

The Leisure and Well-Being Model: Improving Outcomes for Children Exposed to ACEs

Grace Maher

Overview

- ACEs (adverse childhood experiences) are negative and potentially traumatic events that occur in childhood and effect more than 50% of the US population.
- ACEs are linked with decreased well-being, including conditions like future violence, engaging in risky behavior, mental illness, chronic illness and premature death.

The Leisure and Well-Being Model (LWM)

- A strengths-based approach that uses leisure to improve well-being.
- Promote client's resilience in the face of adversity.

Linking the LWM to exposure to ACEs

- As children are exposed to more ACEs, their well-being is increasingly reduced.
- Developing an age appropriate leisure repertoire has been shown to aid children in developing social, psychological and physical resources.

IMPLICATIONS

- Provide leisure education to identify "savor-able" & authentic leisure interests.
- Advocate for resources for high-risk communities so that services can be provided in safe and nurturing environments.
- Provide trauma-informed services to avoid retraumatization.
- Regularly screen and assess for ACEs and advocate for standardized ACEs assessments.
- Create a network of professionals as a resource for services that reach beyond the scope of RT.

The damaging effects ACEs have on the well-being of children can be reduced when a protective effect is created through leisure.

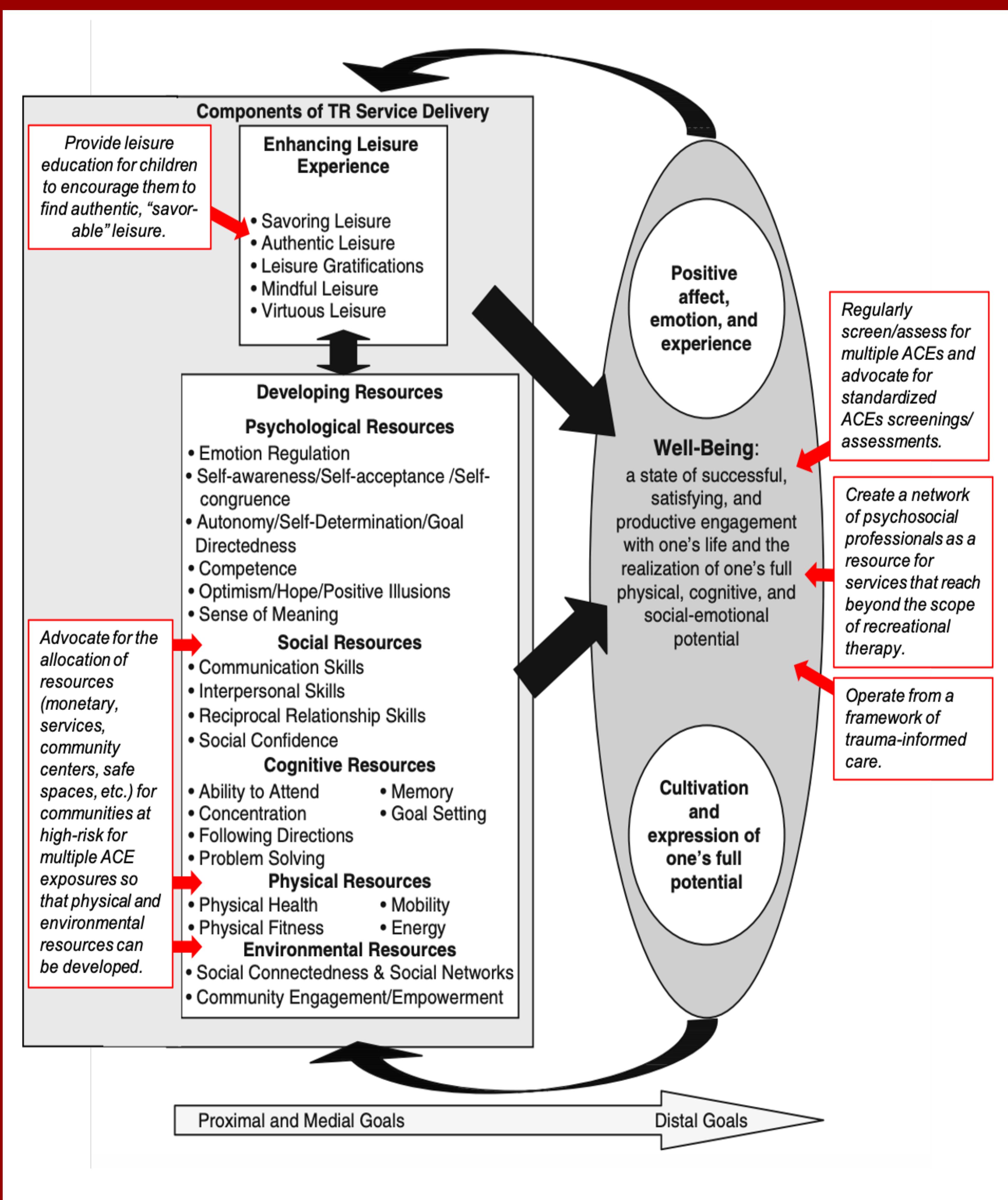


Figure 1. Components of the Leisure and Well-Being Model. Adapted from "Positive leisure science: From subjective experience to social contexts," by C. Carruthers and C. Hood, 2013. Edited by G. Maher for Temple University RT EBP Conference 2020.

References

Ashton-Shaeffer, C., & Ross, J. (2009). Therapeutic recreation practice models. In N. J. Stumbo (Ed.). Professional issues in recreational therapy (2nd ed., pp. 225-231): Sagamore Publishing, LLC.

Carruthers, C., & Hood, C. D. (2007). Building a life of meaning through therapeutic recreation: The leisure and well-being model, part I. *Therapeutic Recreation Journal*, 41(4), 276-297.

Centers for Disease Control and Prevention (CDC). (2019). Preventing adverse childhood experiences, from <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>

DeVries, D., Brennan, Z., Lankin, M., Morse, R., Rix, B., & Beck, T. (2017). Healing with books: A literature review of bibliotherapy used with children and youth who have experienced trauma. [Report]. *Therapeutic Recreation Journal*, 51, 48-74.

Hood, C. D., & Carruthers, C. (2007). Enhancing leisure experience and developing resources: The leisure and well-being model, part II. *Therapeutic Recreation Journal*, 41(4), 298-325.

Hood, C. D., & Carruthers, C. P. (2013). Facilitating change through leisure: The leisure and well-being model of therapeutic recreation practice. In T. Freire (Ed.), *Positive leisure science: From subjective experience to social contexts* (pp. 121-140). Dordrecht: Springer Netherlands.

Leitschuh, C. A., & Brotons, M. (1991). Recreation and music therapy for adolescent adolescent victims of sexual abuse. *Journal of Physical Education, Recreation & Dance*, 62(4), 52-55.

Liming, K. W., & Grube, W. A. (2018). Wellbeing outcomes for children exposed to multiple adverse experiences in early childhood: A systematic review. *Child and Adolescent Social Work Journal*, 35(4), 317-335. doi: 10.1007/s10560-018-0532-x

Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse child experiences on adult mental health. *Child Abuse & Neglect*, 69, 10-19. doi: <https://doi.org/10.1016/j.chab.2017.03.016>

Woods-Jaeger, B., Cho, B., Sexton, C. C., Slagel, L., & Goggin, K. (2018). Promoting resilience: Breaking the intergenerational cycle of adverse childhood experiences. *Health Education & Behavior*, 45(5), 772-780. doi: 10.1177/1090198117752785