

Community-Based Recreational Therapy: Evidence Based Practice



History of Research

The Northeast Passage Community-Based Recreational Therapy (C-BRT™) model has been developed and refined within the context of research.

- 1999** Spinal Cord Injury
- 2000** Spinal Cord Injury
- 2003** Spinal Cord Injury and Family Impact
- 2004** Spinal Cord Injury
- 2013** Chronic Health/Physical Disability
- 2016** Behavioral Health/Substance Use Disorder
- 2018** Behavioral Health/Chronic Pain/Physical Disability

Qualitative Themes

Benefits

1. Increased self-efficacy
 - Increased perceptions of personal capacity for change
 - Enhanced problem solving and positive risk taking
 - More flexible thinking
2. Improved quality of life
 - Optimism
 - Confidence
 - Empowerment
3. Decreased Environmental Barriers
 - Increased understanding of adaptive equipment
 - Knowledge of community resources

Outcomes

1. Increased or improved social participation and engagement with the community
2. Reduction in healthcare utilization
 - Fewer doctor visits
 - Decrease in medication
3. Positive changes to personal health and physical wellbeing

Reasons for Success

Participants identified three influential elements of the C-BRT™ intervention that facilitated their positive healthrelated outcomes.

Partnership approach to treatment

- Social and emotional support

Holistic Individualized Approach

- Personal meaning that informed treatment goals

“Real world/real time” problem solving

Quantitative Results

1. Significant increases in overall health satisfaction despite persistent disability.
2. Significant increases in happiness, overall quality of life and the environmental quality of life domain.
 - Opportunity for leisure opportunities
 - Access to transportation
 - Feelings of safety
 - Access to information

OUTCOME/QUESTION	MEAN DIFF.	STD. DEVIATION	STD. ERROR MEAN	N	SIG. (2-TAILED)
Health Satisfaction	.400	.827	.107	59	.000
Happiness	.482	1.397	.188	54	.013
WHO QoL — Overall	.517	.982	.127	59	.000
WHO QoL — Psychological	1.156	2.755	.356	59	.002
WHO QoL — Environment	.886	2.239	.289	59	.003
WHO QoL — Physical	.658	2.349	.303	59	.034
WHO QoL — Social	.656	3.423	.442	59	.143
WHO DAS 2.0 — Participation in society	-4.524	17.136	2.212	59	.045

Published research articles: <http://nepassage.org/teaching-research/>

Community-Based Recreational Therapy: Evidence Informed Practice



The Northeast Passage model of **Community-Based Recreational Therapy (C-BRT™)** is framed in the World Health Organization's International Classification of Functioning (ICF) which recognizes that the individual functioning, as well as aspects of the environmental context are an integral part of health.

The C-BRT™ model is firmly grounded in theory and our trained therapists incorporate current evidence based practices that transcend healthcare disciplines to support increased individual functioning.

Cognitive Behavioral Therapy (CBT)

C-BRT™ therapists use the natural setting and intrinsic motivation of engagement in recreation as context to reexamine automatic thoughts and beliefs that underscore automatic responses to everyday life experiences and to create new experiences and frameworks for thinking about self and the world around.

"What people don't understand when they tell you to get out and do things is that I couldn't think of anything...my brain was diseased. The C-BRT therapist meets you where you are and steps you through the process and reintroduces ideas and activities. What I found was that things were often different than I assumed they would be. Challenging my assumptions in a way that wasn't threatening has been helpful in other areas of my life too."

Trauma Informed Care

C-BRT™ therapists incorporate principles that guide trauma informed care. They understand the impact of trauma and interconnection with symptoms. They employ a collaborative strengths-based approach to working with clients in ways that feel safe and empowering.

"The most important part for me, was not having to do it alone. I have complex PTSD and have been traumatized for so long. My brain is just wired by trauma. Having the space to flex the muscle again of actually noticing the things that bring joy and to engage in these in things in a way that feels safe has been so important. The C-BRT I worked with really knew how to facilitate that in a way that helped me be more independent in doing this on my own"

Motivational Interviewing

C-BRT™ therapists are trained in principles and techniques of Motivational Interviewing. Starting with the initial assessment therapists engage clients in conversation to elicit their individual vision for their healthiest self. Within the context of continued facilitated engagement in community and in recreation interests, therapists continue to engage clients in identifying desired changes and solutions that support their vision, and to build an individual narrative of confidence in their ability to implement lasting change.

"The surprising thing is that it impacted other areas of my life as well. Getting out and doing things made me want other things for myself too. It motivated me to get my license back and helped me build connections that led to my job."

Acceptance and Commitment Therapy (ACT)

C-BRT™ therapists work with clients to recognize current thoughts and attitudes toward their disability/ health condition, to accept permanent aspects of their health condition, and refocus and develop daily strategies in line with personal values and identity.

"I used to fight my disability, thinking that if I just worked hard enough I would be able to walk... it would be like the lion king... now though, I realize that that part isn't going to change, but I figure out now I just do things this way. That shift has been the most important part of participating in this program."