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THERAPEUTIC RECREATION AT CAMP: A DELPHI STUDY IDENTIFYING

IMPORTANT ELEMENTS

A Manuscript Style Thesis Submitted in Partial Fulfillment of the Requirements for the
Degree of Master of Science in Therapeutic Recreation

Wayne T. Means

College of Science and Health
Therapeutic Recreation

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By Wayne T. Means

We recommend acceptance of this thesis in partial fulfillment of the candidate's requirements for the degree of Master of Science in Therapeutic Recreation

The candidate has completed the oral defense of the thesis.

Steven Simpson, Ph.D.	Date
Thesis Committee Chairperson	

Patricia Ardovino, Ph.D.	Date
Thesis Committee Member	

David Reineke, Ph.D.	Date
Thesis Committee Member	

Thesis accepted

Steven Simpson, Ph.D.	Date
Graduate Studies Director	

ABSTRACT

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For many individuals with disabilities, camp offers intentional recreational activities designed to meet specific goals. These camps utilize the Therapeutic Recreation (TR) process that typically includes assessment, planning, implementation, and evaluation. While research continues to report the benefits campers experience (see Michalski, et al., 2003), there is a gap as to what elements are responsible. The purpose of this study was to identify the most important elements of TR when applied to residential summer camps for individuals with disabilities. To identify these elements, this study utilized a panel of experts (n=8) through a Classic Delphi approach. These experts, mean of 16 years of experience as Certified Therapeutic Recreation Specialists and 12 years at camp, initially identified 29 elements. Subsequent rounds of the Delphi provided ratings and definitions of the elements and explained why they are specifically valuable at camp. *Statistical analysis identified nine elements as most important: Planning, Evaluation, Socialization, Implementation, Staff Qualifications & Competency Assessment, Management, Prevention, Safety Planning, and Risk Management, Program Evaluation & Research, Quality Improvement*. Identifying key elements is critical in developing a framework for future research as well as justifying TR service and prioritizing which elements should be considered when creating a TR camp program.

ACKNOWLEDGEMENTS

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INTRODUCTION

As the morning rays of sunshine slice their way through the pines, a camper steps out onto the warming gravel. A staff member greets him and asks if he is excited to be back at camp and he quickly responds "Yep, back where I belong!" His sentiment echoes past the flag pole, over the pool, swirls through the fire pit, and fades into the valley floor. The camp setting that generated such a profound statement dates as far back as 1861 and the Gunnery School Camp (Eells, 1986). Camps have since become a staple of summer leisure pursuits for youth and adults of all abilities.

Summer camp provides an inherently positive backdrop for growth and development through a variety of activities that range from challenging ropes courses to more passive and expressive options like arts and crafts. Campers are also exposed to communal living and team initiatives as well as the opportunity to express themselves individually through programs like talent shows. The variety of experiences and their social interaction patterns provide multiple opportunities for growth, particularly for individuals with disabilities.

The opportunities to experience new activities, practice skill development, and to socialize with one's peers are abundant at camp. Therapeutic camps have recognized how beneficial this setting can be by taking this inherently positive experience and applying a systematic, intentional approach to address predetermined goals and then evaluating its efficacy. This intentional use of leisure and recreation is the basis of

practice for a Certified Therapeutic Recreation Specialist (CTRS) (Carter, Van Andel, & Robb, 2003).

Camps that utilize Therapeutic Recreation (TR) are tasked with the challenge of appropriating their time among the major components of TR practice and process commonly consisting of assessment, planning, implementation, and evaluation. With such a limited amount of time afforded at a residential camp (4 or 5 days) for treatment, the CTRS must determine what elements of TR will be utilized to address a predetermined objective.

Thus the purpose of this study was to define the key elements of Therapeutic Recreation when applied during residential summer camps for individuals with disabilities. Defining and understanding the key elements of TR at camp is a vitally important task in developing a staunch framework for future researchers and practitioners. To identify and define these important elements of TR, this study utilized a panel of experts from the camp and TR field via a Delphi study.

This study generated 29 total elements with nine being identified as the most important. The nine most important elements were placed into three categories: TR Process, Technical and Administrative Skills, and Outcomes. Results, while similar to elements reported in previous research (Riley & Wright, 1990), suggest the important elements of TR practice at residential summer camps may be unique to other settings.

LITERATURE

Prevalence

The United States Census Bureau reported in 2010 that of 303 million Americans, approximately 56 million (18.7 %) had some level of disability. Of that total, 12.6 % reported having a severe disability. Adults aged 80 and over had the highest prevalence of any disability though the prevalence of disability in common camp-aged participants is significant. The prevalence of disability in common camp-age participants is as follows: age 25 to 44 (11.0%), 15 to 24 (10.2%), and those under 15 (8.4%) (U.S. Census Bureau, 2012). Of the millions of people with disabilities, thousands attend residential summer camps each summer. (American Camp Association, 2014).

In the United States, approximately 7,000 residential summer camps provide services to youth and adults, and about 47% offer specialized, disability specific programming (American Camp Association, 2014). The camps attended by those with disabilities generally follow one of three models: inclusive camps that admit those with and without disabilities, segregated camps for those with a variety of disabling conditions, and those that are disability specific (e.g., renal diseases) (Goodwin & Staples 2005). For the scope of this study, a residential summer camp is defined as an overnight camp that includes one or more of the three models.

Benefits of Camp

Adults, adolescents, and children who attend camp have the potential to be rewarded with a variety of positive outcomes. The unique opportunity to socialize and identify with others having a disabling condition, which can limit feelings of disability isolation, is often reported (Goodwin & Staples, 2005; Groff & Kleiber, 2001; Meltzer & Rourke, 2005). Further, the ability to identify with others in this type of recreation setting has been shown to increase the participants' social acceptance (Devine & Dawson, 2010). Devine & Dawson (2010) described the importance of this outcome by stating that "camps can be used to foster the social acceptance that is necessary for genuine and successful social leisure experiences, thereby bolstering self-esteem" (p. 107). Utilizing the Rosenberg Self Esteem Scale, Devine and Dawson (2010) collected data on campers with craniofacial differences on the first and last day of camp and 6 weeks post camp to demonstrate increases in self-esteem and social acceptance.

Michalski, Mishna, Worthington, and Cummings (2003) used a multi-method evaluation to demonstrate an increase of feelings of bonding and less feelings of isolation among 48 adolescents with learning disabilities and social, emotional, and behavior problems. This study utilized self-reporting through the Self-Esteem Index, Children's Loneliness Scale, and the Social Skills Rating System in addition to parental evaluations of the camp's impact to evaluate the effect of camp. Michalski et al. (2003) concluded "that therapeutic summer camp programs can be effective with special needs populations" and "campers and their parents experienced a variety of benefits" (p. 75).

Although there has been an increased level of interest in camp research early in the twenty-first century, with a focus on outcomes, there is a lack of research that defines what mechanisms are driving these outcomes (Henderson, Bialeschki, & James, 2007). In some camps, a CTRS will implement individualized programming to target specific results via the APIE process (assess, plan, implement, and evaluate), also referred to by Allsop, Negly, & Sibthorp (2013) as the Therapeutic Recreation (TR) Process.

Allsop et al., (2014) went on to state that the use of the TR process model at camp was more effective at increasing social performance than the traditional model. Allsop et al., (2014) evaluated 79 adolescents with neurofibromatosis via the Social Efficacy Scale and an adapted Social Skills Questionnaire during 2 sessions of summer camp. Campers spent one week following a traditional camp model and one week of camp following the TR process. Allsop et al., (2014) concluded from their results that TR-based camps had no greater impact on social self-efficacy than the traditional mode; however, there was a greater increase in social performance with peers during the TR-model.

While research has demonstrated the positive effects of these therapeutic camps, a growing number of researchers are questioning the precise mechanism responsible for the outcomes (Michalski, et al., 2003; Henderson, et al., 2007). Michalski, et al., (2003) suggested more research is necessary after completing their multi-method evaluation of camper's outcomes "to determine more precisely the nature of these benefits" (p. 75). Henderson et al. (2007) reviewed and summarized trends from multiple studies and similarly found that "more information must be uncovered about program components" because "the program, structure, and leadership contribute to the success" (p. 764).

Henderson et al., (2007) also indicated the importance of examining these components and the outcomes they produce as they have "numerous implications for future camp research" (p. 762). In an attempt to answer this call, the current study begins to address the elements of TR at camp.

Elements of TR

Previous research has been conducted in an effort to identify the components of TR. In a study designed to identify key elements of TR and corresponding indicators for quality assurance purposes, Riley and Wright (1990) generated 18 key elements and 251 corresponding measurement indicators from TR experts and Veterans Affairs TR administrators (see Table 1.). The elements were defined as "broad, general areas of therapeutic recreation service that potentially contribute to quality patient care" (Riley & Wright, 1990, p. 12). Riley and Wright (1990) conducted this study via the Delphi technique to answer the questions "What are the most important aspects of therapeutic recreation?" and "How do we monitor the effectiveness of therapeutic recreation practice" (p. 26)?

Table 1. Riley & Wright (1990) Elements

Assessment	Treatment Program Plan	Treatment Program Implementation
Documentation	Patient/Client Safety	Treatment Program Evaluation
Intervention Approaches	Discharge Plan	Staff Development
Credentialing	Standards of Practice	Leisure Education
Ethical Practice	Utilization Review	Follow-up Plan
Patient Family Education	Normalization Principles	Diversionary Activities

The 251 indicators identified by Riley and Wright (1990) were created to provide quality assurance measures clustered around each of the major elements. For example, the major element assessment had 17 indicators including timely manner, written plan for assessment procedure, and assessment sum of long/short goals.

Jennings and Guerin (2014) further explored key elements at a TR-based camp in relation to three models of practice: the Leisure Ability Model, the Health Protection/Health Promotion Model, and the TR Service Delivery and TR Outcome Models. They used camper narratives to examine if there was evidence of these "conceptually derived elements of TR models" present at camp (p. 305). The elements addressed in this study fell under three categories: Targets, Processes, and Outcomes. Jennings and Guerin (2014) found 20 elements in the camper narratives relating to these three categories and are seen in Table 2. There are three sub-categories under Processes: Concepts, Operations, and Effects.

Table 2. Jennings and Guerin (2014) Elements

Targets	Processes			Outcomes
	Concepts	Operations	Effects	
Learned Helplessness	Choice/Freedom	Degree of Control	Empowerment	Leisure Lifestyle
Loss of Control	Flow	Challenge	Accomplishment	High Level Wellness
	Perceived Constraint	Development of Skills Knowledge Attitudes	Enjoyment	Sense of Well-Being
	Loss of Control	Developing Competence Mastery	Self-efficacy	
	Personal Causation	Utilization Review	Self-determination	

Stumbo and Peterson (1998), in discussing the Leisure Ability Model, described how the role of a CTRS is to address the conceptual TR Model elements delineated by Jennings and Guerin (2014) (e.g., personal causation, internal control, intrinsic motivation) by generating outcomes "accomplished through the specific provision of treatment, leisure education, and recreation participation services which teach specific skills, knowledge, and abilities" (p.85). These specific components of treatment align with the elements of the TR process rather than the conceptually-derived elements of the TR Models.

An estimated 10 to 12 million individuals attend camp annually (Henderson et al., 2007). The research has demonstrated a variety of outcomes these individuals may experience. (Devine & Dawson 2010; 2003; Henderson, et al., 2007; Allsop, et al., 2014; Goodwin & Staples, 2005). Riley and Wright (1990) and Jennings and Guerin (2014) have demonstrated how particular elements of the TR process, used by some camps, may be identified in an effort to create quality assurance measures and to understand camper experiences. The identification of TR elements used at camp is a logical step to begin to understand the mechanism driving outcomes.

METHOD

Inspired in part by the Delphi technique used in Riley and Wright's (1990) study to establish quality assurance monitors for the evaluation of TR service by first defining key elements in TR, this study was designed to establish the most important elements of Therapeutic Recreation when applied at residential summer camps for individuals with disabilities. Linstone and Turoff (1975) defined Delphi "as a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem" (p.3). The Delphi technique was originally developed by the RAND Corporation as a long-range forecasting tool where a group of experts are petitioned to make decisions, but also has been used to explore the evolution of product lines, predicting inventions and technologies, educational curriculum design, and to set goals and priorities in health care programs (Tersine & Riggs, 1976).

The Delphi technique has also evolved to be used in a variety of settings such as supply management, nursing, leisure and recreation (Ogden, Peterson, Carter, & Monczka, 2005; Keeney, Hasson, & McKenna, 2001; Austin, Lee, & Getz, 2008). Despite the variety of settings, the objective remains to generate the most dependable opinion consensus of a group of experts through a series of questionnaires/rounds with controlled feedback (Dalkey and Helmer, 1963).

In the field of leisure and recreation, the Delphi technique has been utilized to answer a variety of questions over the past 15 years. In an analysis of this method, Austin et al., (2008), listed a variety of studies identifying: (a) competencies needed for park board members; (b) an agenda for developing family recreation research; (c) competencies in multicultural education for entry level therapeutic recreation professionals; (d) indicators for sustainable tourism; (e) liability and risk management trends in recreational sports programs, and (e) gerontological recreation courses. Considering there is no one single answer as to what are the most important elements of TR at camp, and the successful use of the Delphi technique to identify elements by Riley and Wright (1990), it was determined that a classic Delphi technique would be an appropriate method for this study.

Participants

Panel experts for this study were found via a snowball approach with the assistance of professionals from the American Camp Association, American Therapeutic Recreation Association, and TR faculty from around the country. Faugier and Sargeant (1997) suggest the use of the snowball approach to find subjects that may otherwise be difficult to locate. Eligible panelists for this study must have been a Certified Therapeutic Recreation Specialist (CTRS) at the time of the study (or certified at some point in the past), and meet one of two criteria: (1) at least a master's degree (with either the bachelors or masters in Therapeutic Recreation) with three or more years of experience in a residential summer camp/program setting for individuals with disabilities or (2) five or more years of experience in a residential summer camp/program setting for individuals with disabilities.

As a result of the search, 18 individuals were identified as ideal panelists and were emailed invitations to participate in the study. Of the 18 identified, eight agreed to participate. There were five female and three male panelists with a mean of 16 years of experience as a CTRS and 12 years at camp. Five of the panelists worked exclusively at segregated camps with the remaining three having worked at both inclusive and segregated camps. The education level of the panelists included six who held a master's degree, one doctoral candidate, and one doctoral degree. Panelists reported working with individuals of a variety of abilities including: physical disabilities, intellectual and cognitive disabilities, chronic illness, autism, down syndrome, hearing impairments, neurological impairments, mental health issues, asthma, cancer, diabetes, kidney disease, cranial facial differences, cardiac disease, and at-risk youth.

Procedure

The classic Delphi technique was administered by having a panel of experts create or identify items in the first round via an open ended question. During successive rounds, panelists review initial responses by all panelists to clarify and discuss items (Jairath & Weinstein, 1994). In the succeeding rounds, panel members rated corresponding items and were given the opportunity to provide comments to defend and further define their ratings. This study utilized a 7-point Likert Scale with the following indicators for rounds two and three: (1) Not at all Important, (2) Very Unimportant, (3) Somewhat Unimportant, (4) Neither Important nor Unimportant, (5) Somewhat Important, (6) Very Important, (7) Extremely Important.   After the second round, rating means and standard deviations for each item, in addition to any supporting comments, were sent back to each panel member in Round 3. In the third round, panel members had the opportunity to

change their previous rating and again were given the opportunity to add comments to substantiate the rating.

Rounds continue until a consensus is obtained (sometimes by rating whether or not they agree on the item) or predetermined criteria are met (Keeney et al., (2000). Although previous research has failed to establish a standard procedure for determining consensus among panelists, several methods have been used effectively (Duffield, 1993; Snape, Kirkman, Britten, et al, 2014). The current study was stopped after the third round because there was no significant difference in ratings between Round 2 and Round 3. Terminating the Delphi after Round 3 eliminates possible issues including a decrease in participant response rates and panelists deliberately changing the answers to mirror groupthink rather than offering genuine opinion creating a bandwagon effect (Getz & Austin, 2001; Hasson & Keeney, 2011).

Consensus in this study applies to the selection of the most important elements. Panelists were instructed in the second and third round to rate elements based on their level of importance. Consensus of the most important elements was determined by 100% of the panelists rating an element as either a 6-Very Important or 7-Extremely Important. This method of consensus follows the approach used by Wester and Borders (2014) to develop research competencies in counseling. Wester and Borders (2014) used a median score of 6 on a similar 7-point Likert scale as the cutoff to determine a consensus or level of agreement among panelists. Osborne and Thompson (1975) used a similar method to establish a consensus among medical practitioners of the most relevant criterion item based on contributions to outcomes, they included the item if 85% of the panelists rated it highly relevant or relevant.

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Round 1

Qualtrics Survey Software was utilized for each round of this study. In the first round, panel members were asked to:

> Please list elements of Therapeutic Recreation a Certified Therapeutic Recreation
> Specialist may utilize during short term residential summer camps for individuals
> with disabilities. For the purpose of this study, an element of Therapeutic
> Recreation will refer to any specific component, aspect, or portion of the TR
> process that is, or could be, utilized in the delivery of quality service. Please list
> elements that you have used or elements that you believe should be implemented.
> After each listed item, please provide a description of the element. Please list as
> many, or as few, elements as you deem necessary.

In an effort to give some context as to the investigator's definition of an element, the examples of assessment and evaluation were given along with the survey instructions. These examples were chosen because of their overwhelmingly common use in TR as components of practice.

The survey included 25 text boxes for panelists to enter the name of the element. An additional text box was provided to allow the panel members to add definitions or examples of the element they listed. While an emphasis was made as to the importance of submitting definitions and examples with each element, it was not a forced entry box. Directions were also provided to add additional text boxes in the event the panelist required more than the original 25. The results from Round 1, which yielded 29 elements, were used to create the survey distributed in Round 2.

Round 2

In the second round, each element and the accompanying descriptions were compiled and sent to the panel. In this round, the panelists were asked to evaluate each of the elements and rate them on a 7-point Likert scale. The survey required the panelist to rate the element before advancing to the next element. In addition to the ratings, panelists were encouraged to justify their ratings with qualitative data to further substantiate the quantitative ratings; however, it was not required. The second round also allowed for participants to add additional elements, but no additional elements were added.

Round 3

In the third round, each element, corresponding descriptions, mean ratings, standard deviations, the individuals' previous rating of each element, and additional comments made in the second round were sent to each panel member. In this round, the panelists were asked to review the provided data for each element and then rate the element again on the same 7-point Likert scale. Panelists did have the option to rate the element as they did in the first round and were encouraged to provide comments to substantiate their rating. From a comparison of each element from Round 2 to Round 3 using simultaneous paired t-tests with a 5% overall level of significance, it was determined that the there were no significant differences in ratings among the 29 elements between the second and third round and thus concluded the survey (lowest P-value $= 0.172$). Concluding the survey after the third round is supported by Green, Hunter, and Moore's (1990) assertion that more than three rounds may elicit diminishing

returns. Linstone & Turoff (1975) support this conclusion warning that there "exists the

possibility of an unnatural overconsensus" (p. 235).

RESULTS

This study used a Classic Delphi approach where the survey used in subsequent rounds is generated by the results obtained by panelists generating data in the first round without a provided list. This approach helps to ensure the survey results are a direct reflection of the panel without influence of the investigator. As indicated in the literature review, the Delphi technique is used to generate some level of consensus. The intended results of this study, in regards to consensus, follows the notion expressed by Hasson and Keeney (2011) that the result of using the Delphi technique does not provide "indisputable fact" but rather "offer a snapshot of expert opinion, for that group, at a particular time, which can be used to inform thinking, practice or theory" (p. 1701).

Round 1

The first round of this study generated 29 elements that the panelists have, or believe should be, implemented in the camp setting. Panelists actually reported 35 elements; however, six of those elements were considered by the investigator to be subsets of broader elements already identified. Therefore they were incorporated into other elements. For example, one panel member indicated *daily activity assessment* as an element with the description: "To be used by counselors to evaluate each activity they participated in on a given day. Activity assessment focuses on sequencing, material use, camper involvement, instructor's implementation and camper outcomes." It was

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determined that this description would be added to the broader *assessment* element. The 29 elements established from the results of Round 1 are provided in Table 1.

Panelists offered a variety of qualitative responses to support each element. These responses ranged from specific definitions from other sources (e.g., National Council for Therapeutic Recreation Certification (NCTRC) job tasks) to specific examples of practice in the camp setting. For example, the NCTRC (2007) definition was used to describe organization:

> Maintain equipment and supply inventory. Plan and coordinate support services (e.g., transportation, housekeeping, dietary). Maintain program budget and expense records. Develop and distribute schedules (e.g., programs, special events, programming changes). (p. 3)

A more specific, camp related example was provided for the element evaluation:

> Evaluation is done at the end of the week and campers have a discharge report indicating progress and things to continue to work on.

Qualitative data for each element provided in Round 1 can be found in Appendix A. The response rate for Round 1 was 100% (n = 8).

Table 3. Elements Identified in Round 1

Socialization	Management	Documentation
Increased Independence in Completing ADL's	Establishment of Therapeutic Relationship	Organization
Self-Expression	Activity Lesson Plan	Staff Qualifications and Competency Assessment
Assessment	Public Awareness	Written Plan of Operation
Planning	Development and Implement Leisure Education Protocols	Ethical Conduct
Implementation	Swimming	Prevention, Safety Planning, and Risk Management
Behavior Modification Plan	Strengths-Based Approach	Discharge Plan
Evaluation	Program Evaluation and Research	Collaboration with Treatment Team
Camper Program Evaluations	Resource Management	Fine and Gross Motor Skills
Camper Care Plan	Quality Improvement	

Round 2

In the second round of this study, panelists rated on a 1-7 scale (7 as most important) the 29 elements generated in Round 1. In addition to the numeric score generated, panelists provided additional discussion and comments for some of the elements (see Appendix A). For example, one panelist provided a more thorough description of the element *implementation* at camp by stating:

> As the third stage of the TR process, *implementation* is very important. This is the stage that is most often demonstrated in summer camp settings, but activities need to be implemented in an intentional manner that leads to specific, targeted therapeutic outcomes.

Means and standard deviations were compiled from the results of the second round and are presented in Table 2. Means for this round ranged from 6.63 for Socialization to 4.75 for Swimming. The response rate for Round 2 was 100% (n = 8).

Table 4. Round 2 Elements and Statistics

Element	Mean	Std Dev	Element	Mean	Std Dev
Socialization	6.63	0.52	Public Awareness	6.13	0.83
Increased Independence in Completing ADL's	6.63	0.52	Camper Care Plan	6.00	0.93
Planning	6.63	0.52	Establishment of Therapeutic Relationship	5.88	2.03
Implementation	6.63	0.52	Development and Implement Leisure Education Protocols	5.75	1.98
Evaluation	6.63	0.74	Written Plan of Operation	5.75	1.17
Management	6.63	0.52	Camper Program Evaluation	5.63	1.41
Staff Qualifications and Competency Assessment	6.63	0.52	Activity Lesson Plan	5.63	2.00
Assessment	6.50	0.76	Strengths-Based Approach	5.50	1.85
Program Evaluation & Research	6.38	0.52	Discharge Plan	5.50	1.51
Ethical Conduct	6.38	1.06	Behavior Modification Plan	5.25	1.91
Prevention, Safety Planning, and Risk Management	6.38	0.52	Fine & Gross Motor Skills	4.88	2.03
Documentation	6.25	1.04	Self-Expression	4.75	1.67
Resource Management	6.25	0.71	Collaboration	4.75	2.05
Quality Improvement	6.25	0.46	Swimming	4.75	1.98
Organization	6.13	1.13			

Round 3

In Round 3, panelists were given means and standard deviations for all 29 elements and accompanying qualitative data from Rounds 1 and 2. For example, the following qualitative data was provided for the element *documentation*:

ROUND 1 RESPONSES: Record behavioral observations, progress, functioning, and intervention outcomes of the person served. Document unusual occurrences, accidents and incidents relating to risk management. Document protocols, modalities and/or program effectiveness. Description provided from the NCTRC Job Task Analysis.

ROUND 2 RESPONSES: This requires having enough staff, training and supervising them in doing appropriate documentation, having time allotted each day to complete the documentation. This takes time, but pays off in the long run and ensures a high quality of client care.

Panelists were asked to review all information generated from Round 2 and were then given the opportunity to re-rate each element and add additional comments. For the element *documentation*, the following was the only additional description added in the third round:

ROUND 3 RESPONSES: Without *documentation*, why do any of the previous tasks?

Additional comments and discussion gained in Round 3 for each element can be seen in Appendix A. The means generated from Round 3 ranged from 6.88 for *planning* to 4.38 for *swimming* (see Table 3).

Table 5. Round 3 Elements and Statistics

Element	Mean	Std Dev	Element	Mean	Std Dev
Planning	6.88	0.35	Resource Management	6.13	0.83
Evaluation	6.88	0.35	Establishment of Therapeutic Relationship	6.00	2.07
Socialization	6.75	0.46	Public Awareness	5.88	0.83
Implementation	6.75	0.46	Written Plan of Operation	5.75	0.71
Staff Qualifications and Competency Assessment	6.75	0.46	Camper Program Evaluation	5.75	1.17
Management	6.63	0.52	Activity Lesson Plan	5.63	2.00
Prevention, Safety Planning, and Risk Management	6.63	0.52	Strengths-Based Approach	5.63	1.92
Assessment	6.50	0.76	Behavior Modification Plan	5.25	1.91
Program Evaluation & Research	6.50	0.53	Self-Expression	5.00	1.07
Increased Independence in Completing ADL's	6.38	0.74	Development of Leisure Education Protocols	5.25	1.98
Quality Improvement	6.38	0.52	Discharge Plan	5.00	1.20
Ethical Conduct	6.38	0.74	Collaboration	5.00	2.14
Documentation	6.25	1.04	Fine/Gross Motor Skills	4.50	1.60
Organization	6.25	0.71	Swimming	4.38	2.00
Camper Care Plan	6.13	0.83			

Paired *t*-test *P*-values were evaluated to determine if any one rating of an element in Round 2 was significantly different in Round 3. A significant difference (P-value < 0.05) in rating would have prompted an additional round. Statistical analysis showed no significant difference in rating between any one element from Round 2 to Round 3. *P*-values from a paired sample test for each element between Round 2 and Round 3 are listed in Table 4. The response rate for Round 3 was 100% (n = 8).

Table 6. *P*-values

Element	*P*-value	Element	*P*-value
Planning	.170	Resource Management	.351
Evaluation	.170	Establishment of Therapeutic Relationship	.351
Socialization	.351	Public Awareness	.170
Implementation	.351	Written Plan of Operation	1.00
Staff Qualifications and Competency Assessment	.351	Camper Program Evaluation	.598
Management	1.00	Activity Lesson Plan	1.00
Prevention, Safety Planning, and Risk Management	.170	Strengths-Based Approach	.351
Assessment	1.00	Behavior Modification Plan	1.00
Program Evaluation & Research	.351	Self-Expression	.802
Increased Independence in Completing ADL's	.351	Development of Leisure Education Protocols	.227
Quality Improvement	.351	Discharge Plan	.104
Ethical Conduct	1.00	Collaboration	.170
Documentation	1.00	Fine & Gross Motor Skills	.402
Organization	.598	Swimming	.402
Camper Care Plan	.598		

Identifying the Most Important Elements

The purpose of this study was to identify the most important elements of Therapeutic Recreation at residential summer camps for individuals with disabilities. While means were reported to panelists to reveal how each element was being rated by the panel, the means, due to the small sample size, were not used to determine the most important elements.

Each element of the survey was ranked in descending order according to the number of experts rating it with either the highest rating (7- Extremely Important) or the second highest rating (6- Very Important) as seen in Table 5. The most important elements were determined to be those which received a rating of either a 6-Very Important or 7- Extremely Important by 100% (n = 8) of the panelists. The nine elements with a rating of either a 6 or 7 are as followed: (1) Planning, (2) Evaluation, (3) Socialization, (4) Implementation, (5) Staff Qualifications & Competency Assessment, (6) Management, (7) Prevention, Safety Planning, and Risk Management, (8) Program Evaluation & Research, (9) Quality Improvement.

Table 7. Most Important Elements

Rating	1	2	3	4	5	6	7	Frequency of 6 & 7 ratings
Element								
Planning	0		0	0	0	1	7	8
Evaluation	0		0	0	0	1	7	8
Socialization	0		0	0	0	2	6	8
Implementation	0		0	0	0	2	6	8
Staff Qualifications & Competency Assessment	0		0	0	0	2	6	8
Management	0		0	0	0	3	5	8
Prevention, Safety Planning, & Risk Management	0		0	0	0	3	5	8
Program Evaluation & Research	0		0	0	0	4	4	8
Quality Improvement	0		0	0	0	5	3	8

The Most Important Elements

During each round of this study panelists were encouraged to provide qualitative data to aid in the definition and discussion of each element. These comments also helped to substantiate the ratings given in Rounds 2 and 3. Panelists provided a range of qualitative data including general definitions, direct quotes from organizational standards (ATRA, NCTRC), and practical examples. The following is a summary of that qualitative data for the nine most important elements as identified by this study.

Planning

Panelists described this element as an essential part of the TR process. One panelist defined planning as "The therapeutic recreation specialist plans and develops the individualized treatment plan that identifies goals, objectives and treatment intervention strategies." Another panelist cited the NCTRC (2007) to describe planning:

Develop and document individualized intervention plan with goals, objectives,

evaluation criteria, and discharge/transition plan. Develop and/or select

interventions and approaches to achieve individual and/or group goals. Develop

and/or select protocols for individual or group session. Utilize activity and/or task

analysis prior to interventions/programs. Select adaptations, modifications and/or

assistive technology.

Planning was described as the development of individualized treatment plans that

identify goals, objectives, treatment intervention strategies, evaluation criteria, discharge

and transition plans, selecting adaptations, modifications and/or assistive technology, and

program design. It was also stated that "there should be planning of therapeutic

interventions based on assessment" and to use "insight from participants in order to plan

accordingly to meet the goals and objectives." *Planning* was also acknowledged as being

difficult to address in a camp setting but is necessary for promoting therapeutic growth.

Evaluation

Evaluation was described as a systematic process that should be used regardless

of the setting. Panelists indicated the value of *evaluation* to determine changes in

functioning and response to individualized treatment plans, effectiveness of intervention,

and progress towards goals and objectives. *Evaluation* was also described as an element

to be used in conjunction with a discharge report at the end of the week "indicating

progress and things to continue to work on." In addition to measuring participant

outcomes as the final step of the TR process, panelist also described *evaluation*, even at

the most basic level, "as a necessary tool for continued quality assurance of programs."

In the third round one panelist stated that *evaluation* "allow camps to reflect on the

success of their staff, processes and programs" and "how we know if our clients have received any therapeutic benefits."

Socialization

Socialization was the only top element to be described by some panelists as an 'outcome' rather than process oriented elements. One panelist described this element as having the "potential to be one of the most powerful outcomes at a therapeutic summer camp." Another panelist reiterated this point by defining *socialization* as "interacting with peers that understand what you are going through and can give you support and encouragement in healthy, safe environment." It was further indicated that the unique nature of the camp environment provides an opportunity to engage in play and daily negotiations with one's peers.

Panelists identified the importance of increasing self-esteem and social interaction through social conversations provoked via board games, cards games, creative writing (campfire songs), and socials. Although these items are not unique to the camp setting, they are common camp activities. It was noted, however, that not all of these activities could elicit the social conversations and interactions desired. For example, bingo would not inherently produce social interaction in the same way other activities like writing a unique song or chant as a cabin might.

Implementation

In Round 3, a panelist stated that *implementation* is "where the magic happens." Several panelists indicated that *implementation* was an extension of planning. Panelists indicated the CTRS implements individualized and/or group treatment plans based on assessments developed for the participant and agency through appropriate intervention

strategies to restore, remediate, or rehabilitate in order to improve functioning and independence. Two examples of specific programs implemented were a hair cutting ceremony for kids with cancer and a memory garden for campers who have passed away. Panelists stated that during the implementation of the program, the CTRS should monitor consistency, safety concerns, response to intervention, and make modifications as needed to the treatment program.

Panelists indicated *implementation* was the third stage of the TR process (Assessment, Planning, Implementation, and Evaluation) and very important in the camp setting as it is an intervention inclusive, fully accessible environment. *Implementation* is where the actual recreation occurs and is the stage of the TR process most demonstrated in the summer camp setting. Panelists also suggested that although *implementation* is the most common part of the process used, it must be performed in an intentional manner in accordance with specific, targeted therapeutic outcomes. *Implementation* is where the campers experience camp through activities and specific programming. In the third round, a panelist stated that all camps should ask themselves 'why' with every program and activity implemented, and to be able to clearly answer the 'why.'

Staff Qualifications and Competency Assessment

Panelists indicated that maintaining appropriate credentials (National Council of Therapeutic Recreation Certification) is extremely important, and the organization should establish provisions to ensure they are maintained. In addition, the agency should help to provide opportunities for professional development to improve skills, obtain additional education, and generally enhance professionalism. Panelists also suggested that competency assessment was a critical component and perhaps even more important than

site and equipment assessment by stating that a camps greatest risk, as well as asset, are

its staff.

Management

Citing the NCTRC Job Task Analysis, panelists suggested that a camp cannot

operate or stay open without adhering to standards and regulations (i.e., American

Therapeutic Recreation Association standards of practice, American Camp Association

accreditation standards). A panelist also cited other components of *management* from the

NCTRC Job Task Analysis, including:

> Organizational needs assessment for TR service delivery, programs are consistent
>
> with agency mission, the recruitment, training, education, supervision, and
>
> evaluation of staff, develop and maintain internship program, to prepare,
>
> implement, evaluate, and monitor TR annual budget, and to support research
>
> projects.

In the third round, a panelist stated that knowledge of, and adherence to, all regulations,

laws, and standards contribute to quality assurance which also falls under the element of

management.

Prevention, Safety Planning, and Risk Management

Very little qualitative data was given in description of this element. Panelists

indicated that a CTRS takes the precautions they do in accordance with this element and

is a component of quality assurance.

Program Evaluation and Research

Panelists described this element as "very important" and "essential." One panelist

gave a specific account of this element in the first round by stating "The therapeutic

department engages in routine, systematic program evaluation and research for the purpose of determining appropriateness and efficacy." It was also indicated that quality assurance is provided at camp through program evaluation and research.

Quality Improvement

Panelist suggested that quality improvement is essential for any successful TR or summer camp agency. In the first round, one panelist provided the following description of quality improvement:

> Within the therapeutic recreation department, there exists an objective and systematic quality improvement program for the purposes of monitoring and evaluating the quality and appropriateness of care, and to identify and resolve problems in order to improve therapeutic recreation services.

In the third round it was reported that as a result of program and stakeholder evaluations under the umbrella of quality improvement, TR departments are able to "improve and progress as a service entity."

DISCUSSION

The nine elements identified as the most important in this study appear to align into three separate categories (see Table 10). They are (1) TR process, (2) Technical and Administrative Skills, and (3) Outcome. Three of the four elements (*planning, implementation,* and *evaluation*) of the TR process were reported and align with the first category. Considering the TR process is such a standard means of practice, these results were expected. *Management, quality improvement, staff qualifications and competency assessment, program evaluation and research, and prevention, safety and risk management* fell under the category Technical and Administrative Skills. These skills are common job tasks and were also expected. *Socialization* was the lone outlier and, based on comments from panelists, was considered an Outcome.

Table 8. Important Element Categories

TR Process	Administrative	Outcome
Planning	Management	Socialization
Implementation	Quality Improvement	
Evaluation	Staff Qualifications and Competency Assessment	
	Program Evaluation and Research	
	Prevention, Safety, and Risk Management	

Comparison of Important Elements

Although key elements of TR at camp had, prior to this study, yet to be identified, a comparison to the elements generated in Riley and Wright's (1990) study indicate reasonable face validity. Of the 18 key elements identified in Riley and Wright's study, 13 corresponded to the 29 reported in the first round of this study. Of the top nine reported in this study, six corresponded to Riley and Wright's 18. A side by side comparison of the top 18 elements from each study can be seen in Table 6.

The significance of the corresponding, but not identical, elements among these two studies suggests that multiple elements of TR service are observed as important regardless of setting. However, the differences between this study and Riley and Wright's (1990) study suggest that the TR process at camp may be unique. For example, Riley and Wright (1990) found that of the 18 identified the top four were: (1) *assessment*, (2) *treatment program plan*, (3) *treatment program implementation*, and (4) *documentation*. In this study those elements received the following ratings: (10) *assessment*, (1) *planning*, (4) *implementation*, and (14) *documentation*.

Table 9. Comparison of Elements

Rank	Current Study	Riley & Wright (1990)
1	Planning	Assessment
2	Evaluation	Treatment Program Plan
3	Socialization	Treatment Program Implementation
4	Implementation	Documentation
5	Staff Qualifications & Competency Assessment	Patient/Client Safety
6	Management	Treatment Program Evaluation
7	Prevention, Safety Planning, & Risk Management	Intervention Approaches
8	Program Evaluation & Research	Discharge Plan
9	Quality Improvement	Staff Development
10	Assessment	Credentialing
11	Establishment of Therapeutic Relationship	Standards of Practice
12	Increased Independence in Completing ADL's	Leisure Education Program
13	Ethical Conduct	Ethical Practice
14	Documentation	Utilization Review
15	Organization	Follow-up Plan
16	Strengths-Based Approach	Patient Family Education
17	Camper Care Plan	Normalized Principles
18	Public Awareness	Diversionary Activities

The most glaring difference can be seen in the rating of the element *assessment.*
Riley and Wright's (1990) study found *assessment* to be the top element. This rating is
supported as *assessment* is the first part of the TR process. In the current study of camps
assessment was identified as the tenth most important element. This difference highlights
a unique variance in TR at camp. The application of TR at a short-term residential camp
is saddled with many challenges; most noticeably the limitation of treatment time.   This

sentiment was supported by a panelist who stated "While I think this is critically important, I am realistic about who and how this is done in a camp setting."

Camp is an inherently fast-paced environment, especially on check-in day. Checking in dozens of campers, organizing medications, unpacking and settling into cabins condense an already cumbersome schedule. These barriers, occurring at the same time an assessment typically would be done, are not generally seen in other TR settings. These additional tasks, in combination with time constraints at camp, may explain why *assessment* is not rated as high among TR camp practitioners.

It should be noted that although *assessment* was ranked tenth in this study, it did receive five ratings of 7-Extremely Important and one rating of 6-Very Important. One panelist rated *assessment* as 5-Somewhat Important, giving it seven ratings of 6-Very Important or 7-Extremely Important instead of the eight required to meet the predetermined criteria as most important. If the most important elements of this study had been based off of means or frequency of 7-Extremely Important ratings, *assessment* still would not have been rated any higher than sixth. As mentioned in the results section, means, due to the small sample size, were not used to determine the most important elements

Of the other TR process elements, *planning* rated second in Riley and Wright's (1990) and tied for first in this study and *implementation* was rated third and fourth respectively. These findings suggest *planning* and *implementation* may have the same level of importance regardless of setting. *Evaluation* was the other element tied for first in this study compared to a rating of sixth in Riley and Wright's (1990). *Evaluation* appears to be higher in importance at camp when compared to other elements.

Riley and Wright (1990) concluded their study by stating "therapeutic recreation as a profession must continue to make progress toward monitoring its own effectiveness and assuring quality services" (p. 36-37). In order to monitor its own effectiveness, the elements identified in this study can represent a starting point for camp researchers and practitioners to evaluate and implement these important elements of Therapeutic Recreation during short-term residential summer camps for individuals with disabilities.

Socialization

The elements in the TR process and Technical and Administrative Skills category were expected elements. *Socialization*, however, appears as an outlier when compared to these other elements. It could be argued that this element is subset of *implementation* as a CTRS implements specific programs to address areas of socialization.

Socialization is used to address a deficit area, or in other words, a specific means to an end. To that end, panelist described *socialization* as having "the potential to be one of the most powerful outcomes at a therapeutic summer camp" and "one of the greatest outcomes from the summer camp experience." Such a profound opportunity to elicit coveted outcomes may be the reason *socialization* was reported as an extremely important element in this study.

The host of social related outcomes reported begins to reveal why *socialization* was identified as a top element (Kiernan, Gormely, & MacLachlan, 2004; Devine & Dawson, 2010; Dawson & Liddicoat, 2009; Goodwin & Staples, 2005). Whether specifically targeted or not, this outcome appears to be one of the most commonly reported. Allsop, Negley, & Sibthorp (2013) specifically identified social performance and controlled for the use of the TR process (assessment, planning, implementation,

evaluation) and showed that "social performance was more positively affected through the use of the TR process within summer camp programs" (p. 43).

There is no question that the inherent nature of camp naturally produces some level of social benefit. When these individuals head to camp with friends they experience playing team games, sleeping in cabins and tents together, sharing meals, and other community based activities. The purpose of this study was to identify important elements of TR at camp and most of the elements reported were expected. The rating of *socialization* among these TR service type elements demonstrates how important this aspect of camp is and another example of the unique nature of TR at camp. This notion is further supported by the absence of *socialization* as a reported element in Riley and Wright's (1990) study. Including this outlier in this list of top elements also shows that these panelists feel *socialization* is more than some natural, self-occurring benefit.

CONCLUSION

The identification of the most important elements of TR at camp may help future researchers isolate the mechanisms generating outcomes at camp. The commonalities among Riley and Wright's (1990) study indicate the elements are valid and some elements of TR at camp are unique and more important than others. Future research on TR at camps should considering isolating these important elements to determine their role in generating outcomes.

Limitations

The results of this study are limited by a number of factors. Although a lack of consensus among researchers on the appropriate size of a Delphi panel exists, between 10 to 15 panelists (when the group is homogenous) is generally the acceptable number (Delbecqu, Van de Van, & Gustafson, 1975). With only eight panelists participating, a limitation occurs in the scope of definitions and discussions of the reported elements as well as limiting the ability to perform a more thorough statistical analysis on the quantitative data.

Of the 29 elements reported, several lacked a clear definition or thorough discussion. This could be attributed to the study not requiring input other than the rating or, as Riley and Wright (1990) alluded, maybe a "uniform definition of each element was shared by all respondents" and they were not compelled to be repetitive. An additional survey question asking panelists to agree or disagree with definitions of each element would eliminate this limitation.

Lastly, as reported in the demographics survey, panelists in this study have served a variety of populations which was not controlled for in this study. For example, one panelist could have worked at camps serving exclusively children with chronic disease while another could have worked with only adults with developmental disability. Enlisting more panel members and controlling for populations served could reveal what, if any, differences occur in the top elements when working with different populations.

Implications for Research

This study clearly identifies the elements deemed most important by a group of experts; however, more research is needed to further explain how these elements effect change. Identifying indicators of measurement for each item element is suggested to further understand each elements range. Miller (2001) stated that "the indicators measure the phenomena intended to be measured" (p. 352). Riley and Wright (1990) previously described indicators as "the subdimensions of the elements which delineate more specifically the level of quality performance within each important aspect of care" (p. 28). Creating specific, measurable, indicators for each element will assist in identifying the actual mechanism responsible for change, as well as providing researchers and practitioners with concrete parameters for contributing to evidence based practice.

Implications for Practice

The CTRS at camp uses a systematic, professionally developed, process to address individual goals based on outcomes targeted from assessments. Without a CTRS at camp, planning will still occur and campers will still experience a wonderful social setting. This study indicates that a CTRS in the camp setting should utilize vital elements of the TR process to strategically address individual needs. For residential summer

camps serving individuals with disabilities, utilizing the TR process and the identified

elements of practice, ensures a commitment to individual camper needs. When creating a

TR program at camp, the elements identified by a panel of Therapeutic Recreation camp

experts in this study should be given serious consideration.

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APPENDIX

ELEMENTS, DISCUSSION, MEANS, AND STANDARD DEVIATIONS

Appendix A.

Elements, Discussion, Means, and Standard Deviations

Element	Description(s)
Socialization	ROUND 1 RESPONSES Throughout the duration of the camp experience. "Clients" have the opportunity to engage in social conversations with each other. This can be through utilizing board games, cards games, creative writing and through socials. ROUND 2 RESPONSES Increasing self-esteem and ability to interact socially with peers is key to future development and success of individuals. With the decline in time children have for free play and self-initiated, unstructured play, this is even more critical in camp. One of the greatest outcomes from the summer camp experience is interacting with peers that understand what you are going through and can give you support and encouragement in a healthy, safe environment. The examples of social "conversations" may not be valid. These examples may not require social interaction. The board games and card games must be specifically named. For example Bingo requires no social interaction but the Ungame does. The same is true for creative writing - collaborative group song writing or creating a Camp Newspaper require social interaction but poetry writing can be an individual activity with no social interaction at all. ROUND 3 RESPONSES It has the potential to be one of the most powerful outcomes at a therapeutic summer camp The daily negotiations of living, playing and engaged with peers is a unique factor to the camp setting, and deserves a high rating.
Increased Independence in Completing ADL's	Round 1 RESPONSES Throughout the duration of camp "clients" are encouraged to do as much as possible for themselves. No learned helplessness is allowed. Much family remembers report after their love one experience camp that they notice an increase in the loves one's ability to provide for their personal care needs. ROUND 2 RESPONSES Independence is the key, we need to do everything possible to help our campers be as independent as possible. This has far reaching benefits in the lives of our campers after they have left the summer camp experience. 4.50I think this is an essential element in all life situations to promote optimal independence for all human beings regardless of age or disability. ROUND 3 RESPONSES Independence is very important and being out on one's own can lead to tremendous growth This is an inherent aspect to the camp setting, and includes not only doping for oneself, but also directing one's own care.

Self-Expression	ROUND 1 RESPONSES The camp ends each year with a "client" center talented show. "Clients" are given the opportunity to perform in front of campers and staff. This increase self-confidence of the "clients." ROUND 2 RESPONSES It is always nice to have a chance to show off your talent. I would rate higher if done strategically, with planned outcomes, for all campers, but is often just another program. This can be powerful, but it is not the only way to help increase self-confidence. I have a problem with the definition of self-expression in this element. It is too narrow. A well rounded camp should optimally address all the domains of human function - motor, cognitive, communication, psycho-social, etc. Self- expression is essential to address via programming implemented with campers. It is unacceptable to define a self-expression key element as only a talent show. ROUND 3 RESPONSES While important, I don't see this as a critical aspect, neither inherent nor unique to the camp setting, hence a middle rating.
Assessment	ROUND 1 RESPONSES The therapeutic recreation specialist conducts an individualized assessment to collect systematic, comprehensive and accurate data necessary to determine a course of action and subsequent individualized treatment plan. Therapeutic Camp Assessment looking at psycho-social needs such as friendship development, social acceptance, social comparison in illness opportunities, etc Conduct assessments using selected methods to determine physical, social, affective, cognitive, leisure, and/or lifestyle functioning. Analyze and interpret results from assessments. Integrate, record, and disseminate results gathered to appropriate individuals (e.g., person served, treatment team). Description provided from the NCTRC Job Task Analysis. In TR, there should be an assessment of skill level and functioning, and regardless of location of service provision, this should be the case. The facility has developed a functional assessment that fits our setting. It covers activities of daily living, mobility, vision, hearing, speech, memory, cognitive issues, ambulation, and social interests. Assessing the areas of growth for an individual or population We use the Functional Assessment of Characteristics for Therapeutic Recreation - Revised. To be used by counselors to evaluate each activity they participated in on a given day. Activity assessment focuses on sequencing, material use, camper involvement, instructors implementation and camper outcomes. ROUND 2 RESPONSES It is through the assessment that we start down the path of therapy. We can not have a therapeutic based summer camp without it. It gives the staff the knowledge they need to

| | work with each camper individually and what needs to be done to maximize the clients strengths and minimize the clients weaknesses.

I don't see where you are going with this description. It looks like you "verbatim" listed everything any contributor wrote. What are you looking for when you ask us to rate this element? Some of the comments I agree with and others, I do not. The last comment, for example, is a recreation activity evaluation blended with some client assessment it is not an assessment of a client.

ROUND 3 RESPONSES
Without assessment we lose the therapeutic process

While I think this is critically important, I am realistic about who and how this is done in a camp setting. For camps that are more homogeneous in their populations, the better this can be done. This said, with good planning and training, individual assessments can be easily accomplished, with very clear and measurable outcomes. |
|---|---|
| Planning | ROUND 1 RESPONSES
The therapeutic recreation specialist plans and develops the individualized treatment plan that identifies goals, objectives and treatment intervention strategies.

Develop and document individualized intervention plan with goals, objectives, evaluation criteria, and discharge/transition plan. Develop and/or select interventions and approaches to achieve individual and/or group goals. Develop and/or select protocols for individual or group session. Utilize activity and/or task analysis prior to interventions/programs. Select adaptations, modifications and/or assistive technology. Description provided from the NCTRC Job Task Analysis.

In TR, there should be a planning of therapeutic interventions based on the assessment, and regardless of location of service provision, this should be the case.

We have goals of the agency that we utilize in program design and also receive insight from participants in order to plan accordingly to meet the goals and objectives

For each course at the facility, we have goal setting for our participants. Staff complete these as well and make sure we are working on attaining them while the client is on a course.

ROUND 2 RESPONSES
Very, very important. It is difficult to do in the summer camp setting, but highly valuable and allows for therapeutic growth

ROUND 3 RESPONSES
Part of the RT process, essential

To create and plan for therapeutic outcomes, this is critical to address assessment data, whether for individuals or all campers. |
| Implementation | ROUND 1 RESPONSES
The therapeutic recreation specialist implements the individualized treatment plan using appropriate intervention strategies to restore, remediate or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability. Implementation of the treatment plan by the therapeutic recreation specialist is consistent with the overall patient/client treatment program.

Explain the purpose and outcomes of the intervention/program and steps to be followed to the person served. Implement individual and/or group sessions, protocols, and/or programs. Use leadership and facilitation techniques to maximize therapeutic benefit |

	(e.g., role-modeling, reflective listening). Monitor and address safety concerns throughout the intervention/program. Observe person served for response to intervention/program and note important data (e.g., inter-action with others, group, or therapist). Monitor effectiveness of individual and/or group intervention/program plans and make modifications as needed. Description provided from the NCTRC Job Task Analysis.
	In TR, there should be an implementation of activities to enhance function, based on the plan and assessment, and regardless of location of service provision, this should be the case.
	We implement the plan being developed for the needs of the agency and participants.
	Activities designed to produce change in a camper
	Camp setting is an intervention Inclusive environment, everyone wins, fully accessible experience, no one is ever left out. Social comparison opportunities as all campers have the same illness or disability. Activities are interventions such as a hair cutting ceremony for kids with cancer (staff do this to support them) or a memory garden activity for campers that have passed away.
	ROUND 2 RESPONSES As the third stage of the TR process, implementation is very important. this is the stage that is most often demonstrated in summer camp settings, but activities need to be implanted in an intentional manner that leads to specific, targeted therapeutic outcomes.
	ROUND 3 RESPONSES This is where the magic happens. It is the actual recreation, it is the interactions, it is the therapeutic growth.
	Self-explanatory.......but all camps should ask themselves "why" with every program and activity implemented, and have clear answers to the "why"!
Behavior Modification Plan	ROUND 1 RESPONSES Used in a 1:1 camper-counselor situation. A behavior modification plan involves a particular behavior that either parents are working on at home or something that has been assessed that needs improvement. The plan includes a goal, rationale for selecting the target behavior, objectives, steps of the appropriate behavior and observations record, and teaching and consequences address how you would teach the behavior and then what consequences you will use when inappropriate behavior occurs.
	ROUND 2 RESPONSES While I actually think this is extremely important, I firmly believe that the behavior should be assessed in the context of camp, as the behaviors may differ significantly from other environments (e.g. school).
	This depends on the camper, some campers certainly need 1-1 attention, but many other campers do not. They can function well in a 2-1 or and 3-1 ratio of camper to staff.
	Behavior modification is technique utilized when indicated. It is one of many possible techniques a therapist can implement when evidence based practice deems it an appropriate mechanism to elicit desired outcomes. Not all residential camps would need to have a behavior modification plan for their campers. A focus on one particular technique as an "essential element" is skewed. It is the same as saying all residential camps must have swimming. That is skewed from a programming perspective - the focus would be missing the point.

	ROUND 3 RESPONSES Depends on the camper, for some it is essential, for others it isn't. Overall it is important Behavior plans need to be addressed in the context of camp (vs taken from other settings and implemented), and need to have clear benchmarks for changes that need to be made to the plan as a camper progresses successfully.
Evaluation	ROUND 1 RESPONSES Evaluation is done at the end of the week and campers have a discharge report indicating progress and things to continue to work on. Evaluate changes in functioning of the person served. Determine effectiveness of individual intervention plan and adjust as needed. Revise individualized intervention plan as necessary with input from the person served and appropriate others (e.g., parent or legal guardian, support system, treatment team, service providers). Evaluate individual's need for additional, alternative or termination of services. Determine effectiveness of protocols, modalities, and/or programs for targeted groups. Description provided from the NCTRC Job Task Analysis. In TR, there should be an evaluation of progress towards goals, and regardless of location of service provision, this should be the case We do both an evaluation of our participants in our documentation as well as for the course. We see if goals and objectives have been met and if we need to improve the program plan in order to best met these. We also evaluation the course as a whole and how it was implemented and if changes need to be made. The therapeutic recreation specialist systematically evaluates and compares the client's response to the individualized treatment plan. The treatment plan is revised based upon changes in the interventions, diagnosis and patient/client responses. ROUND 2 RESPONSES We must document the growth and changes in our clients. If we do not document it, it never happened. this is for the benefit of the client, staff, and agency and ensures a continuity of treatment. ROUND 3 RESPONSES The last step in the therapeutic process, it is how we determine and measure our outcomes and how we know if our clients have received any therapeutic benefits This allows camps to reflect on the success of their staff, processes and programs. Even at the most basic level, it is a necessary tool for continued quality
Camper Program Evaluation	ROUND 1 RESPONSES This is a summative evaluation of the camp and is completed by the camper (may need assistance from a counselor). The Likert scale is in the form of faces ranging from a frown (boring) to a smiley face (terrific). Questions pertain to elements of camp such as the activities, food, whole camp, counselors etc. ROUND 2 RESPONSES This is not necessarily required from the camper. It can be valuable, but most often it is all smiley faces because the camper is not thinking objectively (they are on a camp high) or is influenced by the staff assisting them. This is one component of the broader requirement - quality improvement. It is essential that all programs, including residential camps, have quality improvement plans.

	ROUND 3 RESPONSES Campers and families need to have a level/sense of ownership with the camp, and their input needs to be gathered and valued!
Camper Care Plan	ROUND 1 RESPONSES Care plan connected to psycho-social camp assessment domains mentioned earlier. Staff check if the camper met their goal for the day. Each camper has a set amount of days they are to display progress towards that goal. Example: camper will explore making new friends 3 out of 7 days at camp. ROUND 2 RESPONSES Goals and objectives are very important and a must for any therapeutic summer camp. A care plan or treatment plan is an essential component of assessment with measurable goals and objectives. It should comprehensively address deficit areas not just the psycho-social domain. ROUND 3 RESPONSES Goals and objectives are important for any camper This is inherent in the APIE process, and if we are implementing TR in camp settings, this is necessary.
Documentation	ROUND 1 RESPONSES Record behavioral observations, progress, functioning, and intervention outcomes of the person served. Document unusual occurrences, accidents and incidents relating to risk management. Document protocols, modalities and/or program effectiveness. Description provided from the NCTRC Job Task Analysis. ROUND 2 RESPONSES This requires having enough staff, training and supervising them in doing appropriate documentation, having time allotted each day to complete the documentation. This takes time, but pays off in the long run and ensures a high quality of client care. ROUND 3 RESPONSES Without documentation, why do any of the previous tasks
Organization	ROUND 1 RESPONSES Maintain equipment and supply inventory. Plan and coordinate support services (e.g., transportation, housekeeping, dietary). Maintain program budget and expense records. Develop and distribute schedules (e.g., programs, special events, programming changes). Description provided from the NCTRC Job Task Analysis ROUND 2 RESPONSES You cannot run any summer camp without this element ROUND 3 RESPONSES Again, inherent for quality assurance, communication, risk management, etc., etc., etc
Management	ROUND 1 RESPONSES Comply with standards and regulations (e.g., government, credentialing, agency, professional). Conduct an initial and/or on-going organizational needs assessment for TR/RT service delivery (e.g., populations served, internal and external resources). Prepare and update comprehensive TR/RT written plan of operation (e.g., programs, risk management, policies and procedures). Confirm that programs are consistent with agency mission and TR/RT Service philosophy and goals. Recruit, train, educate, supervise, and evaluate professionals, paraprofessionals and/or volunteers (e.g., plan in-service training, develop staffing schedules). Provide staff development and mentorship. Develop, implement and/or maintain TR/RT internship program in

	accordance with legal requirements and professional guidelines. Prepare, implement, evaluate, and monitor TR/RT service annual budget. Support research programs or projects. Prepare and report quality improvement data. Write summary reports of TR/RT Services. Description provided from the NCTRC Job Task Analysis ROUND 2 RESPONSES You cannot operate or stay open without these elements. ROUND 3 RESPONSES Knowledge of and adherence to all regulations, laws and standards contribute to quality assurance
Public Awareness	ROUND 1 RESPONSES Establish and maintain network with organizations and advocates (e.g., community agencies, universities, allied health professions). Advocate for rights for persons served (e.g., access, inclusion, independence, transportation). Provide education to the community (e.g., explanations of purpose of program/interventions; initiating opportunities to expand community awareness of value of TR/RT; organization of TR/RT service). Promote the agency, TR/RT services and the profession through marketing and public relations. Description provided from the NCTRC Job Task Analysis. Camps have multiple opportunities to advocate for and education others about accessibility, disability awareness, inclusion in "regular" camps and recreation program, etc. NOTE: Camps need to recognize and promote the fact that they already do, and are capable of expanding upon, the NCTRC Job Analysis!!! ROUND 2 RESPONSES This is very important, but sometimes can be outside of the scope of a summer camp. It's great if a camp can do this, but not required ROUND 3 RESPONSES Collaboration is critical for camps to succeed today, and without the accompanying PA that supports collaboration, camps cannot survive.
Activity Lesson Plan	ROUND 1 RESPONSES Each activity at camp has an activity lesson plan which includes goals and objectives, procedures, material and equipment needed, adaptations, how you would evaluate whether a camper meets the goals and objectives. ROUND 2 RESPONSES Need time to train and work with staff to develop good plans with doable, measurable outcomes Essential This element has already been covered with a more concise and professionally worded description. An activity lesson plan is a program plan. An evaluation of client performance is a component of a client's treatment / care plan. These are two different yet complementary components. ROUND 3 RESPONSES Very important to deliver the proper service Good leadership starts with good planning, and good plans reflect the progress towards program and camper goal achievement
Establishment of Therapeutic	ROUND 1 RESPONSES Ability to create and use the therapeutic relationship to build trust and create camper

Relationship	change ROUND 2 RESPONSES Essential As previously stated in the question about behavior modification, this is a modality a therapist implements. It is a component of "therapeutic use of self." It is my opinion that all modalities be utilized as indicated. This is not a survey about modalities?? ROUND 3 RESPONSES Campers remember relationships more than they remember activities. Critical!
Develop & Implement Leisure Education Protocols	ROUND 1 RESPONSES Purposeful program planning, based on research/best-practices, with determined outcomes, which guide the creation of programs and activities within the camp setting, to improve leisure awareness, leisure resources,leisure skills and related social skills. We do specific interventions with our participants that are focused on increasing the awareness of leisure pursuits and opportunities whether it is specific to the outdoors or focused on more creative or indoor activities. ROUND 2 RESPONSES Evidence-based practice is very important. It ensures the highest quality of programming and services. Please read my previous responses about modalities. As indicated, a well-rounded residential camp would include leisure education or leisure skill development or many, many other modalities. It depends upon the results of a comprehensive evaluation of the campers. As an established camp serving a "known population" there are patterns of common areas of deficit and projected recreation and leisure program planning does occur. It may be very true that for certain residential camps - leisure education would be an "essential" component of an optimal schedule of activities It would have to determined based upon the needs of the campers. ROUND 3 RESPONSES We fail our campers if we don't relate what they learn at camp with what they have for options in their communities, with their own lives, health & well-being. Camps should not be their only leisure option.
Collaboration (Treatment Team)	ROUND 1 RESPONSES Increased collaboration with education systems, to support relevant IEP goals in the camp setting. ROUND 2 RESONSES I don't have much experience with successful collaborations to support IEP's. It can be a great addition, but in my experience, it is too difficult to manage and maintain for each camper. What if this is a camp for adults??? Of course camps should develop and implement effective collaboration with stakeholders. This is an essential component of camp management. Why is this one area being emphasized? The macro element has already been stated. ROUND 3 RESPONSES It is crucial to network with other stakeholders and providers, show behavioral outcomes, especially if we want camp to be see as more than caregiver respite care.
Strengths-	ROUND 1 RESPONSES

Based Approach	At the facility we approach every course and participant in the strengths-based approach. While developing the program plan we focus on their strengths, capabilities, and aspirations. ROUND 2 RESPONSES done more on a group basis than an individual basis Great philosophy, so many people focus on the individuals weaknesses, but we need to maximize their strengths as well. Every comprehensive evaluation includes this element. Listing it separately is redundant. ROUND 3 RESPONSES As camps often don't operate in a medical model, this is often so intrinsic we don't even know we do it
Program Evaluation and Research	ROUND 1 RESPONSES The therapeutic recreation department engages in routine, systematic program evaluation and research for the purpose of determining appropriateness and efficacy. ROUND 2 RESPONSES Essential ROUND 3 RESPONSES Very important It is how we provide quality assurance.
Resource Management	ROUND 1 RESPONSES Therapeutic recreation services are provided in an effective and efficient manner that reflects the reasonable and appropriate use of resources. ROUND 2 REPONSES Essential ROUND 3 RESPONSES Can't run a program without resources Effective Resource Management is how camps stay afloat year to year
Quality Improvement	ROUND 1 RESPONSES Within the therapeutic recreation department, there exists an objective and systematic quality improvement program for the purposes of monitoring and evaluating the quality and appropriateness of care, and to identify and resolve problems in order to improve therapeutic recreation services. ROUND 2 RESPONSES Absolutely Essential to any Successful RT or Summer camp agency ROUND 3 RESPONSES As a result of program and stakeholder evaluations, this is how we improve and progress as a service entity
Staff Qualifications and Competency Assessment	ROUND 1 RESPONSES The therapeutic recreation department has established provisions for assuring that therapeutic recreation staff maintain appropriate credentials and have opportunities for professional development. ROUND 2 REPONSES

	You have to take care of your staff and make sure they maintain their certifications. Very Important
	ROUND 3 RESPONSES An RT agency needs to make sure their staff are up to "snuff". It is important to always be improving our skill sets, obtaining more education, and bettering ourselves as professionals. As critical as program, site and equipment assessment, perhaps even more so. Camps' highest risk, and asset, are staff.
Written Plan of Operation	ROUND 1 RESPONSES The therapeutic recreation department is governed by a written plan of operation that is based upon ATRA Standards of the Practice of Therapeutic Recreation and standards of other accrediting/regulatory agencies, as appropriate. ROUND 2 RESPONSES This is ideal, but not necessarily the only option. It is the best and most likely the easiest, but the American Camping Association has other standards and written plans of operation that are also appropriate. ROUND 3 RESPONSES Support of the ACA Standards are important for all camps
Ethical Conduct	ROUND 1 RESPONSES The therapeutic recreation specialist adheres to the ATRA Code of Ethics ROUND 2 RESPONSES Absolutely essential ROUND 3 RESPONSES Essential to educate staff and have clear policies/procedures for infractions.
Prevention, Safety Planning, & Risk Management	ROUND 1 RESPONSES Recreation opportunities are available to patients/clients to promote or improve their general health and well-being. ROUND 2 RESPONSES This is why we do what we do. ROUND 3 RESPONSES Quality assurance
Discharge Plan	We have a discharge plan in our documentation process, but it has been difficult to get this to fit within our program since we typically see our participants one or twice a year for about a week. It would be great to have a better to help assist with the aspect of TR. The therapeutic recreation specialist develops a discharge plan in collaboration with the patient/client, family, and other treatment team members in order to continue treatment, as appropriate. ROUND 2 RESPONSES again, time and staffing needs are critical Discharge plans are nice, but are very difficult to do in a summer camp setting. The first is commentary. Why is it here? The second is a description of the element ROUND 3 RESPONSES Discharge plans are nice, but very difficult to do in a summer camp setting

	While I would like to think there is the time and opportunity to implement, it is often overlooked. As we collaborate and work with treatment partners, we will have more opportunities to do this, and should be expected to do this.
Swimming	ROUND 1 RESPONSES Many "clients" do not have the chance to swim other than at camp. The staff takes time to teach as many fundamentals related to swimming as feasible while "clients" have daily swim during the duration of camp. ROUND 2 RESPONSES While I think an opportunity to swim is an outstanding mechanism for unique recreation opportunities, it is not an essential element of a residential summer camp. It is a "nice to have" element. ROUND 3 RESPONSES I struggle personally separating swimming from the summer camp experience, and see it has an inherent program. As a modality, it is almost universal in its benefits.
Fine and Gross Motor Skills	ROUND 1 RESPONSE Through a variety of elements garden, archery, arts and crafts, bingo, leather making etc. "clients" have the chance to increase their fine and gross motor skill development. ROUND 2 RESPONSE Why is this deficit area being separated from the broader element of program planning? It skews the results, emphasizing one sub-component. ROUND 3 RESPONSES All physical activity have these potential benefits