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

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Introduction

ACEs, or adverse childhood experiences, are negative and potentially traumatic events that occur in childhood (CDC, 2019). According to the CDC, more than 60% of adults surveyed across the nation experienced at least one ACE and about 1 in 6 have experienced four or more (2019). The more ACEs an individual has been exposed to, the more likely they are to experience poor adult outcomes and reduced well-being (Merrick et al., 2017). Additionally, ACE exposure can have an intergenerational, negative effect on well-being (Woods-Jaeger et al., 2018). Parents who report exposure to ACEs as children experience chronic stress and reduced potential, including earning potential, making it difficult for them to provide the safe and nurturing environments that are known to have protective effects against ACE exposure for their children (Woods-Jaeger et al., 2018). Providing recreational therapy, guided by the principles of the *Leisure and Well-Being Model*, may help children exposed to ACEs by providing meaningful leisure and improving and developing resources, to promote their resilience in the face of adversity.

Explanation of conceptual/theoretical framework

The *Leisure and Well-Being Model* is a strengths-based approach that uses leisure as a means to improve well-being (Ashton-Shaeffer & Ross, 2009). The model relies on enhancing leisure experiences in order to promote resource development in multiple domains of well-being (Hood & Carruthers, 2013). Well-being is defined to include having positive experiences and emotions as well as the "cultivation and expression of one's full potential" (Hood & Carruthers, 2013, p. 124, Figure 7.1).

Application and translation of research/concept/theory in RT practice

Many children and families exposed to ACEs experience a lack of resources which can lead to intergenerational reduced potential, poor health outcomes and diminished well-being (Merrick et al., 2017; Woods-Jaeger et al., 2018). Providing supportive, safe and nurturing environments via recreation and leisure have been shown to have protective effects and lower the risk of negative outcomes (Woods-Jaeger et al., 2018). The *Leisure and Well-Being Model* can be used when working with children who have been exposed to ACEs to encourage the adoption of satisfying, "savor-able" and authentic leisure practice and develop resources (psychological, social, cognitive, physical and environmental). No prior literature linking ACEs with the Leisure and Well-Being Model has been identified, however, research has shown that leisure engagement and interventions can aid clients in developing diverse resources. Leitschuh and Brotons (1991) found that implementing a recreation therapy program helped children who experienced chronic trauma to engage in age-appropriate recreation that previously hadn't been possible due to a lack of environmental and family resources. Bibliotherapy interventions were also found to help child survivors of trauma to build rapport, communicate their experience, improve emotional intelligence, and significantly reduce aggression indicating the development of psychological and social resources (De Vries et al., 2017). Delivering recreation therapy interventions guided by the constructs in the *Leisure and Well-Being Model* may provide the children who are exposed to ACEs access to an environment that promotes their strengths, encouraging the development of resources and improving resilience in the face of adversity (Ashton-Shaeffer & Ross, 2009).

Tables/Figures

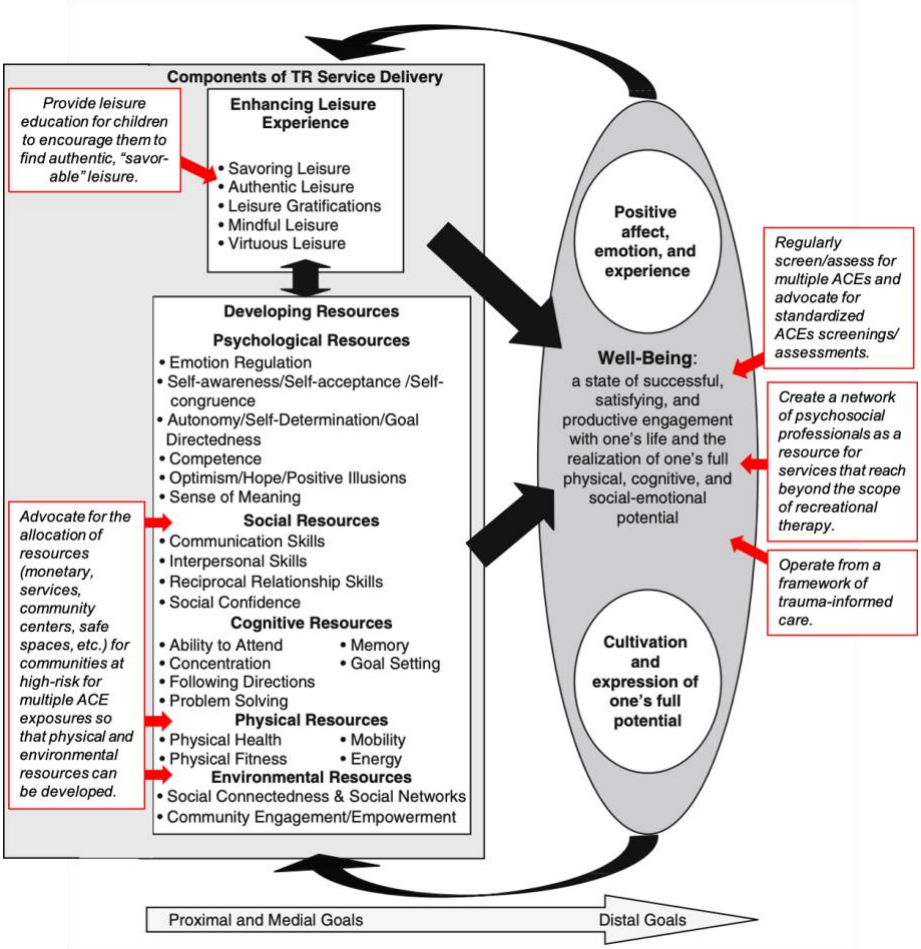

Figure 1. Components of the Leisure and Well-Being Model. Adapted from "Positive leisure science: From subjective experience to social contexts," by C. Carruthers and C. Hood, 2013. . Edited by G. Maher for Temple University RT EBP Conference 2020.

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