leisure, health, and quality of life, involvement in intrinsically motivating activities, an opportunity to experience flow, and a context for experiencing positive affect and emotions (Anderson & Heyne, 2016; Anderson & Heyne, 2010; Caldwell, 2005; Carruthers & Hood, 2004). The words “recreate” and “play” are connected with the leisure domain on the Flourishing Through Leisure Model and can assist in coding qualitative data into this domain (Anderson & Heyne, 2012).

Current Study

The purpose of this research is to examine caregiver perceptions of the effects of a 4-week therapeutic day camp on adolescents with disabilities. A camp program that offers appropriate supports and a strengths based approach in a leisure context should lead to increased overall well-being according to the Flourishing Through Leisure Model. In this study, qualitative data was gathered from camper functional profiles, camper treatment goals, discharge summaries, and a caregiver survey to determine if the experience led to improvements in the six domains and therefore increased well-being in

the campers. It was hypothesized that campers would experience gains in every domain and the caregivers would notice the differences post-camp.

Methods

The current study was done in conjunction with Camp RAD (Recreation for Adolescents with Disabilities). Camp RAD is open to adolescents from age 10-22 with a disability and runs from May - June each summer and is hosted by Georgia Southern University. Camp RAD focuses on physical activity, life skills, access to resources and advocating for needs through a supportive camp atmosphere. Camp RAD is run by faculty in the Child and Family Development and of Health Sciences and Kinesiology programs and students in the Health and Physical Activity for Exceptional Youth summer class. The ratio of camp is 1:1 and students are paired with one camper for the duration of camp. Students receive a registration packet for each camper that includes the World Health Organization Disability Assessment Scale 2.0 (WHODAS 2.0) proxy-administered, their individualized education plan (IEP), behavioral intervention plan (BIP), as well as a packet explaining the child's strengths and deficits as noted by their caregiver. The information gathered is coded using the International Classification of Functioning, Disability and Health (ICF).

Using the results of the ICF, the student creates a functional profile of the camper and writes goals and objectives for the campers to complete during the duration of camp. At the end of camp, a discharge summary is sent home to the family and the school to detail what the camper worked on during their time at camp. In addition a survey is conducted at the close of each camp to gather the caregiver's perceptions on camp (see

Appendix 2). Camp RAD has been held in conjunction with Georgia Southern University for the last seven years. The camp collects information on the campers in order to provide camp services and is subsequently stored. The data utilized in this study is archival in nature spanning the years 2017 and 2018. Consent was obtained from the caregivers to access the information collected on their camper during previous sessions.

Participants

There are no participants for the present study. All data was collected prior to the beginning of the study by Camp RAD as a part of their typical process. Data utilized for the study included functional profiles for campers, goal sheets, discharge summaries, and caregiver surveys for 2017 and 2018 camp sessions.

Participants in Camp RAD are children and adolescents with cognitive and physical disabilities. The researcher received contact information for the caregivers of the campers to gain consent to access archival data from previous years. Participants were permitted to withdraw consent at any point. Risk did not exceed that which would be encountered in everyday life. No compensation was given to those who provided informed consent.

Procedures

The researchers contacted caregivers through phone calls and emails to gain consent to access their child's information from previous years at camp. Initial contact was made in January and researchers ceased attempts by April in order to finalize data analysis. A total of $n = 10$ caregivers provided consent out of the possible $n = 23$ campers with completed data sets from the years 2017 and 2018. After consent was gained, all

identifying information was removed from data in order to maintain the anonymity of campers.

Measures

As a qualitative study, no formal measurement tool was used. Qualitative data from the camper profiles was coded using the ICF, but no other assessment tools were utilized. There is a large need for theory based research in the field of Recreational Therapy, therefore this study analyzed the participant's perspectives through the lens of the Flourishing Through Leisure Model (Anderson & Heyne, 2012). The Flourishing Through Leisure Model visualizes the connection between a strengths based approach and environmental supports on well-being in six domains: physical, social, emotional, cognitive, spiritual, and leisure. Key words for each domain are identified in the model and responses containing these words will be coded for the respective domain. The physical domain connects with the words "act" and "do," the social domain connects with "relate" and "belong," the emotional domain connects to "perceive" and "feel," the cognitive domain connects to "think" and "learn," the spiritual domain connects to "value" and "believe," and the leisure domain connects to "play" and "recreate" (Anderson & Heyne, 2012). Other words and themes were identified and matched to the six domains. Though the data was examined through the lens of the Flourishing Through Leisure Model the data was further analyzed for the possibility of new domains and connections.

Analysis

Responses to the request for data yielded n = 13 surveys, n = 15 functional profiles, n = 11 goal sheets, and n = 14 discharge summaries. Qualitative analysis was conducted on the functional profiles, camper goals, discharge summaries, and surveys separately in order to establish a picture of the full process.

Responses were initially coded for the physical, social, emotional, cognitive, spiritual, and leisure domains using the words associated with the Flourishing through Leisure Model. The words “act” and “do” were coded for the physical domain. The words “relate” and “belong” were coded for the social domain. The words “perceive” and “feel” were coded for the emotional domain. The words “think” and “learn” were coded for the cognitive domain. The words “value” and “believe” were coded for the spiritual domain. The words “recreate” and “play” were coded for the leisure domain.

Data was then coded for the domains using the sentence context. Data was separated line by line into domain sections. Phrases that were coded more than once were indicated at the end of the line as (n). The result of this process was a list of phrases correlating with each domain. The list of responses for each domain was further divided into broad categories based on similarities to establish themes. After all data were placed in categories, the data were mapped out to give a visual representation of themes. Maps were then compared to each other to create a story of the camp process start to finish.

Results

Functional Profiles

The functional profiles create a picture of the camper’s overall functioning and identify deficits that the camp may be able to address. Analyzing all functional profiles created a picture of the common deficits most campers needed to improve. The functional profile was used for the counselors to determine what the camper’s goals should address. The findings below resulted from analysis of n = 15 functional profiles.

Physical Deficits

The list of physical deficits after coding line by line included n = 62 items. Repetitions of specific deficits ranged from n = 2 to n = 9, with the highest number of repetitions occurring for “washing whole body.” The occurrence of terms being repeated verbatim can be attributed to the questions on the WHODAS 2.0 proxy administered and the ICF coding system.

When the list of physical deficits was sorted into similar categories, six themes were identified: endurance (Table 1), movement (Table 2), body position (Table 3), sensory processing (Table 4), communication (Table 5), and activities of daily living (Table 6). Activities of daily living and endurance had the highest number of items coded, both with n = 20 responses. The themes were used to create a visual map of the physical deficits experienced by the campers (see Fig. 2)

Tab 1. Physical Deficits: Endurance	n
Walking long distances	7
Maintaining a standing position	3
Standing for long periods of time	3
Endurance of all muscles in the body	2
Moving around outside of the home	1
Needs assistance using wheelchair	1
Getting out of the home	1
Cardiomyopathy	1

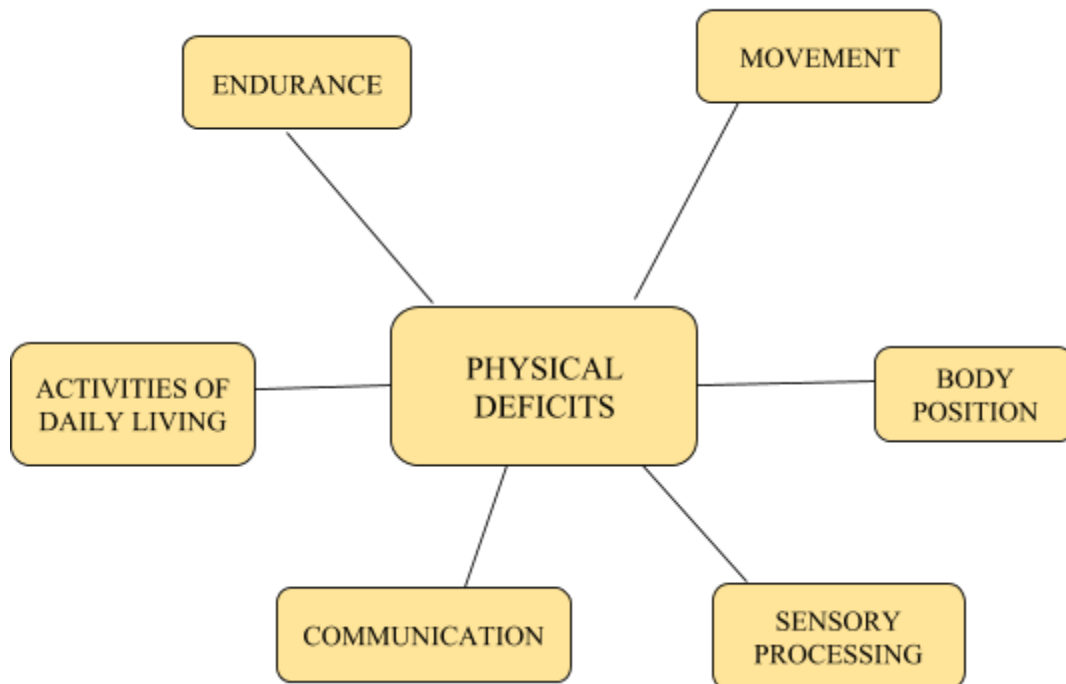
Tab 2. Physical Deficits: Movement	n
Balance	3
Neuromusculoskeletal & movement related function	2
Hand and arm use	1
Moving items with lower extremities	1
Control of simple voluntary movements	1
Daily use of a wheelchair	1
Muscular dystrophy	1

Tab 3. Physical Deficits: Body Position	n
Changing basic body position	2
Standing up from sitting down	2
Standing	1

Tab 4. Physical Deficits: Sensory Processing	n
Light sensitivity	2
Sound sensitivity	1

Tab 5. Physical Deficits: Communication	n
Voice and speech functions	2
Production of voice	1
Articulation of voice	1
Quality of voice	1

Figure 2



Social Deficits

After line by line coding, the list of social deficits included $n = 58$ items. Repetitions of specific deficits ranged from $n = 2$ to $n = 11$ with $n = 11$ occurrences for “forming relationships.” Once sorted, the response yielded four main themes: relationships (Table 7), interpersonal interaction skills (Table 8), conversation skills, (Table 9), and communication (Table 10). The largest number of reported deficits ($n = 22$) occurred under theme relationships. Themes were then mapped to show the main areas of social deficits identified for campers (see Fig. 3).

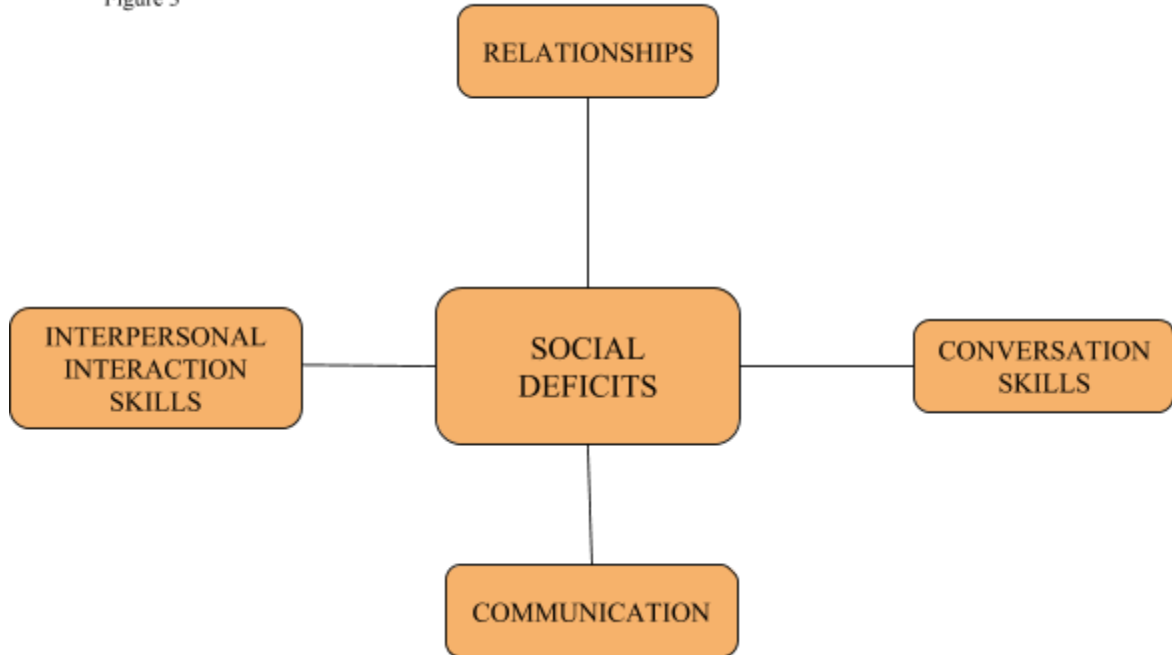
Tab 7. Social Deficits: Relationships	n
Forming relationships	11
Maintaining friendships	2
Connecting with others and peers	1
Relating with equals	1
Relating with others	1
Informal relationships with friends	1
Basic interpersonal relationships	1
Child-parent relationships	1
Family relationships	1
Informal social relationships	1
Formal relationships	1

Tab 8. Social Deficits: Interpersonal Interaction	n
Relating to strangers	2
Basic interpersonal interactions	3
Interacting according to social rules	1
Poor social responsiveness	1
Prefers to do activities individually	1
Oblivious to others	1
Psychosocial functioning	1
Parallels rather than direct interaction	1

Tab 9. Social Deficits: Conversation Skills	n
Starting a conversation	7
Maintaining a conversation	4
Sustaining a conversation	2
Conversation	1

Tab 10. Social Deficits: Communication	n
Receiving spoken messages	3
Verbal communication: expression of spoken language	2
Difficulty expressing language	2
Fluency of speech	1
Speed of speech	1
Communication, other specified	1
Communication	1

Figure 3



Emotional Deficits

Line by line coding for the emotional domain generated a list of n = 23 items. Repetitions in this category were lower than physical and social with repetitions ranging from n = 2 and n = 3 with n = 3 correlating to both the deficit “emotional functions” and “regulation of emotion.”

Sorting items into themes revealed four main categories: temperament (Table 11), overall emotional functioning (Table 12), individual attitude (Table 13), and coping behaviors (Table 14). The highest number of deficits occurred for the theme overall emotional functioning with n = 9. Lastly, the themes were mapped in order to show the range of emotional deficits (see Fig. 4).

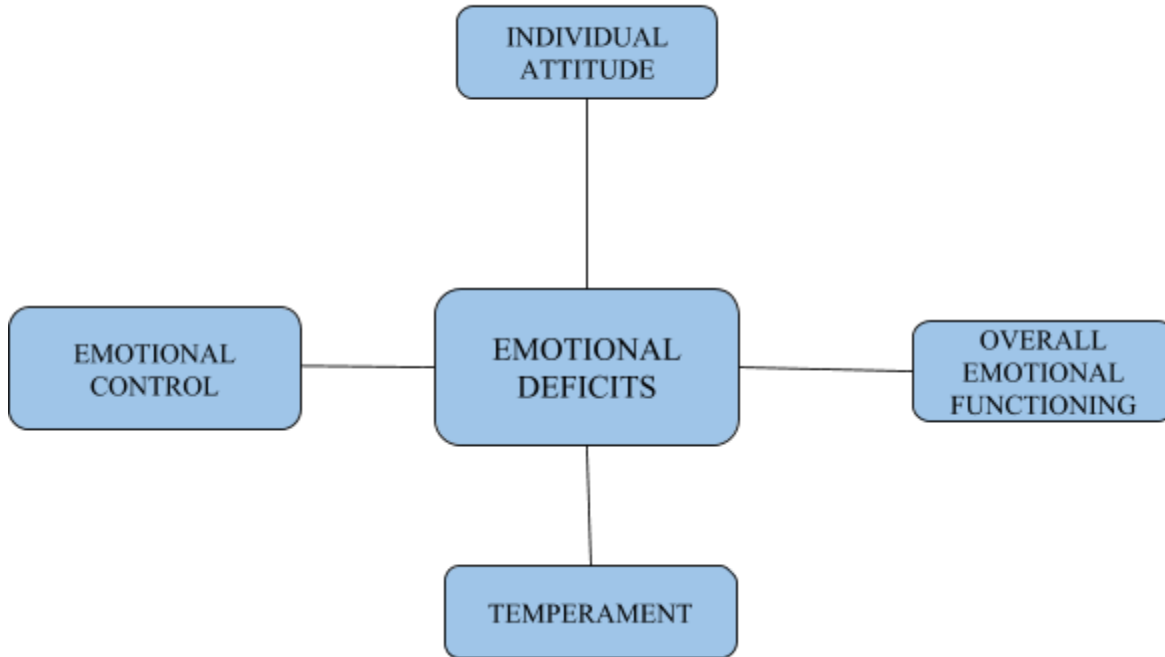
Tab 11. Emotional Deficits: Temperament	n
Easily overwhelmed/upset	2
Uncooperative and impulsive	1
Not open to new experiences	1
Frustrated when told no	1
Handling stress	1
Sensitivity to light	1
Sensitivity to sound	1

Tab 12. Emotional Deficits: Overall Emotional Functioning	n
Emotional functions	3
Regulation of emotion	3
Psychosocial functioning	1
Appropriateness of emotion	1
Behavioral modification	1

Tab 13. Emotional Deficits: Individual Attitude	n
Individual attitude towards strangers	2
Individual attitude towards peers	1

Tab 14. Emotional Deficits: Specific Coping Behaviors	n
Self-stimulating behaviors	2
Echolalia	1

Figure 4



Cognitive Deficits

The cognitive domain resulted in the highest responses with n = 112 total items coded. Recurring items ranged from n = 2 to n = 8 repetitions with n = 8 corresponding to deficits in sustaining attention. Items were divided into eight themes: attention (Table 15), memory (Table 16), reading (Table 17), problem solving (Table 18), verbal communication (Table 19), writing (Table 20), math (Table 21), and overall cognitive functioning (Table 22). The attention category had the highest total responses with n = 22

total items. Themes were used to create a visual of the cognitive deficits encountered by the campers (see Fig. 5).

Tab 15. Cognitive Deficits: Attention	n
Sustaining attention	8
Concentrating on something for 10 minutes	4
Focusing attention	3
Staying on task	2
Concentration	2
Attention function	2
Paying attention	1

Tab 16. Cognitive Deficits: Memory	n
Memory function: unspecified	7
Remembering important things	2
Retrieval of memories	1
Long term memory	1
Identifying basic shapes	1

Tab 17. Cognitive Deficits: Reading	n
Reading	4
Reception of written language	2
Reads at a 2nd grade level	1
Comprehend simple passages	1
Reading comprehension	1

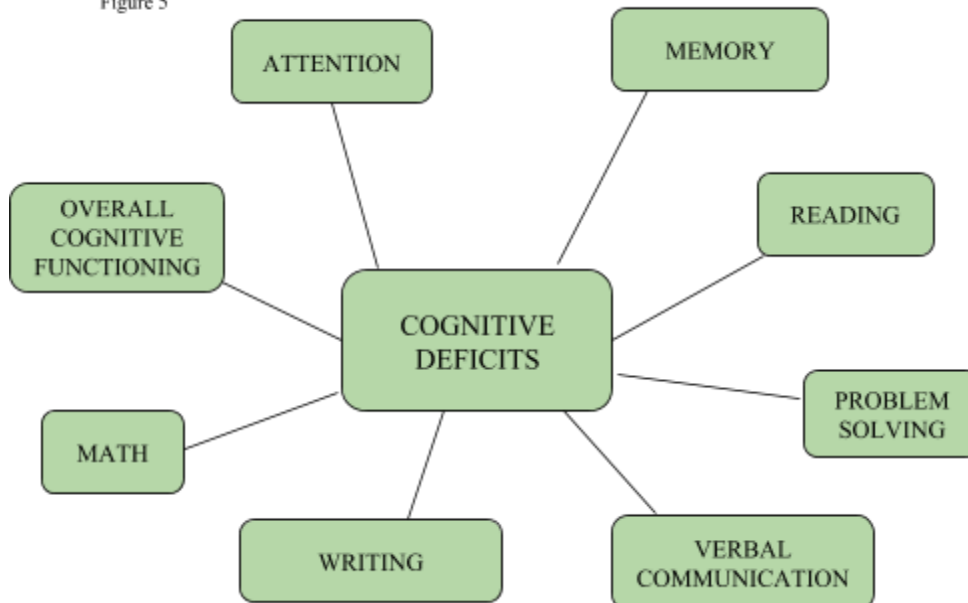
Tab 18. Cognitive Deficits: Problem Solving	n
Solving problems	5
Problem solving	4
Analyzing and finding solutions to problems	2
Acquiring skills	2
Analyzing	1
Acquiring complex skills	1

Tab 19. Cognitive Deficits: Verbal Communication	n
Communicating: receiving verbal	5
Communicating: producing verbal	4
Voice and speech functions	2
Speaking	2
Producing non-verbal messages	2
Articulation Functions	1
Communication producing other specified and unspecified	1

Tab 20. Cognitive Deficits: Writing	n
Writing	2
Learning to write	1
Copying	1

Tab 21. Cognitive Deficits: Math	n
Simple calculation	5
Calculating	3
Time management	1
Math skills	1
Counting	1
Complex calculations	1
Struggles with basic math	1
Counting objects (to ten) with assistance	1

Figure 5



Spiritual Deficits

There were no items identified for deficits in the spiritual domain.

Leisure Deficits

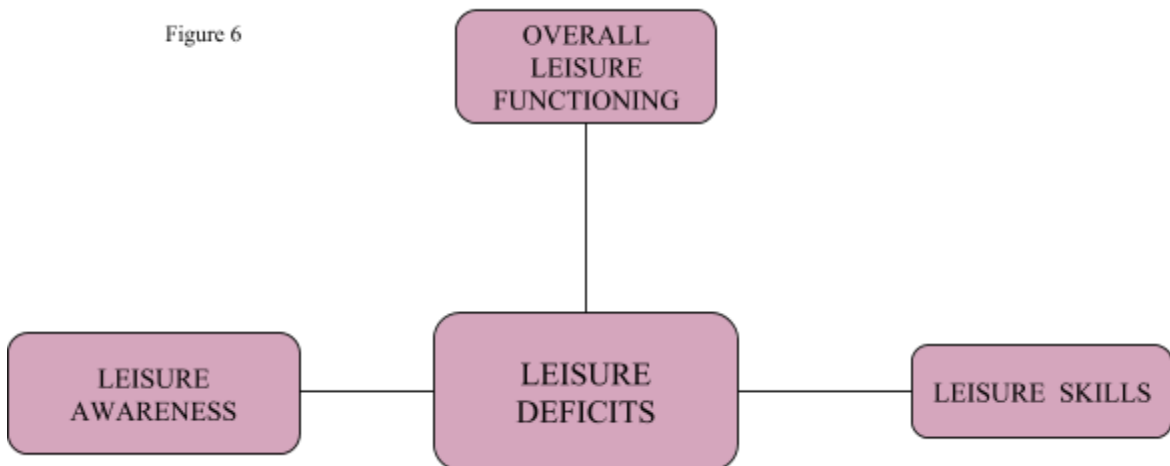
The leisure domain contained the least number of deficits with n = 5 total items identified. Both the items, “recreation and leisure” and “community life” had repetitions of n = 2. Three themes emerged from the responses: overall leisure functioning (Table 23), personal skills (Table 24), and leisure awareness (Table 25). Overall leisure functioning tied with leisure awareness for the highest number of items with n = 2 items. A map was created to visualize the deficits in the leisure domain (Fig 6).

Tab 23. Leisure Deficits: Overall Functioning	n
Recreation and leisure	2

Tab 24. Leisure Deficits: Personal Skills	n
Managing activity levels	1

Tab 25. Leisure Deficits: Leisure Awareness	n
Community involvement	2

Figure 6



Camper Goals

The functional profiles influenced the development of camper goals. Based on the camper’s deficits, the counselor would create specific goals to address during the duration of camp. The goal sheets (n = 11) were analyzed to determine what domains the camp was intending to target through activities. The data will give an overview of the direction of treatment for the campers.

Physical Goals

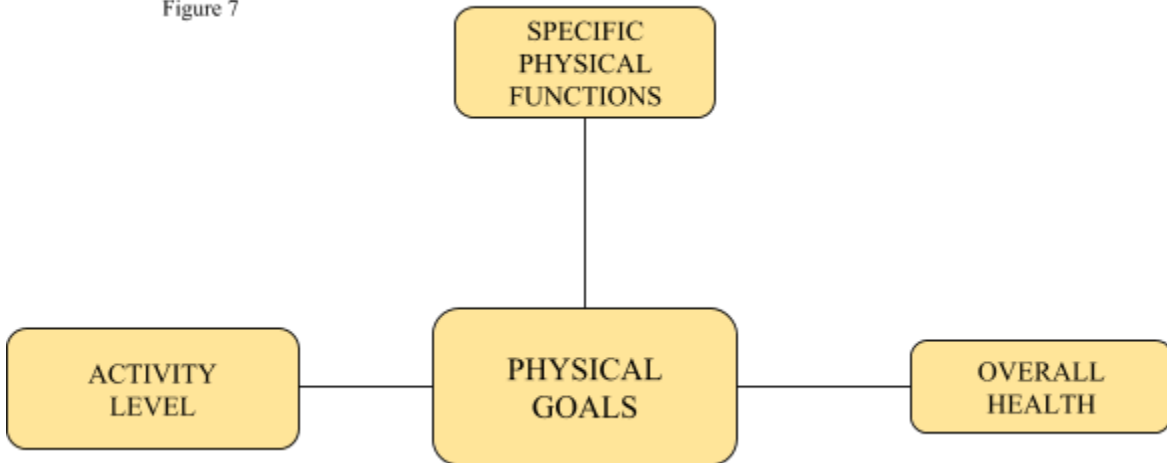
Analysis of the goals identified n = 12 lines correlated with the physical domain. The most commonly occurring physical goal was to “improve physical abilities,” with n = 3 goals containing the phrase. Once categorized, goals revealed themes of activity level (Table 26), specific physical functions (Table 27), and overall health (Table 28). Goals related to specific physical functions appearing n = 8 times. Physical goal themes were then mapped to allow understanding of the targeted physical areas (see Fig. 7).

Tab 26. Physical Goals: Activity Level	n
Increased activity level	2
Increased movement	1

Tab 27. Physical Goals: Specific Functions	n
Improve physical abilities	3
Increase range of motion	1
Improve fine motor skills	1
Improve gross motor skills	1
Improve changes in body position	1
Write more neatly	1

Tab 28. Physical Goals: Overall Health	n
Get healthier	1

Figure 7



Social Goals

The social domain contained the largest number of goal items with a total of n = 34 items. Goals repeated between n = 2 and n = 3 with “make new friends,” and “initiate conversation with peers” each occurring n = 3 times.

The social goals were divided into like categories and established 4 themes: relationships (Table 29), social skills (Table 30), communication (Table 31), and conversation skills (Table 32). The social skills category recorded the highest number of items with n = 10. The themes for social goals are mapped in Fig. 8.

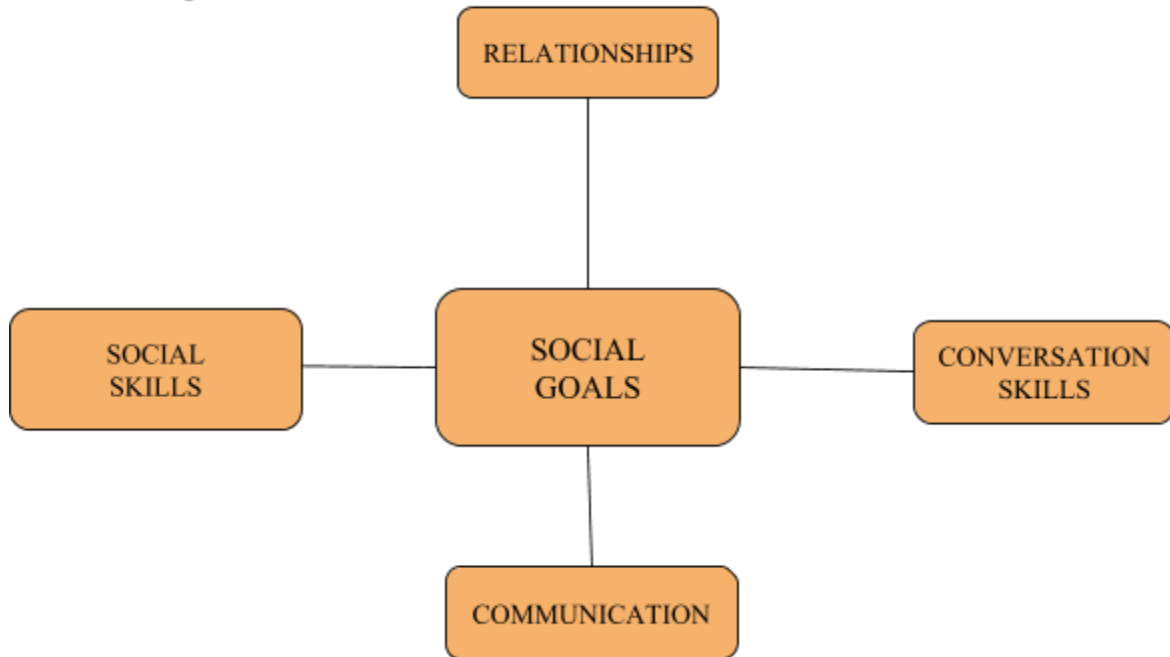
Tab 29. Social Goals: Relationships	n
Make new friends	3
Engage with peers	2
Build relationships	2
Social involvement	1
Bond with peers	1

Tab 30. Social Goals: Social Skills	n
Personal space	2
Develop and enhance social skills	2
Increase social interaction	2
Engage in appropriate behavior during activities	1
Social integration	1
Asking for help when needed	1
Learn to interact with people of all ages	1

Tab 31. Social Goals: Communication	n
Improve communication	2
Communicate appropriately	2
Communicate with new people	1
Improve non-verbal communication	1
Communication skills	1

Tab 32. Social Goals: Conversation Skills	n
Initiate conversation with peers	3
Initiate conversation	2
Maintain conversation	1
Improve conversation skills	1
Be more talkative	1

Figure 8



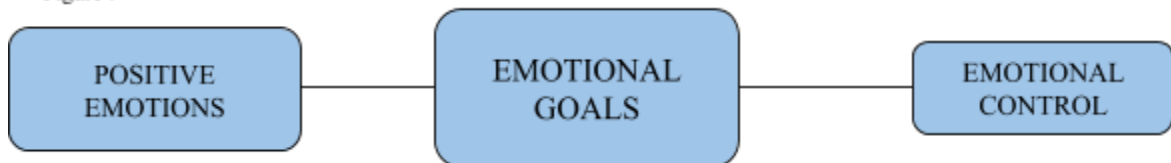
Emotional Goals

Examination of the goal sheets revealed n = 16 goals related to the emotional domain with repetitions ranging from n = 2 to n = 5 with n = 5 being “have fun”. The items in the emotional domain encompassed two main themes: emotional control (Table 33) and positive emotions (Table 34). Emotional control contained a greater number of total items with n = 10 goals referencing emotional control. Figure 9 depicts the emotional goals.

Tab 33. Emotional Goals: Emotional Control	n
Identify a new coping strategy	3
Control behaviors	3
Cope when uncomfortable/anxious/excited	1
Reduce self stimulating behaviors	1
Improve emotional intelligence	1
Overcome personal obstacle	1

Tab 34. Emotional Goals: Positive Emotions	n
Have fun	5
Be happy	1

Figure 9



Cognitive Goals

Data correlating to the cognitive domain was identified n = 19 times with repetitions ranging from n = 2 to n = 5 with n = 5 being “pay attention” or “stay focused”. Goals were separated into four underlying themes: attention (Table 35), skill

development (Table 36), problem solving (Table 37), and memory (Table 38). The highest number of responses (n = 8) occurs for the theme attention. The themes are visually represented in Figure 10.

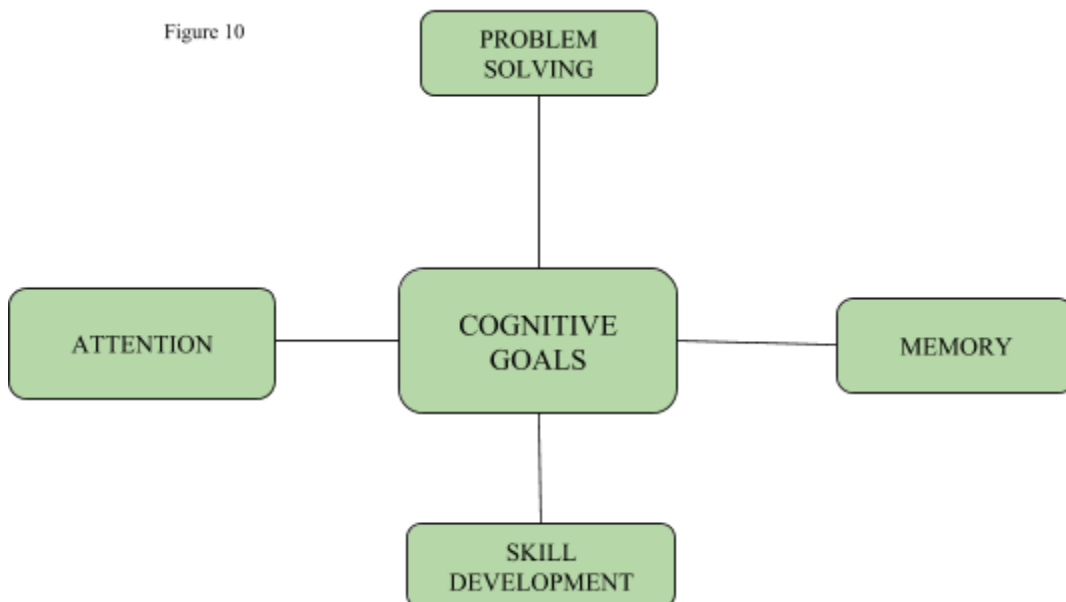
Tab 35. Cognitive Goals: Attention	n
Pay attention/stay focused	5
Remain engaged and on task	2
Improve concentration	1

Tab 36. Cognitive Goals: Skill Development	n
Develop new skills	2
Increase knowledge of basic life skills	2
Reading	1
Writing	1

Tab 37. Cognitive Goals: Problem Solving	n
Improve math skills	2
Improve problem solving	1

Tab 38. Cognitive Goals: Memory	n
Improve memory	2

Figure 10



Spiritual Goals

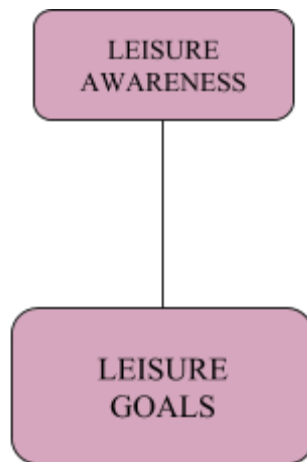
No data pertaining to the spiritual domain was identified during the analysis of the goal sheets.

Leisure Goals

Goals pertaining to the leisure domain were identified n = 2 times. No repetitions of any data items occurred. The two items were contained in the same theme of leisure awareness (Table 39). The theme of the goals in the leisure domain is depicted in Figure 11.

Tab 39. Leisure Goals: Leisure Awareness	n
Participate in new activities	1
Learn new skills through activities	1

Figure 11



Discharge Summaries

The discharge summaries are progress reports sent home to the caregivers and sent to the camper’s school to detail what the camper worked on during camp. In essence, the discharge summaries reflect the progress the camper made over the 4-week session.

Discharge summaries (n = 14) were analyzed to determine what outcomes the camp had perceived occurred.

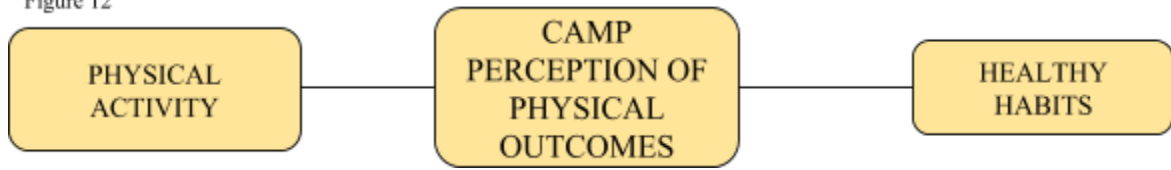
Physical Outcomes

The discharge notes revealed n = 51 physical outcomes after initial coding. Repetitions of specific items occurred between n = 2 and n = 11 times, with the item “walking around” coding the most with n = 11 occurrences. Once analyzed, the data was categorized into two themes: physical activity (Table 40) and healthy habits (Table 41). Physical activity contained the most items with n = 36 total. The physical outcomes are mapped in Figure 12.

Tab 40. Camp Perceptions of Physical Outcomes: Physical Activity	n
Walking around	11
Stay active	5
Fitness groups	3
Physical activity	3
Games and sports	3
Climbing the rock walk	3
How to hit a ball	2
Dancing	2
Provided physical exercise	1
Get child up and moving for 30 minutes	1
Allow for greater exercise	1
Dressing themselves	1

Tab 41. Camp Perceptions of Physical Outcomes: Healthy Habits	n
Nutrition	7
Value nutrition	3
Healthy lifestyle	3
Healthy snacks	2

Figure 12



Social Outcomes

The social outcomes were reported by the camp the most and includes n = 131 total items. Items were repeated between n = 2 and n = 12 times during coding. The item coded the most was “helpful/helping/helper” with n = 12 occurrences. Social outcomes were separated into four themes: social skills (Table 42), social interaction (Table 43), relationships (Table 44), and communication (Table 45). Forming relationships was the most prominent theme with n = 49 items relating to it. All of the themes for social outcomes can be seen in Figure 13.

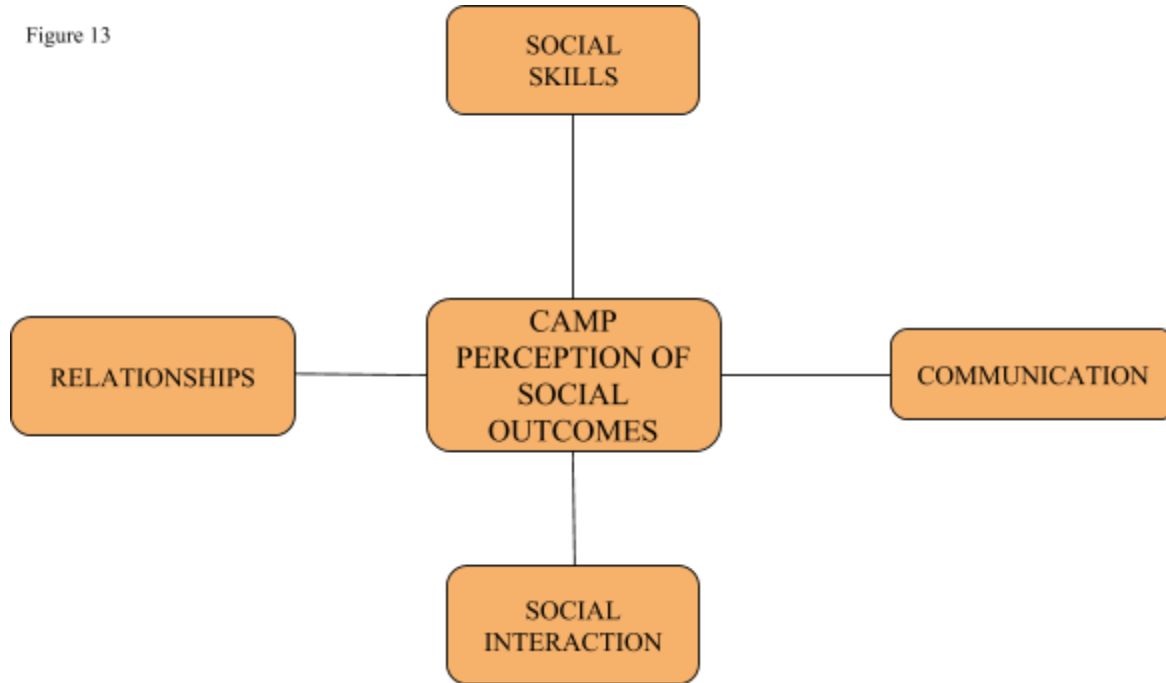
Tab 42. Camp Perceptions of Social Outcomes: Social Skills	n
Helpful/Helping/Helper	12
Work as a team	7
Respecting others	3
Be supportive	3
Use listening ears	2
Be respectful of personal space	2
Use kind words	1
Maintain friendships through social cues	1
How to be a good friend	1
Positive feedback	1
Be a part of a team	1
Encouraging others	1
Understand how to behave in community setting	1

Tab 43. Camp Perceptions of Social Outcomes: Social Interaction	n
Interact with other campers	10
As much social interaction as possible	6
Socializing	5
Interpersonal interaction in small groups	3
Group activities	2
Interact with as many campers as possible	1
Speak freely and joining in groups	1
Encourages others to interact more socially	1

Tab 44. Camp Perceptions of Social Outcomes: Relationships	n
Interact with friends	8
Forming lasting relationships	7
Bond with campers	6
Discover similar interests	6
Get to know other campers	5
Form quality bonds with peers	4
Form bond with counselor	3
Make friends	3
Begin to form close bonds	1
Form great friendships between campers	1
Improvements in forming personal bonds	1
Felt supported in social interaction	1
Strong bonds with many of the campers	1
Growing friendships	1
Collaborate with friends	1

Tab 45. Camp Perceptions of Social Outcomes: Communication	n
Using words to describe what you would like	3
Engage in conversation	3
Urge campers to communicate as much as possible	2
Communicate with counselor	2
Communicate with peers	2
Peer conversation became easier	1
Spoke in front of the entire camp	1
Communicate verbally with counselor	1
Intitiate conversation	1
Awareness of appropriate communication	1

Figure 13



Emotional Outcomes

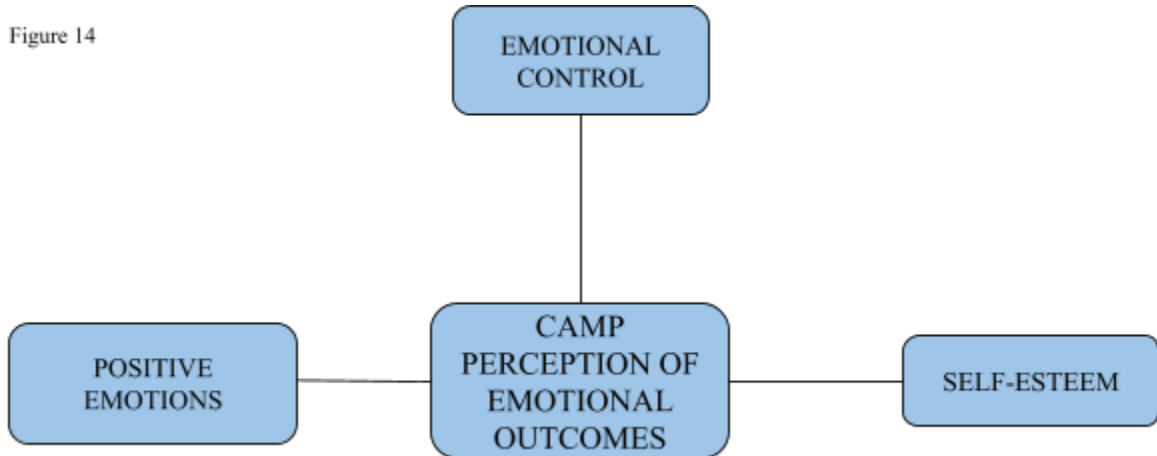
Emotional outcomes were highly reported by the camp with $n = 90$ total items being coded for the category with repetitions ranging from $n = 2$ to $n = 25$ for specific items. The item “enjoyment” was noted $n = 25$ times in the discharge summaries. Three themes were created for the emotional outcomes: positive emotions (Table 46), self-esteem (Table 47), and emotional control (Table 48). The themes for emotional outcomes noted by the camp can be seen in Figure 14.

Tab 46. Camp Perceptions of Emotional Outcomes: Positive Emotions	n
Enjoy/Enjoyment	25
Loved	9
Happy	7
Excitement	7
Enthusiasm	2
Have fun	2
Sweet	1
Inspiring	1
Comfortable	1
Pleased	1
Like	1
Keen	1
Thrilled	1
Eager	1
Interested	1
Joyful	1

Tab 47. Camp Perceptions of Emotional Outcomes: Self-Esteem	n
Self-expression	7
Feeling included	6
Confidence	3
Self advocate for their passions and skills	2
Communicate when they need help	
Positive attributes about self	1

Tab 48. Camp Perceptions of Emotional Outcomes: Emotional Control	n
Did not feel overwhelmed in crowd	1
Regulate emotions	1
Calmly control emotions	1
Managing emotions	1
Overcome challenges	1
Adapted to new things	1
Not nervous	1
Overcame fears	1
Manage anger in stressful situations	1

Figure 14



Cognitive Outcomes

Outcomes relating to the cognitive domain were coded n = 53 times during the initial analysis with repetitions occurring between n = 2 and n = 12 times. The most frequently reported item (n = 12) was “learned something new”. Items were categorized into five themes: life skills (Table 49), academic skills (Table 50), problem solving (Table 51), attention (Table 52), and knowledge (Table 53). The themes knowledge and life skills each receive n = 14 items. The results were then mapped to create a visual understanding of the cognitive outcomes (see Fig. 15).

Tab 49. Camp Perception of Cognitive Outcomes: Life Skills	n
Awareness of different careers	2
Prepare themselves for the future	2
Understand when to ask for help	1
Understand who to ask for help	1
Life skills activities	1
How to ask people for help	1
Lear how to prepare meals	1
How to make snacks	1
Identifying/Recognizing/Utilizing different currencies	1
What are healthy foods	1
Learn about healthy options	1
Daily routine chart	1

Tab 50. Camp Perception of Cognitive Outcomes: Academic Skills	n
Find items on a list	5
Writing activities	2
Read	1
Reading comprehension	1
Recall	1
Write name	1
Find and separate items based on color	1

Tab 51. Camp Perception of Cognitive Outcomes: Problem Solving	n
Evaluate dangerous situation and decide how to respond	2
Identify severity if problems	1
Decided on good and bad decisions	1
Understand obstacles	1

Tab 52. Camp Perception of Cognitive Outcomes: Attention	n
Follow directions	2
Engaged	1
Paid close attention	1
Follow instructions	1
Follow rules	1
Responsive to directions	1
Responsive to instructions	1

Tab 53. Camp Perception of Cognitive Outcomes: Knowledge	n
Learned something new	12
Learned about different vegetables	1
Understand the importance of sunscreen	1

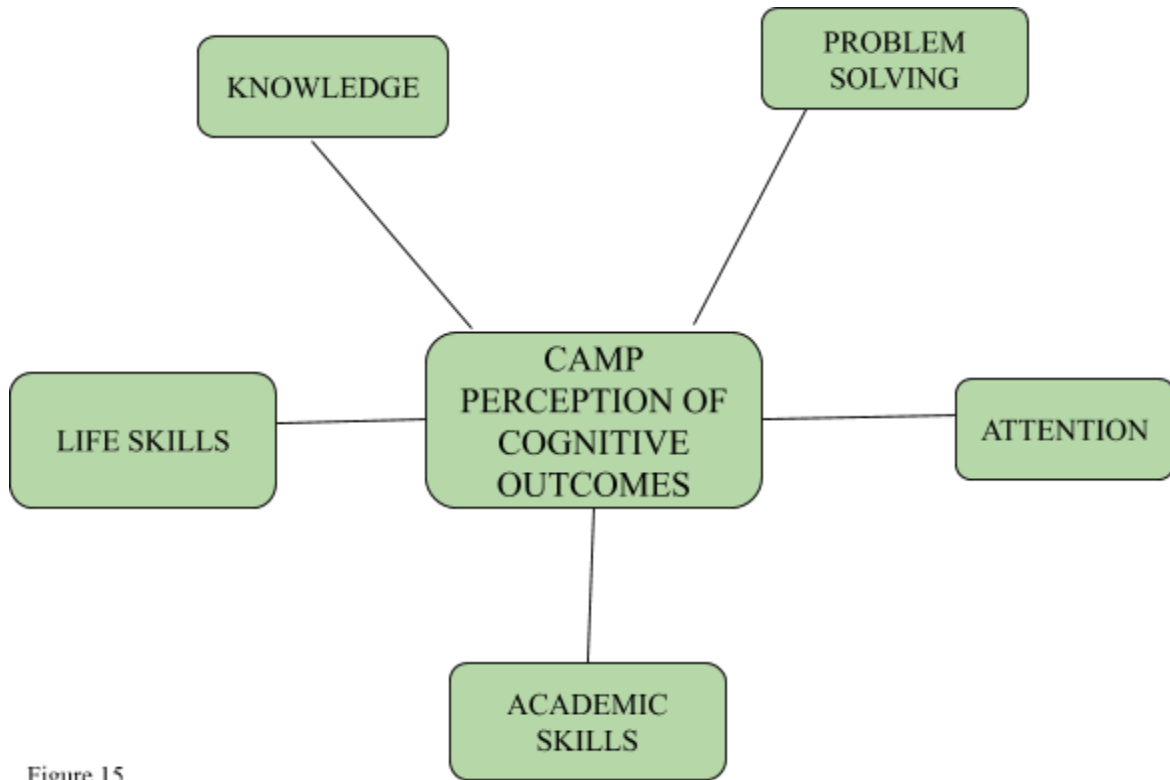


Figure 15

Spiritual Outcomes

No spiritual outcomes were identified in the discharge summaries.

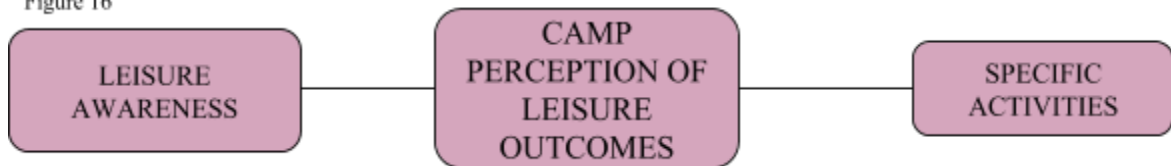
Leisure Outcomes

Leisure outcomes were reported a total of n = 49 times by the discharge notes with repetitions ranging from n = 3 to n = 6. The items volleyball, pool, and basketball were each reported n = 6 times. The items coded for leisure outcomes were divided into two themes: leisure awareness (Table 54) and specific activities (Table 55). The themes of the leisure outcomes noted by the camp can be seen in Figure 16.

Tab 54. Camp Perceptions of Leisure Outcomes: Leisure Awareness	n
Exposure to new activities	1
Participate in activites	1
Different games	1

Tab 55. Camp Perceptions of Leisure Outcomes: Specific Activities	n
Volleyball	6
Basketball	6
Pool	6
Bowling	4
Badminton	4
Wheelchair obstacle course	4
Scavenger hunt	3
Zumba	3
Climbing wall	3
Ping Pong	1
Dance	1
Sports	1
Movie Madness	1
Beach relay	1
Tennis	1
Baggy clothes relay	1

Figure 16



Caregiver Survey

The survey consists of nine questions and is administered via phone or email at the conclusion of camp (see Appendix 2). The survey is intended to identify strengths of the camp program as well as areas of improvement. In addition, the survey acts as a way to determine what camper improvements were visible to the caregivers. The surveys (n =

13) were analyzed to determine what outcomes the caregivers perceived as a result of the camp program.

Physical Outcomes

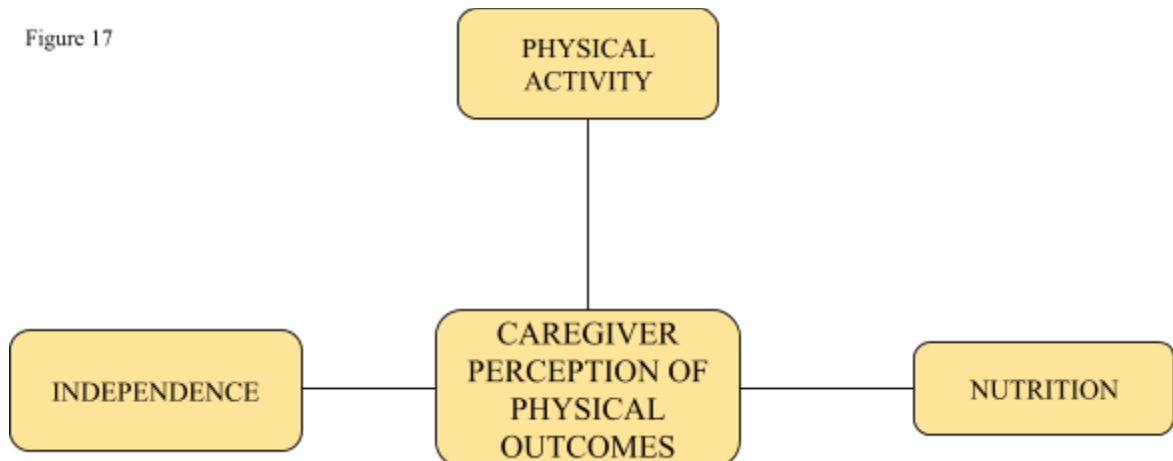
Physical outcomes identified by the caregivers contained n = 8 items after coding. Only one repetition was noted with n = 2 occurrence of “keep him active.” Once analyzed, the items revealed three main themes: physical activity (Table 56), nutrition (Table 57), and independence (Table 58), with physical activity receiving the most correlated responses at n = 4. The themes for the caregiver perception of physical outcomes is demonstrated in Figure 17.

Tab 56. Caregiver Perceptions of Physical Outcomes: Physical Activity	n
Keep him active	2
Keep him out of the house and physically active	1
Does more with you than when I'm around	1

Tab 57. Caregiver Perceptions of Physical Outcomes: Nutrition	n
Eating healthy	1
Encourages family to eat healthy now	1

Tab 58. Caregiver Perceptions of Physical Outcomes: Independence	n
Freedom to be a big boy and act his age	1
Doing things for himself	1

Figure 17

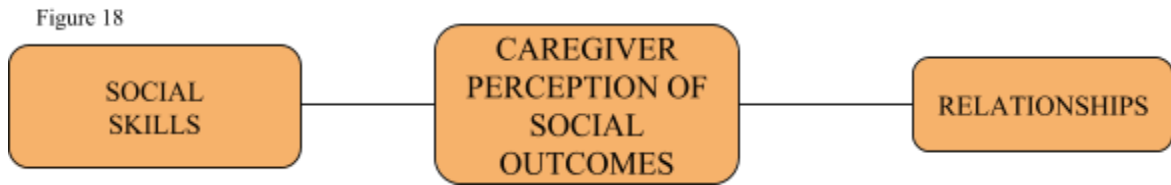


Social Outcomes

Social outcomes were highly reported among caregivers with n = 19 items identified. Only one repetition occurred with n = 2 for the item “interaction with peers.” Of the responses, only two themes emerged: social skills (Table 59) and relationships (Table 60), with social skills coding the highest number (n = 10) items. The themes were then mapped (see Fig. 18).

Tab 59. Caregiver Perceptions of Social Outcomes: Social Skills	n
Nice hands	1
Indoor Voice	1
Seeing different levels of need	1
Get over differences	1
Work together	1
Social skills	1
How to get along with people despite difference s	1
Being mean makes people stay away	1
Using handshakes instead of hugs	1
Overcoming differences with others	1

Tab 60. Caregiver Perceptions of Social Outcomes: Relationships	n
Interaction with peers	2
Loves being with other people	1
Enjoyed socializing	1
Meeting everyone (new & old)	1
Interacting with people outside of family	1
Making new friends	1
Peer interaction	1
Promoting socialization	1



Emotional Outcomes

Emotional outcomes were the most prominently reported among the domains with n = 22 items coded. Of the items coded, no repetitions were identified. Three themes emerged: positive emotions (Table 61), self-esteem (Table 62), and emotional control (Table 63) with positive emotions recording the highest number of responses (n = 10).

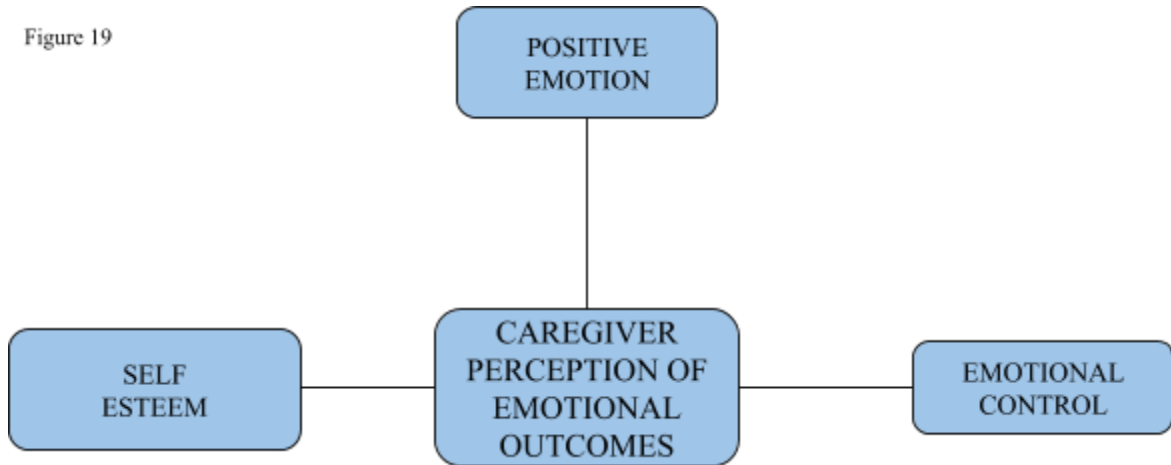
The emotional outcomes reported by the caregivers are mapped in Figure 19 .

Tab 61. Caregiver Perceptions of Emotional Outcomes: Positive Emotions	n
Excited to go	1
Feels good	1
Very happy	1
Always excited - even after camp	1
Really excited to go	1
Happier	1
Chipper	1
Excited to go to camp	1
Would otherwise be bored	1
Braggs about camp to others	1

Tab 62. Caregiver Perceptions of Emotional Outcomes: Self-esteem	n
Gives them confidences	1
More confident	1
Choosing what he wants	1
Encourages him to get out of his comfort zone	1
Breaking intense attachment to mom	1
Willing to step away from family	1
Motivates him emotionally	1
Prevents them from using parents as crutch	1

Tab 63. Caregiver Perceptions of Emotional Outcomes: Emotional Control	n
Reinforces good behaviors	1
Learned to control anger a little more	1
Tolerating when people are bothering him	1
Seeing different (positive) ways of behavior	1

Figure 19



Cognitive Outcomes

Cognitive outcomes were reported by caregivers n = 8 times throughout the survey. No repetitions of items were identified for the cognitive domain. Four themes were noted: general knowledge (Table 64), problem solving (Table 65), knowledge of behavior (Table 66), and emotional knowledge (Table 67). The cognitive outcomes are pictured on Figure 20 .

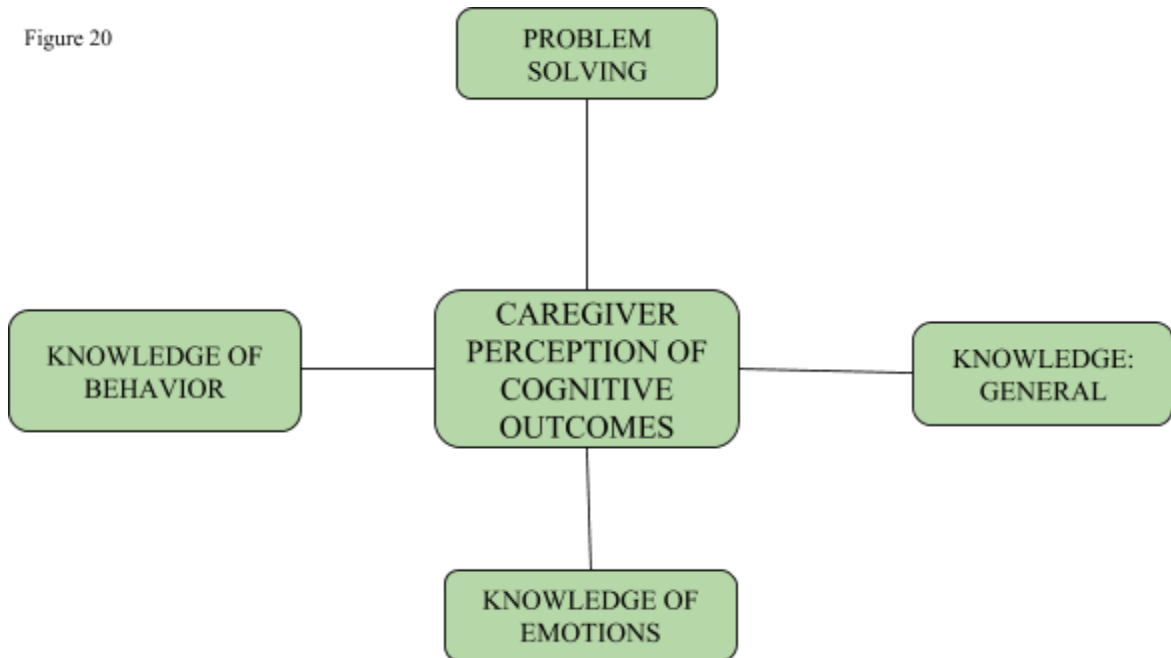
Tab 64. Caregiver Perception of Cognitive Outcomes: General Knowledge	n
Learned many new things	1
Grew from the experience	1
Understands he has choices	1

Tab 65. Caregiver Perception of Cognitive Outcomes: Problem Solving	n
Facing challenges	1
Overcoming obstacles	1

Tab 66. Caregiver Perception of Cognitive Outcomes: Knowledge of Behavior	n
Notice different behaviors	1
Knows certain behaviors bring certain consequences	1

Tab 67. Caregiver Perception of Cognitive Outcomes: Emotional Knowledge	n
Work to getting to the root of the problem instead of ignoring it	1

Figure 20



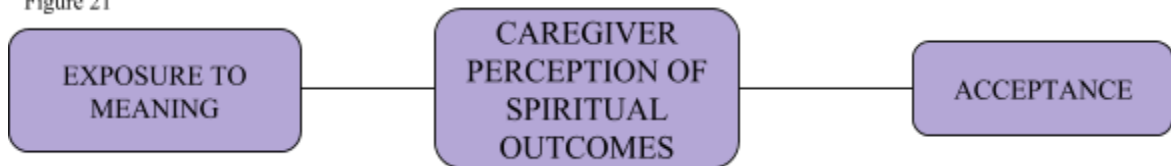
Spiritual Outcomes

Spiritual outcomes were identified n = 7 times from the caregiver responses. Of the items coded, no repetitions were noted. Spiritual items were sorted into two themes: acceptance (Table 68) and exposure (Table 69) with acceptance receiving the highest number of items (n = 4). The themes identified for spiritual outcomes can be seen in Figure 21.

Tab 68. Caregiver Perception of Spiritual Outcomes: Acceptance	n
Not getting judged on disability	1
Freedom to act his age	1
Treated the same as someone without a disability	1
Pushed out of their comfort zone	1

Tab 69. Caregiver Perception of Spiritual Outcomes: Exposure	n
See everyone is unique with or without a disability	1
Shows them the different aspects of life	1
Opportunity to ask questions about different abilities	1

Figure 21



Leisure Outcomes

Caregivers noted leisure outcomes a total of n = 18 times throughout the survey. Repetitions ranged from n = 2 to n = 3 times with the response “swimming” occurring n = 3 times. Responses for the leisure domain resulted in two themes: leisure awareness (Table 70) and specific leisure activities (Table 71) with leisure awareness receiving a greater number of responses (n = 10) than specific leisure activities (n = 8). The themes for leisure were mapped and are pictured in Figure 22 .

Tab 70. Caregiver Perceptions of Leisure Outcomes: Leisure Awareness	n
Try new things	2
All of the different things he got to do	1
Variety of activities	1
New activities	1
New experiences	1
Seeing other campers try something makes them want to try it too	1
Playing all of the different games	1
Activities teaching responsibility	1
Different activities that they don't experience on a regular basis	1

Tab 71. Caregiver Perceptions of Leisure Outcomes: Specific Activities	n
Swimming	3
Rock wall	2
Bowling	2
Wildlife Center	1

Figure 22



Discussion

Once all of the data was analyzed and divided into the respective domains the connections were further mapped to visualize relationships among what the discharge summaries identified as outcomes and what the caregivers saw. If done properly, the camp process should identify deficits, set goals to improve those deficits, implement

strengths-based programs to address deficits, and document the outcomes of the program. A vital component to any program is the ability for participants to see the value in their participation. In the case of Camp RAD, the ability for caregivers to see improvements in functioning is the hallmark of success.

Physical

Deficits identified in the physical domain were movement, body position, endurance, sensory processing, communication, and activities of daily living (ADLs). Body position, movement, and communication were addressed through goals related to specific physical functioning, endurance correlated with goals pertaining to activity level, and activities of daily living were encompassed in overall health. Sensory processing was not addressed in goals provided in this study. The camp identified physical outcomes as physical activity and healthy habits while the caregivers identified physical activity, nutrition, and independence. The camp and caregivers both identified physical activity and healthy habits/nutrition as outcomes of camp (Fig. 23).

The agreement between the camp and caregiver outcomes suggests the camp met its goal of addressing physical deficits. It is important to note that the caregiver's identified independence as an additional outcome of camp. While not identified by the camp, the finding suggests improvements beyond what the camp viewed.

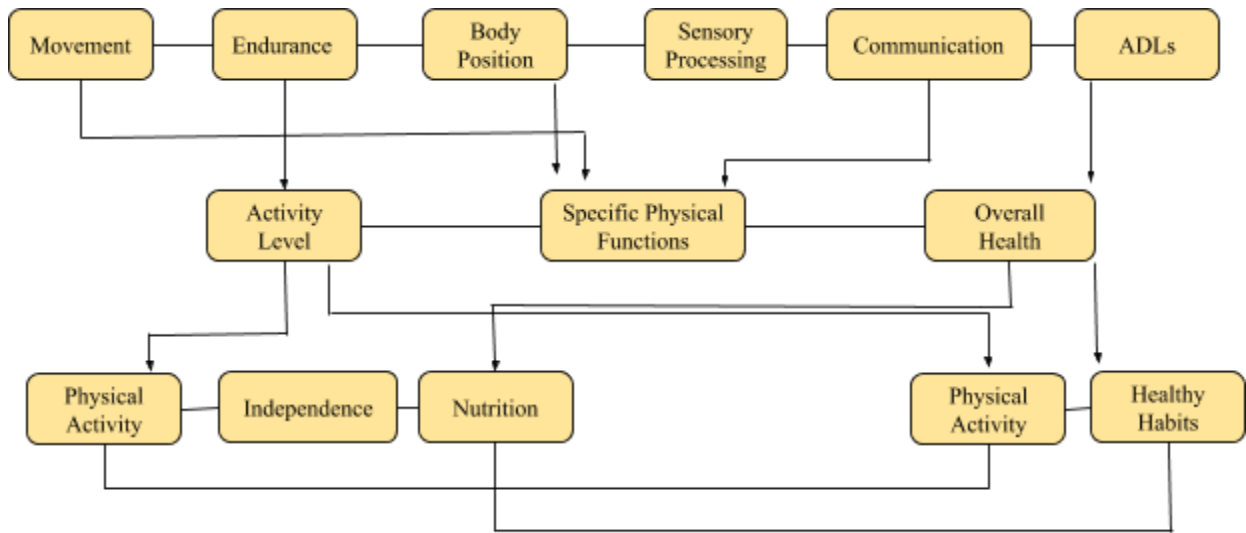


Figure 23

Social

Social deficits identified by the functional profiles included relationships, conversation skills, interpersonal interaction, and communication. All four categories were addressed with goals related to relationships, conversation skills, social skills, and communication respectively. The caregivers noted improvements in social skills and relationships while the camp noted gains in relationships, social skills, social interaction, and communication. Relationships and social skills were noted by both the camp and caregivers as positive outcomes of camp (Fig. 24).

While the caregivers noted fewer improvement areas than the camp, there were still positive gains in social domain relating to relationships and social skills. A potential explanation for the camp's view of gains in communication and conversation skills is the establishment of a baseline. Campers who are unfamiliar with counselors and are not

used to being away from their primary caregiver may be hesitant to communicate or interact socially at first. As the camper becomes comfortable they begin opening up and communicating more. This transition in level of comfort can create an image of improvement in conversation skills and social interaction.

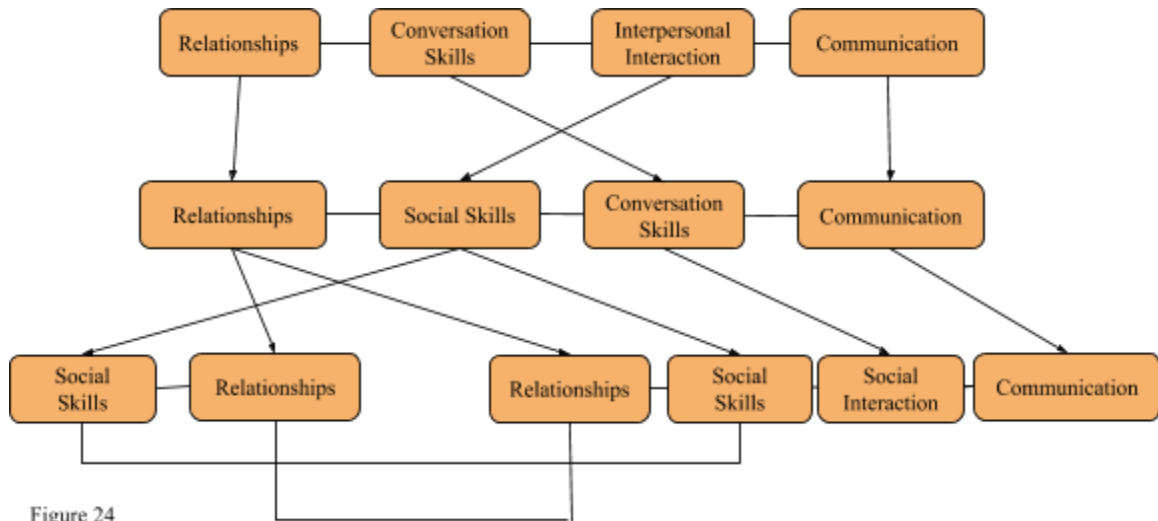


Figure 24

Emotional

Areas of improvement identified by the camp included temperament, emotional functioning, individual attitude, and coping behaviors. Temperament and individual attitude were addressed through goals pertaining to positive emotions while emotional functioning and specific coping behaviors were addressed directly through goals relating to emotional control. Both the camp and caregivers noticed outcomes in emotional control and positive emotions. The camp and caregivers additionally noted increased self-esteem among campers (Fig. 25).

The camp program led to increases in the emotional domain for areas of emotional control, positive emotion, and self-esteem. The agreement between the

caregivers and the camp suggests that the improvements noted by the camp were visible post camp to the caregivers. The consensus establishes reliability among outcomes in the emotional domain.

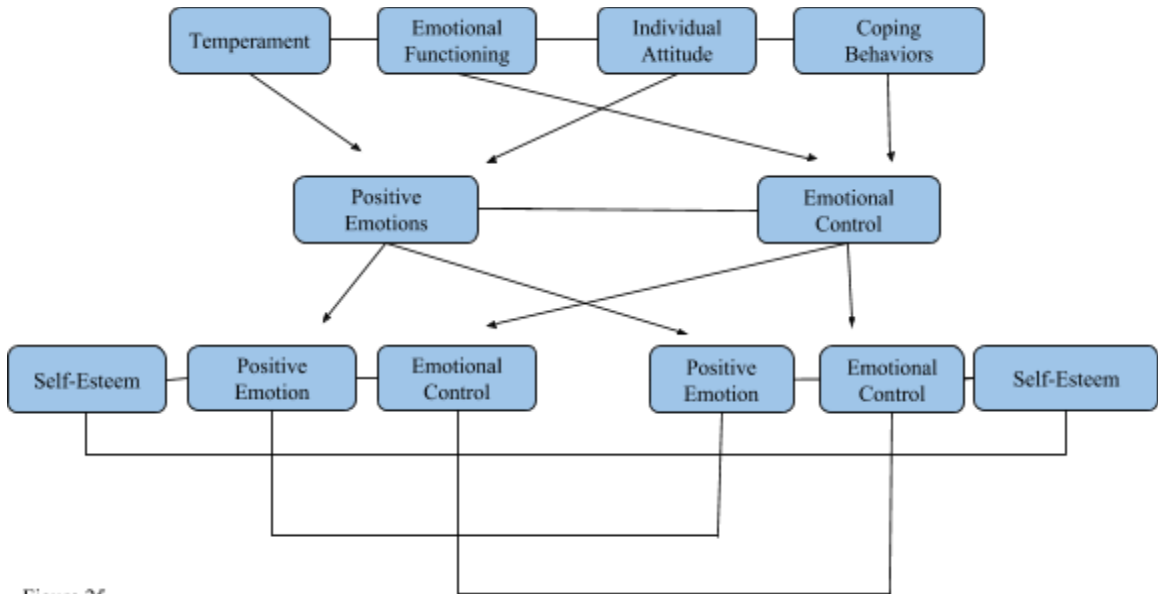


Figure 25

Cognitive

The cognitive domain was the most frequently reported for deficits with categories including attention, memory, reading, problem solving, writing, overall intellectual functioning, verbal communication, and math. Attention, memory, and problem solving were addressed directly through goals while math, reading, writing, and verbal communication were addressed indirectly through goals for skill development. Overall intellectual functioning was not addressed in the goals. The camp reported gains in academic skills, knowledge, problem solving, life skills, and attention while caregivers noted improvements in problem solving, knowledge of emotion, knowledge of behavior,

and general knowledge. The camp and caregivers agreed on the improvements in problem solving and knowledge (Fig. 26).

Areas noted by the camp that were not reported by the caregivers include academic skills, life skills, and attention. Due to the timing of the camp (summer break), it is likely that without consistent reinforcement gains academic skills would not be retained. A lack of generalization is often noted for populations with deficits in cognitive functioning. Life skills may have improvement during the camp session, but lacked carryover to home life. It is important to note the camp intervention did bring about cognitive benefits in some areas.

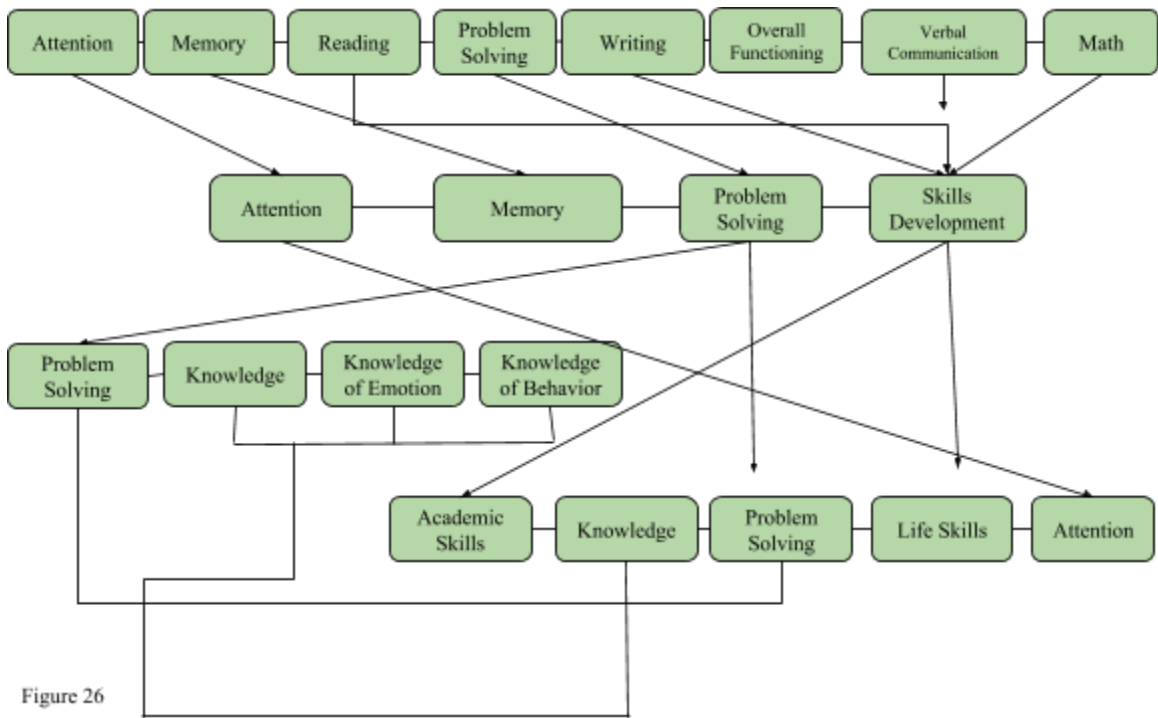


Figure 26

Spiritual

Despite deficits not being noted, goals not being written, and the camp not identifying outcomes, the caregivers noted gains in the spiritual domain. Caregivers

reported campers’ increased feelings of acceptance and an exposure to different abilities and viewpoints as outcomes of participating in camp.

The spiritual domain often remains unidentified in assessments and therefore not directly targeted by interventions. The spiritual domain is an essential component to overall well-being and the camp could improve by identifying and addressing the needs more directly. The outcomes are already being noted by the caregivers so direct intervention would allow the participants to flourish even more.

Leisure

Deficits identified for the leisure domain included overall leisure functioning, leisure awareness, and leisure skills. Goals submitted to the study addressed solely leisure awareness. Both the camp and caregivers noted leisure awareness and specific activities as benefits of participation (Fig 27). The camp met the goal of increasing leisure awareness and the improvements were sustained post camp.

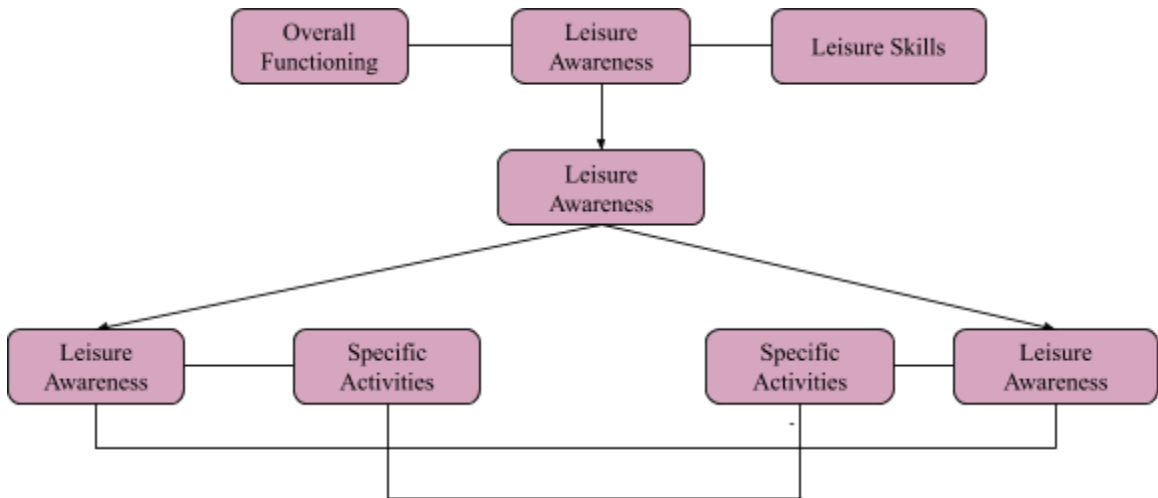


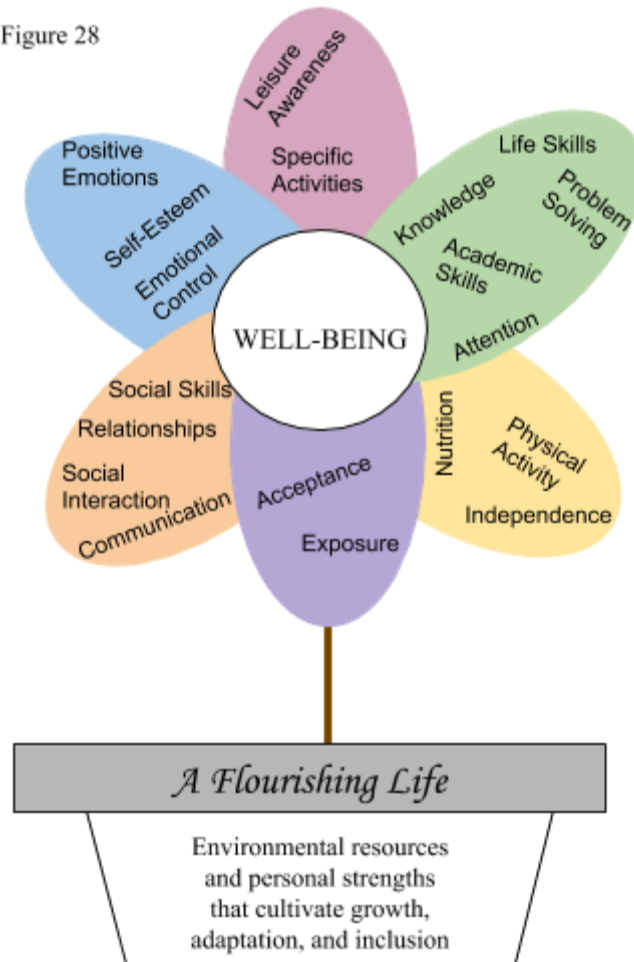
Figure 27

Well-Being

The reported outcomes for participation in a therapeutic camp address all six domains (physical, social, emotional, cognitive, spiritual, and leisure) as detailed in the flourishing through leisure model. Camp RAD utilized a strengths based approach in order to address specific deficits in functioning and positive outcomes were noted by both the camp and caregivers. Based on qualitative reports, the camp succeeded in addressing and improving targeted deficits.

According the flourishing through leisure model, well-being occurs when a person experiences “a state of successful, satisfying, and productive engagement with [their] life” (Anderson & Heyne, 2012). There are six specific domains that correlate to well-being that include physical, social, emotional, cognitive, spiritual and leisure functioning. By providing the correct environmental supports, Camp RAD led to improvements in all six domains that will assist participants in achieving flourishing and overall well-being (Fig 28). The study suggests that a therapeutic camp program is effective at enhancing skills and assisting in the achievement of well-being.

Figure 28



Limitations

Limitations to the present study include measurement tools, student capabilities, coding procedures, and sample size.

Measurement Tools

While no formal measurement tool was utilized, the WHODAS 2.0, IEP, BIP, and camper registration packets provide a specific set of information. The majority of the

information is based on deficits widely contained in the cognitive domains due to the nature of the academic setting for IEP and BIP documents. The inclusion of such documents are vital to creating a picture of the campers functioning, but could be more varied in terms of the capabilities that are addressed. Providing additional documents in the future could lead to more an accurate picture of complete functioning and lay a foundation for specific goals for all six domains.

Student Capabilities

Camp RAD is hosted in conjunction with the Health and Physical Activity for Exceptional Youth class. The class offers an opportunity for college students to get hands-on experience in assessment, planning, implementation, and documentation. The class is often the students' first exposure to the process. The class acts as a means to improve student abilities and confidence in the treatment process. Due to the nature of the class, there is room to improve the depth and clarity of assessment, goals, and documentation of camper progress that will result in a clearer picture of outcomes.

Coding

The coding was done by the primary researcher. Future studies should allow for multiple coders and cross checking to ensure accuracy and clarity of results.

Sample Size

Out of a possible $n = 31$ participants only $n = 13$ responded. All respondents allowed consent. For future studies, a larger sample size and longitudinal follow up would be beneficial to reliability of results.

Future Directions

Student Perception

The students act as primary caregivers for the duration of camp. The students' perceptions on the camp progress and the impacts of camp on their individual camper would provide significant contribution to the study. Additionally, student caregiver attitudes or outcomes could also be examined.

Camper Perception

When talking about improvements in camper functioning, the best person to examine would be the campers themselves. Due to the nature of the population, some of the campers would have difficulty responding to a survey or answering questions in an interview. However, because the camp serves a wide range of abilities, the campers that are able to contribute to the study would have a large impact on verifying outcomes identified by caregivers and the camp program.

Spiritual Domain

As noted in the discussion, the spiritual domain is often overlooked when creating programs. The impacts of the spiritual domain should be further examined in order to establish a better picture of possible benefits to spiritual functioning.

Positive Emotions

Anderson & Heyne go on to address the impact of positive emotions on upward spiral theory of lifestyle change (2016). Specific positive emotions were identified and their corresponding outcomes. Due to the amount of positive emotions identified in the present study, further examination of the increase in abilities through the lens of

Fredrickson's broaden and build theory is warranted. The facilitation of positive emotion can have impacts on the camper's ability to make improvements over the course of camp.

Summary

This study hypothesized that a camp program providing a strength based approach to treating deficits would lead to outcomes in every domain and such outcomes would be noticeable to caregivers. Qualitative examination of the deficits, goals, discharge summaries, and caregiver surveys revealed gains in all six domains thus contributing to well-being and flourishing as noted in the flourishing through leisure model agreeing with the researcher's initial hypothesis. The present study provides evidence for the use of a therapeutic camp program to treat deficits in functioning for adolescents with disabilities.

Future research should focus on gaining a larger sample size, examining student caregiver and camper perspectives, exploring the connection of positive emotion and skill development, and a more direct look at the spiritual functioning of participants.

References

- Anderson, L. S., & Heyne, L. A. (2016). Flourishing through leisure and the upward spiral theory of lifestyle change. *Therapeutic Recreation Journal, 20*(2), 118-137. doi: 10.18666/TRJ-2016-V50-12-7333
- Anderson, L. S., & Heyne, L. A., (2012). The flourishing through leisure model: Supporting well-being through leisure. *Impact: Feature issue on supporting wellness for adults with intellectual and developmental disabilities, 29*(1). Retrieved from <https://ici.umn.edu/products/impact/291/>
- Anderson, L. S., & Heyne, L. A. (2010). Physical activity for children and adults with disabilities: An issue of “amplified” importance. *Disability and Health Journal, 3*, 71-73. doi: 10.1016/j.dhjo.2009.11.004
- Bekesi, A, Torok, S., Kokonyei, G., Bokretas, I., Szentes, A., Telepoczki, G., & The European KIDSCREEN group, (2011). Health-related quality of life changes of children and adolescents with chronic disease after participation in therapeutic recreation camping program. *Health and Quality of Life Outcomes, 9*(43). doi: 10.1186/1477-7525-9-43
- Caldwell, L. (2005). Leisure and health: Why is leisure therapeutic? *British Journal of Guidance and Counseling, 33*(1), 7-26. Retrieved from file:///H:/Downloads/Caldwell__Why_is_Leisure_Therapeutic.pdf
- Carruthers, C., & Hood, C. (2004). The power of the positive: Leisure and well-being. *Therapeutic Recreation Journal, 38*(2), 225-245. Retrieved from <file:///H:/Downloads/CarruthersHood2004.pdf>

- Etzel-Wise, D., & Mears, B. (2004). Adapted physical education and therapeutic recreation in schools. *Intervention in School and Clinic, 39*(4), 223-233. Retrieved from <https://eds-a-ebSCOhost-com.libez.lib.georgiasouthern.edu/eds/pdfviewer/pdfviewer?vid=0&sid=bca0e0d6-da1a-4921-beee-5cb8edf42335%40sessionmgr4010>
- Hill, E., Gangon, R., Ramsing, R., Goff, J., Kennedy, B., & Hooker, T. (2015). Measuring the impact of a medical specialty camp: using self-determination theory. *Therapeutic Recreation Journal, 41*(4), 310-325. Retrieved from <https://eds-a-ebSCOhost-com.libez.lib.georgiasouthern.edu/eds/pdfviewer/pdfviewer?vid=0&sid=fd725760-a2e0-46b1-943d-182ad99626c0%40sessionmgr4008>
- Means, T., & McIntire, J. (2017). Fun for everyone: Adapting activities for campers of all abilities. *Camping Magazine, 90*(5),30-33 .
- White, L. C., Moola, F. J., Kirsh, J. A., & Faulkner, G. E. J. (2016). A therapeutic camp for children with congenital heart disease: Examining the impact on psychosocial well-being of parents. *Journal of Child and Family Studies*. doi: 10.1007/s10826-016-0474-x

Appendix A

Camp RAD Questionnaire

As we bring Camp RAD 2018 to a close, we are looking to see what improvements can be made for the coming years. We would greatly appreciate if you would take some time to fill out this short questionnaire to help us better meet our goal. We are open to suggestions; please feel free to share your thoughts and opinions as we want camp to always be a beneficial experience each summer.

1. What did you like best about Camp RAD? What did your camper like best about Camp RAD?
2. In what ways can we improve Camp RAD to better meet your campers needs?
3. What are some activities or experiences you would like to see implemented at Camp RAD in the future?
4. What was the best way you received information about what was happening at camp? Facebook, newsletters, emails, text messages, etc.
5. Next year we are fundraising for a part of each camper's tuition. In what ways can you contribute? Do you have any ideas for fundraising?
6. Did you notice any changes in your child over the course of camp? If so, what were the changes?
7. Do you think there are benefits for participating in camp? If so, what are the benefits?
8. Are there any disadvantages to camp? If yes, what are they?
9. Did your child learn or try anything new at camp? If so, what?

Thank you so much for participating in Camp RAD. Please keep us in mind when planning how to use utilize your Family Support Funding for 2019. We look forward to seeing your camper next summer!