

Doctoral Capstone Experiential at Camp Mariposa: Aaron's Place

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Abstract

Dependence on alcohol, illicit substances, and opioids impact the parent-child relationship, childhood development, and child behaviors (Romanowicz et al., 2019). There is a strong association between parental substance abuse and subsequent child maltreatment (*Opioids and Youth*, 2018). Substance use disorder (SUD) can lead to family trauma and significantly impact the child's life trajectory. However, given the support, knowledge, and tools necessary to intervene, it is possible to mitigate the negative effects of SUD and trauma. Camp Mariposa: Aaron's Place is a camp for youth ages 9-12 who have been impacted by a family member's SUD. By applying underutilized approaches to family and group therapy, such as yoga, theatre, and nature-based crafts, this camp promotes resiliency, protective factors, and post-traumatic growth.

Keywords: Substance Use Disorder, Program Development, Trauma, Youth, Interventions

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Doctoral Capstone Experiential at Camp Mariposa: Aaron's Place

Between 2009 and 2014, almost 3% of children in the United States lived with at least one caregiver who had a substance use disorder (SAMHSA, 2017). During this time period, the average number of children under the age of two who were living with a parent using illicit substances was 464,000 per year (Romanowicz et al., 2019). In 2019, it was found that 8.5% of children had lived with someone who had a drug or alcohol problem (Silverman). The opioid epidemic is growing, and many users are of childrearing age. The impact of alcohol use disorder (AUD), opioid use disorder (OUD), other substance misuse, and substance use disorder (SUD) is not limited to the individual, but also impacts their family and friends (Daley et al., 2018). AUD, OUD, and SUD often “contribute to or exacerbate medical, psychiatric, family, social, and legal problems” (Daley et al., 2018, p. 94). Recently, there has been an increase in the dialogue that surrounds AUDs, OUDs, and SUDs, but much of this is focused on the user themselves as opposed to those that their disorder directly impacts (El-Bassel & Shoptaw, 2021; National Academies of Sciences & Medicine, 2017; Nelson et al., 2015; Wasmuth et al., 2014; Watson et al., 2018). While both types of dialogue are immensely important, the focus of this paper is the impact that these disorders have on the children of those individuals going through addiction recovery and how to best help them.

Dependence on alcohol, illicit substances, and opioids impact the parent-child relationship, childhood development, and child behaviors (Romanowicz et al., 2019). Parental SUD is linked to higher rates of “domestic violence, less responsive and harsher parenting, household instability, and other negative outcomes” (Bullinger & Wing, 2019, p. 1). Parental SUD also increases the risk for abuse, neglect, and immersion in child welfare systems (Peisch et al., 2018). Bullinger & Wing (2019) predict that with the increase in parental OUD, there will be

an increase in emotional impairments, behavioral childhood development impairments, and worse health outcomes. Gaskill & Perry (2012) found that children who have faced trauma, chaos, and neglect commonly demonstrate “complex functional compromise in multiple domains, including physiological, motor, emotional, social, and cognitive” (p. 191).

Adverse Childhood Experience

An Adverse Childhood Experience (ACE) is a “stressful or traumatic event occurring in childhood and are used to assess the long-term impact of abuse and household dysfunction on later-life health” (Centers for Disease Control and Prevention, 2020). Individuals who had 4 or more ACEs had 4-fold to 12-fold increased risk for “alcoholism, drug abuse, depression, and suicide attempt” (Felitti et al., 1998, p. 245). Children react to trauma according to their developmental level and the task they are trying to complete (Tedeschi & Calhoun, 2006). These reactions vary depending on age and developmental stages as children understand and internalize experiences based on their cognitive and emotional capacity (Tedeschi & Calhoun, 2006). Felitti et. al (1998) found that effects of ACEs can be prevented with understanding of behavioral coping strategies to reduce emotional impact of the experience. Comprehensive strategies are needed to identify and intervene with families that at risk for ACES (Felitti et al., 1998).

Indiana Data

In Indiana specifically, it was found that 9.2% of children had lived with someone who had a drug or alcohol problem (Silverman, 2019a). This is slightly higher than the national average of 8.5% (Silverman, 2019a). This is not surprising when one takes into account that Indiana has an opioid overdose death rate of 25.7 per 100,000 and ranks 15th highest in the United States (*Opioids and Youth*, 2018). This overdose death rate is significantly higher than the national average of 22.4% (*Opioids and Youth*, 2018). Parental drug and alcohol misuse was the

largest contributor to Department of Child Services removal of children from their homes in 2017 (Silverman, 2019a). Child abuse and neglect has increased in Indiana, making it 3rd highest in the nation for child mistreatment (Silverman, 2019a). There is a strong association between parental substance abuse and subsequent child maltreatment (*Opioids and Youth*, 2018). The youth suicide rate in Indiana is extremely troubling. Indiana's 4th leading cause of death for youth ages 5-14 was suicide (Silverman, 2019b). Suicide was the 2nd leading cause of death for youth ages 15-24 (Silverman, 2019b). However, there is data to suggest that addressing social and emotional well-being has a positive impact on addressing the unmet needs of Indiana students and reducing the emotional distress that contributes to these concerning statistics (Silverman, 2019b).

Camp Mariposa

Camp Mariposa is a nationwide program, with locations all across the United States. This is the inaugural year for Camp Mariposa: Aaron's Place, the Indianapolis location. Camp Mariposa is a 12-month addiction prevention and mentoring program for youth ages 9-12 who have been impacted by a family member's SUD (Overdose Lifeline, 2020). These youth can participate in the camp free of charge, with traditional camp activities and educational support sessions, led by competent mental health professionals and trained adult mentors. It is anticipated that the children will return each year to the camp until they age out at 13 years old. At 13, they would then return as junior counselors to assist with the camp. The goal of the camp is to create an environment in which youth can connect with peers as well as invested mentors, build confidence, learn coping skills, and have the opportunity to simply act their age (Overdose Lifeline, 2020). Camp Mariposa: Aaron's Place has a specific component to address suicide prevention, given the prevalence of attempts and deaths in Indiana. Youth campers are at a

higher risk for suicide attempt when compared to youth who do not have a family member with a SUD.

Camp Mariposa: Aaron's Place has a multidisciplinary leadership team collaborating to facilitate the Indianapolis location of Camp Mariposa. This team includes Justin Phillips, executive director and founder of Overdose Lifeline, Dr. Wilburn, academic partner, Brandy Greene, camp director, Julie Kurrasch, clinical director, Allison Solesky, doctoral capstone student, and Megan Huber, doctoral capstone student and author of this paper. The purpose of this doctoral capstone is to apply evidence-based research in relation to occupations such as play and leisure to promote post-traumatic growth and resilience in children whose family member is in addiction recovery.

Needs Assessment

Due to the Camp Mariposa program already being established nationwide, the camp's content was essentially established for the first year. The leadership team of Camp Mariposa: Aaron's Place had a very concrete idea of what this location of the camp would look like. As a result, they had already identified what they were in need of and thus, what the focus of this capstone project should be. After speaking with the team, it was determined that there was an unmet need for the curriculum in the second year of the camp. While they have the camp essentially planned out for this year, it is anticipated that the campers will return the following years until they age out of the program at age 13. Therefore, there is a need for new material to use with the campers who return for a second year.

The role of this capstone student would be to find and analyze the research that would become the basis of the curriculum utilizing a nature-based theme for the interventions. With the curriculum for the first year already developed, the protocol would follow the same guidelines

with an increased emphasis on the research behind the interventions. Overdose Lifeline has an emphasis on the strength and number of resources provided to the community, so that is a priority for this project as well. The plan identified in the student learning outcomes (Appendix A) was to create 3 interventions for the second year. Each intervention would need to accommodate 25-30 campers as well as their mentors. Each of the interventions includes a nature hike, mindfulness meditation, and self-reflection. The three unique interventions are yoga, theatre, and a nature-based craft. Yoga will be used to get the body moving and engage the mind and breath. The theatrical skit encourages the participants to explore how they feel when putting on a mask of emotions and relate this to how they may do this in their real life. The craft will be a form of creative outlet and expression, encouraging individuality and excitement. Each intervention is based in evidence supporting individual and group participation and growth. These activities were selected to develop coping skills, self-regulation, self-efficacy, self-expression, and a locus of control. This curriculum and the adult support staff should be trauma-informed, as the participants will likely come with a variety of backgrounds and previous experiences. It will be necessary to anticipate that some of these interventions and experiences could be potentially triggering. By providing alternative options and accommodations for those who need it, the camp and overall experience will be much more inclusive.

Literature Review

Camp Mariposa: Aaron's Place has a focus on nature-based programming in its curriculum and activities. Nature-based health interventions (NBIs) are the use of a nature-informed approach to therapeutic practice (Berger & McLeod, 2006). Conducting therapy or therapeutic activity in nature provides a dynamic environment, that is not under the control of either the participant nor the therapist (Berger & McLeod, 2006). This means that it is an

independent space and therefore not tied to either person. Nature-based therapy provides distance from their normal environment and situation, which allows participants to experience roles and situations that they may find challenging to cope with in their everyday life (Berger & McLeod, 2006). NBIs also encourage addressing the unexpected and uncontrollable, facilitating knowledge transfer from this organic and wild space to their “real” life (Berger & McLeod, 2006). Participants in other NBIs demonstrated increased social skills, confidence in social situations, sense of worth as an individual, their perceived agency, aptitude to learn new skills and information, and the ability to form new friendships (Bloomfield, 2017). There was also an increase in “imaginative play, development of positive relationships, and overall improvement in health” (Shanahan et al., 2019, p. 6). According to Shanahan et al. (2019), a key component of NBIs is that a single intervention may impact participants in many ways, thus is able to facilitate an increase in wellbeing across a range of domains.

Yoga and Mindfulness Meditation

Yoga engages the mind, body, and the breath, leading to a greater sense of wellbeing while decreasing stress and anxiety (Kauts & Sharma, 2009; Nanthakumar, 2018). Mindfulness, often employed in yoga and separately, teaches participants how to quiet the mind and pay attention to the breath and bodily sensations (Miller et al., 2020). According to Van der Kolk (2015), a major challenge for those who have experienced trauma is being able to reach total relaxation and safe surrender. Some of the campers may initially be unable to calm down or focus during guided tasks, and this is the result of experiencing trauma. While initial attempts of yoga and mindfulness may be difficult for this population, these practices are especially valuable as a resource to elicit relaxation and promote healthy coping skills (Van der Kolk, 2015). Yoga sequences are created with the idea of a rhythm between tension and relaxation, which carries

over into day-to-day life as well (Van der Kolk, 2015). Yoga cultivates interoception and self-regulation by turning the gaze inward as opposed to outward (Van der Kolk, 2015). This listening to the body and knowing oneself requires the ability to feel and interpret the physical sensations that need to be registered and then act on them to safely navigate life (Van der Kolk, 2015). While there is more research on the use of yoga with adults than children, there is still substantial evidence that indicates a variety of benefits including increased flexibility, resilience, anger control, and enhancing emotional and psychosocial health (Miller et al., 2020; Nanthakumar, 2018). There were also improvements in self-esteem, positive thinking, response to stress, and coping (Miller et al., 2020). Children who participated in therapeutic yoga had increased self-regulation skills, particularly related to emotions and stress (Nanthakumar, 2018). Noticing how one feels fosters emotional regulation (Van der Kolk, 2015). Yoga creates an opportunity to develop skills (mindfulness, resilience, etc.) to address underlying stress and promotes “tools that are necessary to cope with the behavioral expectations placed upon them” (Nanthakumar, 2018, p. 15).

Theatre-Based Intervention

Theatre-based interventions are a feasible opportunity to augment community engagement and address biopsychosocial changes in people with substance use disorders (Wasmuth & Pritchard, 2016). Theatre allows to participants to see and understand different perspectives through theatre (Wheater, 2013). This intervention will also encourage group interpretation of established skits, in addition to individual interpretation, and self-expression through theatre (Wheater, 2013). Theatre has been used as a means to “respond to conflict from the safety of doing so in a role other than one's self” (Wasmuth & Pritchard, 2016, p. 3). “Traumatized people are terrified to feel deeply” (Van der Kolk, 2015, p. 337). Children who

have experienced trauma are even more terrified, as they are often unsure of what they are feeling, how they should be feeling, and how to express those emotions due to tumultuous home environments and insecure relationships with adults and peers. Oftentimes, experiencing emotion leads to a loss of control, whereas in theatre, emotions are taken on and embodied (Van der Kolk, 2015). Theatre allows for the exploration of emotions safely because these emotions do not belong to anyone, neither actors nor the audience (Wheater, 2013). Instead, theatre creates a shared experience and allows people to relate to each other (Wheater, 2013). Like with NBIs, theatre-based interventions occur in a neutral space where the campers have the opportunity to try roles and emotions they may otherwise be uncomfortable with. Through drama therapy, children can observe an independent interaction and decide for themselves if it is functional or not and how it could be changed, which would be especially helpful if they struggle in their own interactions (Wheater, 2013). Drama therapy has also been found to contribute to prosocial behavior and decrease antisocial behavior (Wasmuth & Pritchard, 2016). Wheeler (2013) states that theatre gives children the opportunity to problem solve, experience and respond to conflict within a specific context, and deal with staging and practical issues that are present while putting on a show.

Nature-Based Crafts

In the field of occupational therapy, there is a long history of using crafts as an occupation that engaged the mind and harnessed creative energy (Friedland, 2003). The therapeutic use of crafts started before the start of World War I to relieve stress and learn skills for work (Friedland, 2003). Crafts are also a source of pleasure and creative self-expression (Huotilainen et al., 2018; Uttley et al., 2015). Crafts can be used as a coping mechanism to provide a distraction from emotional stress by eliciting relaxation and a sense of feeling

empowered (Huotilainen et al., 2018). Individuals who craft can use them as a way to learn more about themselves, handle their emotions and deal with the issues in their lives (Huotilainen et al., 2018; Uttley et al., 2015). Additionally, Huotilainen (2018) states that the combination of craft making and social interaction affects the psychosocial well-being of both individuals and their communities. Art therapy decreases “anxiety and distress, increases coping and quality of life and aids in this expression and handling of previously unresolved emotions”(Huotilainen et al., 2018, p. 2). Nature-based crafts facilitate an understanding and acceptance of impermanence. The campers will put forth effort to collaborate on this craft, knowing that they will be unable to take their work with them.

Application of SCOPE- IT Model

The model that has been applied to this capstone and frames the subsequent literature review is the Synthesis of Child, Occupational, Performance, and Environmental- In Time (SCOPE-IT) model (Haertl, 2010). This model takes into account the child's growth and maturity and how this may impact their occupational engagement. There are six assumptions that are critical to the application of this model:

“Children are occupational and social beings, the use of occupation is the underlying foundation of occupational therapy and is equally important both as a means and as an end, personal, environmental, social, cultural, and temporal factors influence occupational performance; occupational development occurs through a dynamic process involving innate drives and guided participation; engagement in occupation brings about change; and occupational engagement influences health and well-being” (Haertl, 2010, pp. 268-269).

The importance of these assumptions is that they solidify the notion that children are inherently occupational and social beings who are impacted by personal, environmental, and social factors. They develop their capacity for occupational engagement through a combination of innate drives and guided participation, which is where this program can make a significant impact. By facilitating post-traumatic growth and occupational engagement, the health and well-being of the children and families can be greatly affected. As stated in the assumptions, occupations are equally as important as a means and as an end. This is exemplified in the utilization of the activities and camp in a therapeutic way. In the short term, these factors will facilitate play, enjoyment, and social interaction with peers and mentors. As an end, this program will be used as a vehicle for education, growth, and normalize positive social interaction with their caregiver.

The SCOPE-IT Model has been instrumental in the development of the curriculum for the returning campers as it is crucial to create interventions that are aligned with the child's capability for occupational engagement and performance in the camp environment at that time. There are many factors that combine to impact their ability to engage in an activity or intervention, as well as how they engage with their peers and mentor. Specifically for this population, developmental age and maturity level may not be congruent, as some campers may have needed to mature faster than others in order to survive in their situation at the time. This model takes these factors into account and helps to ensure that the interventions are appropriate for the range that may be present, while still providing alternative strategies in case a camper won't participate in the group activity. The Coronavirus-19 pandemic (COVID-19) and the current state of society in regard to social justice further the need for guiding models that encompass the whole child, how they relate to others, and their occupational engagement.

Capstone Project Plan and Process

The community partners include Overdose Lifeline, Jameson Camp, and student mentors at IUPUI. The student mentors have been enrolled a curriculum that has a focus on mental health. They have also completed several specific trainings related to mentoring, suicide prevention, child abuse, implicit bias, and other related topics. The physical location is at Jameson Camp in southwestern Indianapolis. The partnership between Overdose Lifeline and Jameson Camp allows for the usage of their facilities and support of employees for this endeavor. Overdose Lifeline and other community partners contribute knowledge, community and personal connections, and resources to this project. Due to their connections with the community, Overdose Lifeline and other referral sources have been able to identify families and children who may benefit from the proposed programming. There is an increasing need for tangible ways to impact the children of individuals going through addiction recovery to mitigate the physical, psychological, and emotional tubulation that they may have felt as a result of their experiences with addiction in relation to their caregiver. The complex consequences of AUD, OUD, and SUD demonstrate that there is an immediate need for intervention in the lives of the child and their caregiver, as well as in their subsequent relationship.

At Jameson Camp, the child will be paired with their trained mentor and encouraged to complete various purposeful camp activities to build a therapeutic relationship, without the direct clinical component. They would then stay overnight and receive the full camp experience and be given an opportunity to normalize social behaviors with their peers and mentors. This overnight stay will encourage the child to experience play and leisure in a safe space, which is something that they may have limited access to. By having the mentor/camper relationship continue throughout the year, it provides a predictability and sense of security.. The following month, the

parent/caregiver will attend camp or go to another purposeful locations and experience other directed activities with their child. These activities include making crafts, attending a baseball game, doing yoga or other similar activities that they could integrate into their regular routine. This will encourage the normalization of the child and caregiver relationship in a safe space with direction, which will then hopefully translate into their experience at home. On these family-centered months, the campers will receive a letter from their mentor, so as to stay connected but with healthy boundaries in place. There are several intended outcomes of this camp in addition to the family interaction and bonding, including resiliency, protective factors, and post-traumatic growth.

Resiliency

There is an opportunity to increase the resiliency of the child, the caregiver, and their relationship through the facilitation of therapeutic play. Resiliency is defined as the ability to “adapt successfully to challenges that threaten the function, survival, or future development” (Masten & Barnes, 2018, p. 2). The foundation of resilience is a mixture of supportive relationships, adaptive skill building, and constructive experiences (Center on the Developing Child, 2015). Learning coping skills to be able to adapt to situations that threaten physical and social well-being is imperative to the development of resilience (Center on the Developing Child, 2015). Once these skills are learned and successfully implemented, they can be carried over to other challenging situations. In children, resilience often looks like positive health and development despite many negative factors present (Center on the Developing Child, 2015). Increasing childhood resilience has been found to improve their development and promote their ability to thrive as members of society (Salanoa-Ogbechie, 2018).

Protective Factors

The five protective factors, as defined Harper (2014), are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotion competence of children. These protective factors interrelated and are linked to likelihood of child abuse and neglect, in addition to the promotion of family strengths and optimal child development. These protective factors are focused more on the parents than the children. However, by being successful in each of these areas, parents are able to enhance their own parenting capacity and resources, in turn promoting the healthy development of their child (Harper Browne, 2014). Their ability to parent and be supportive to their children is crucial in their children's independence and ability to thrive. Each of the five protective factors can be built by making small changes with intention and assistance from community and professional resources (Harper Browne, 2014).

Post-Traumatic Growth

Post-traumatic growth (PTG) is the positive growth that occurs after an adverse experience (Tedeschi & Calhoun, 2006). This psychological transformation can include positive changes in the individual's relationships, awareness of self, and attitude toward life (Harmon & Venta, 2020). In children and youth, PTG must be within the context of development due to varying psychosocial maturity (Harmon & Venta, 2020). For this reason, it may be beneficial for supportive adults and peers to help craft narratives about what has transpired and offer different perspectives that can help reframe the situation (Tedeschi & Calhoun, 2006). While PTG and resilience have similar constructs, they delineate clearly. In PTG, the survivor has made positive changes that goes beyond even pre-trauma levels of adaptation in terms of effective coping skills and their ability to adjust in the face of adversity (Tedeschi & Calhoun, 2006). Rather, it is a

growth process that would likely not have occurred without the trauma and their adaptation. However, it is also important to note that not every survivor of trauma will experience PTG (Tedeschi & Calhoun, 2006).

Capstone Project Implementation

While the capstone student assisted with the implementation of interventions at the kickoff of the first year of Camp Mariposa: Aaron's Place in April 2021, that is the extent of traditional implementation (Appendix B). During the kickoff, the capstone student facilitated the mentor/camper icebreakers. Ice breakers are a way to build trust, set the stage for vulnerability later on, and get to know one another in a non-threatening way (Foster, 1989). The capstone student later assisted with a mindfulness hike and led a five-finger breathing exercise to give the campers and mentors a glimpse of what to expect on their overnight stays at camp. The hike introduced them to the physical aspects of the camp and also to the experience of a mindfulness hike, specifically noticing all of their senses, and thus increasing bodily awareness.

The vast majority of implementation for this capstone project looks different from typical program development, as the programming created is mostly for the second year of the camp. According to the site and faculty mentor, Dr. Wilburn, in this instance implementation also may look like the creation and delivery of the programming itself. At the culmination of this project, the curriculum for the second year of camp has been delivered to the camp and clinical directors (Appendices C-E). Revisions had been made to better fit the needs of the camp.

Finally, a brief report regarding resilience, protective factors, post-traumatic growth, and the implications for mental and behavioral health clinicians has been completed and submitted for publication by the end of this capstone project. The capstone student is currently awaiting feedback from the journal and plans to see it through to publication. The final paper will contribute to the

literature available with the hope that occupational therapy interventions will be more informed as a result.

Programmatic Evaluation

The evaluation for this curriculum has been a combination of preexisting surveys and verbal feedback from the participants, site mentor, and community partners. The survey for the campers includes questions regarding substance use, resilience, and camp-specific details (Blankenship & Carr, 2014). This is to learn more about how the experience was perceived and the impact it had on the participant while at camp and after. This capstone process has also included a self-reflective portion to prompts, in addition to weekly review of goals and timeline. This is to ensure that the project is being completed in a timely manner with all aspects in compliance with Accreditation Council for Occupational Therapy Education (ACOTE®) standards.

The feedback from community partners and site mentor have been utilized to tailor the kickoff activities, curriculum, and all other contributions to fit the needs as communicated to the capstone student. The verbal feedback from the camp kickoff following the icebreaker activities included that they now knew more about their partner than they had before and also that they learned information that they wouldn't have otherwise so early on in the camp experience. After the mindful breathing exercise, the campers and mentors felt that they were more calm, more focused, and more aware of their surroundings than they had been before they completed the exercise.

Discussion

Camp Mariposa: Aaron's Place has the ability to fill a gap in the recovery continuum to address the whole family, as well as create a safe space for the children on their overnight

experiences. Camp will become a place where they can experiment with new activities, skills, and emotions outside of their usual environment, deciding for themselves how they feel, how to react, and what to integrate into their own life (Prout et al., 2019). By creating agency in this situation, the campers will be empowered to apply these newfound skills and emotions to those of their day to day lives.

Community Impact

As this is the inaugural year of Camp Mariposa: Aaron's Place, its impact has yet to be fully realized by the community. However, after witnessing the kickoff and the groundwork that was laid that weekend, it is anticipated to be highly successful. The feedback received was extremely indicative of the future participation and potential for growth on the individual and group level. It is anticipated that the impacts of this experience will be far reaching, beyond that of any other camp or group therapy that may be currently available to the campers and their families. The use of nature-based therapy is an under-utilized tool in the occupational therapy realm, group and family therapy, and in addiction recovery (Shanahan et al., 2019; Warren, 2020).

Sustainability

Sustainability is an extremely important factor when considering community-based programming. The interdisciplinary board and community partners have ensured its sustainability of programming by aligning themselves with a nationwide program, Camp Mariposa. This has allowed them funding and resources that may have otherwise been unknown. While under the national umbrella of Camp Mariposa, Aaron's Place is taking a distinct approach by utilizing evidence-based interventions, reflective programming, and trauma-informed mentor training. The board has secured additional funding through various resources

and continues to network within the community. The sustainability of this capstone programming specifically is resolute, as it will be utilized as the second-year curriculum for the returning campers. The clinical director and lead mentors will facilitate this, after the capstone project has been completed. The mentors are heavily comprised of graduate students that have a field of study aligned with mental and behavioral health. This provides a sustainable opportunity to find mentors, as current mentors can encourage other graduate students to participate in the future.

Limitations

Potentially the largest limitation has been the COVID-19 pandemic. This may have discouraged families from participating due to perceived risk. The pandemic could also have been a factor in a relapse in the family, thereby making them ineligible to participate. However, this pandemic has also highlighted an increased need for mental and behavioral health services, especially for children and adolescents. As this is the first year of camp, it was difficult to identify families who would benefit from this program and were also eligible to participate. There was a limited number of eligible campers and families that applied to participate. In the future, this will be addressed by continuing to network and reach out to organizations and identified families.

Conclusion

Child and adolescent trauma are pervasive across the United States and throughout the world. It is the result of family and domestic violence, famine, natural disaster, and systemic oppression. These traumas have impacted the most vulnerable in the population but does not need to define who they are and all they will become. Trauma-informed, evidence-based approaches to treatment are essential in the building of supportive and therapeutic relationships.

Camp Mariposa: Aaron's Place is well equipped with staff and mentors trained to support individuals who are battling addiction, their children, and their growth as a family unit. By applying underutilized approaches to family and group therapy, such as yoga, theatre, and nature-based crafts, this camp promotes resiliency, protective factors, and post-traumatic growth. With successful implementation, the next generation will be better equipped to cope with and learn from the challenges they will face. Camp Mariposa: Aaron's Place is an innovative approach to family and group therapy that aims to reduce the generational effects of SUD and trauma.

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Appendix A

Student Learning Objectives

Overall Student Learning Objectives for the Doctoral Capstone Experience—designed by the OTD Student in collaboration and aligned with the IU OT Program Educational Outcomes and Curriculum Design (ACOTE D.1.2 and ACOTE D.1.4):

Curricular Thread: Socially Responsive Health Care

Outcome: Graduates will demonstrate entry-level competencies in providing client-centered, inclusive, equitable, and research informed care in professional practice.

Student Learning Objective 1: Student will facilitate a socially and ethically responsible series of interventions to a subset of children adversely affected by substance use disorder.

Curricular Thread: Critical Inquiry & Reflective Practice

Outcome: Graduates will be prepared to apply principles of evidence-based and evidence informed decision making in professional practice to improve and expand the delivery and quality of occupational therapy services.

Student Learning Objective 2: Student will apply evidence-based research into community-based occupational therapy practice via the targeted interventions.

Curricular Thread: Leadership and Advocacy

Outcome: Graduates will demonstrate leadership and advocacy to promote health, well-being, and quality of life for people, populations, and communities.

Student Learning Objective 3: Student will demonstrate professionalism, leadership, and the ability to implement interventions with participants to promote health, well-being, and a growth-mindset.

Goals and Objectives for the Doctoral Capstone Project

This was designed by the OTD Student in collaboration with the Capstone Coordinator, Faculty Mentor and Site Mentor (ACOTE D.1.3).

Project Goal 1: Student will review existing research about effectiveness of play and leisure participation as a means of facilitation of a growth-mindset and resilience.

Objective 1: Student will conduct a thorough literature review on related interventions and programs to determine best practice and strength and prevalence of evidence within 6 weeks of the start date of the capstone.

Objective 2: Student will complete a brief report on related evidence by the completion of the capstone project

Objective 3: Student will submit the brief report for publication to contribute to body of literature available on the use of play/leisure in group therapy.

Project Goal 2: Student will create group interventions utilizing play and leisure occupations to facilitate a growth mindset and resiliency.

Objective 1: Student will utilize the existing Camp Mariposa group protocol to create appropriate and effective group interventions for two 15 person groups within 4 weeks of starting the program.

Objective 2: Student will create 3 interventions for the second year of curriculum within the first 6 weeks of the program.

Objective 3: Student will provide a detailed analysis of each group intervention to be implemented to ensure appropriateness of tasks and feasibility within 8 weeks of starting the program.

Project Goal 3: Student will facilitate the mentor/camper portion of camp kickoff with participants to promote resiliency and exploration of leisure occupations.

Objective 1: Student will effectively navigate the group dynamic to promote increased cohort cohesiveness and growth of the individual and the group.

Objective 2: Student will effectively communicate with participants and personnel about facilitation of group therapy sessions and expectations.

Objective 3: Student will gauge interest in proposed activities to ensure targeted and appropriate interventions by distributing existing programmatic surveys per IRB guidelines.

Appendix B

Camp Mariposa: Aaron's Place Kickoff Plan

Camper/Mentor Ice Breakers: (15 minutes total)

- Find each other with words on back game (depending on ratio)
 - o <https://www.icebreakers.ws/medium-group/whos-my-match.html>

- M&M game

- Partner Bingo

Rationale: The intention of these icebreakers was to introduce the mentors to the campers in a way that was fun and set the stage for vulnerability later on. Foster (1989) states that icebreakers are used to help group members learn about each other in a way that is non-threatening and builds trust.

Mindfulness Hike: this is giving the campers a sneak peek as to what to expect from each of these hikes going forward (30 Minutes)

- Start with a mindfulness minute and noticing the breath

- Straw breathing/4-7-8 breathing/belly breath
- Set the intention to pay attention to the 5 senses as you go through the hike
- Debrief by having each person say something they noticed from the hike (one of 5 senses)

Rationale: The mindfulness hike was intended to familiarize the campers with the physical components of the camp, along with introducing the concept of a mindfulness hike. These will be a regular part of the camp curriculum each time they come. Mindfulness meditation develops attention and promotes kindness and compassion (Greenland, 2010, p. 6). Focusing on the senses while mindfully hiking allows the campers to get the best experience out of their hike and increase awareness of their surroundings as well as of their bodies (Warren, 2020).

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Appendix C

Camp 1: Myself as the Mountain

Mindfulness Corner (10 Minutes) - The group leader will discuss mindfulness meditation and prompt the students during this time. It will also be a time for reflection and journaling if time permits (Fodor & Hooker, 2008). Mindfulness, often employed in yoga and separately, teaches participants how to quiet the mind and pay attention to the breath and bodily sensations (Miller et al., 2020).

This meditation should specifically address the students as the mountain and surrounding weather as emotions. The weather will come and go, but the mountain stays strong and unmoved. <https://palousemindfulness.com/docs/mountain-meditation.pdf>

Mindfulness Hike (20 minutes) - The group leader will explain that students are to focus on their sense of sight for the hike that day. They will be instructed to identify three animals or animal tracks that they see so that they share with the group.

According to Greenland (2010), when mindfulness is practiced, life is experienced as it occurs, without emotional interjections. Mindfulness has been shown to decrease attention problems, anxiety symptoms, and behavioral problems (Semple et al., 2010).

Water Break (5 minutes) - "The Watering Hole" Question: "What is your favorite snack?"
Exploration Time (5 minutes)- Wrap up exploration time with "Group Wolf Howl".

Intervention Activity: Yoga (45 minutes) -

Goal: To explore strengths, vulnerabilities, and the ability to persevere with flexibility and control. Yoga engages the mind, body, and the breath, leading to a greater sense of wellbeing while decreasing stress and anxiety (Kauts & Sharma, 2009; Nanthakumar, 2018). Children who participated in therapeutic yoga had increased self-regulation skills, particularly related to emotions and stress (Nanthakumar, 2018). (Van der Kolk, 2015). Yoga sequences are created with the idea of a rhythm between tension and relaxation, which carries over into day-to-day life as well (Van der Kolk, 2015). Yoga cultivates interoception and self-regulation by turning the gaze inward as opposed to outward (Van der Kolk, 2015). This listening to the body and knowing oneself requires the ability to feel and interpret the physical sensations that need to be registered and then act on them to safely navigate life (Van der Kolk, 2015).

Setup: For this activity the group leader must instruct the students to bring their towel with them (or provide mats if possible, but also capable of washing the towels after) on the hike for this intervention. Have the group leader bring a speaker with them to play calming music or a yoga playlist for background noise.

The group leader will have the students sit in a circle on their towel/mat and share one of their personal strengths. Then they will go around the circle and everyone will share a strength or two. The group leader should then tell the students that centering themselves through yoga and mindfulness meditation can help to calm themselves and find their inner strength. The group leader will explain that they are going to lead the students through a yoga sequence, having the students ponder strengths that are used in this yoga practice.

Activity: Yoga Sequence

After a quick warm up (10 jumping jacks, high knees, butt kicks). Let's begin in mountain pose, join me slowly at the top of your mat. If there is any pose that doesn't feel good or if you need to take a break, please do so ****show child's pose as a rest pose****

As we go through this practice keep in mind that your breath is a great way to both power yourself up and forward in yoga but also allows us to release heat/stress and relax deeper into poses.

- 1) Mountain pose
- 2) Tree pose
- 3) Forward fold
- 4) Halfway lift
- 5) Forward fold
- 6) Tabletop
- 7) Cat/cow

- 8) High plank
- 9) Cobra
- 10) Down dog
- 11) Three-legged dog
- 12) High lunge
- 13) Warrior 1
- 14) Warrior 2
- 15) Peaceful warrior
- 16) Wide-legged forward fold
- 17) Cartwheel down to twist
- 18) Step back to plank
- 19) Repeat 8-18
- 20) Yogi squat
- 21) Childs pose
- 22) Butterfly
- 23) Extend one leg, head to knee
- 24) Extend the other, head to knee
- 25) Boat
- 26) Bridge
- 27) Happy baby
- 28) Corpse

Debrief: After the student group completes the yoga practice, circle up and ask what worked well and what didn't work. What did you noticed about your breath? Were you exhaling through nose vs mouth and what did you notice from that? What did it feel like to be off balance? Was it important to trust yourself? What other types of things do you have to trust yourself with? How does it feel to trust others?

Evidence Base: (Kauts & Sharma, 2009; Nanthakumar, 2018; Van der Kolk, 2015)

Water Break (5 minutes) - "The Watering Hole" Question: "What is your favorite hobby?"
Hike with Friends (20 minutes)

Coping Bag (30 minutes) – Distribute colored pencils and paper and ask the students to answer these questions by writing and/or drawing:

What are your perceived personal strengths? What do you do when you feel out of control or going through a difficult time? How can your strengths help you get through those difficult times? Brainstorm 3 coping strategies for the body and mind when you're feeling out of control.

Once they have completed this task, ask them to share one piece of their answer with the group.

Closing Ceremony (10 minutes) - The group leader will have the students sit in a circle. The group leader will talk about how yoga can be used as a coping mechanism and a vehicle for self-expression. Have each of the children demonstrate their favorite pose from the flow, starting with the group leader in mountain pose. If they did not have one they loved, they may share another pose or stretch that they know.

Alternative strategy: If there is a camper that is reluctant to participate, have them and a mentor go to the side and give the option of Simon Says, gentle stretching, complete a body scan, or a have dance party.

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Appendix D **Camp 2:**

Mindfulness Corner (10 Minutes) - The group leader will discuss mindfulness meditation and prompt the students during this time. It will also be a time for reflection and journaling if time permits.

Mindfulness Hike (20 minutes) - The group leader will explain that students are to focus on their sense of hearing that day. They will be instructed to identify three sounds so that they act out and/or share with the group.

According to Greenland (2010), when mindfulness is practiced, life is experienced as it occurs, without emotional interjections. Mindfulness has been shown to decrease attention problems, anxiety symptoms, and behavioral problems (Semple et al., 2010).

Water Break (5 minutes) - "The Watering Hole" Question: "What is your favorite movie?"
Exploration Time (5 minutes)- Wrap up exploration time with "Group Wolf Howl".

Intervention Activity: Theatre (45 minutes) -

Goal: To explore the ability to see and understand different perspectives through theatre. This activity will also encourage group interpretation, in addition to individual interpretation, and self-expression through theatre. "Traumatized people are terrified to feel deeply"(Van der Kolk, 2015, p. 337). Experiencing emotion leads to a loss of control, whereas in theatre, emotions are

taken on and embodied (Van der Kolk, 2015). Theatre has been used as a means to “respond to conflict from the safety of doing so in a role other than one’s self” (Wasmuth & Pritchard, 2016, p. 3). It allows for the exploration of emotions safely because these emotions do not belong to anyone, neither actors nor the audience (Ramdath, 2016; Wheeler, 2013). Instead, it creates a shared experience and allows people to relate to each other (Wheater, 2013). This activity encourages the participants to explore how they feel when putting on a mask of emotions and relate this to how they may do this in their real life.

Setup: For this activity the group leader must split the group up into 4 smaller groups. Have copies of the skit for each participant, emphasizing that they don’t need to memorize their parts. Rather, they should focus on getting into character and thinking about how it feels to put on a mask of emotions that is not how you really feel. While these skits are silly, they can be used in a therapeutic way and facilitate growth as a result.

Prompt them to think about nonverbal communication, such as our body language and facial expressions, and how instrumental it is to understanding context and emotions.

<https://freedrama.net/fertzen.html>

<https://freedrama.net/stung.html>

<https://freedrama.net/zombies.html>

<https://freedrama.net/waitingroom.html>

Activity:

Two of the groups will perform one of the plays while the remaining two groups will perform the other. Each group will read through, assign parts, and practice the short skit for approximately 20-25 minutes, or as needed. Each group will then perform in front of the other groups. The idea is to get into character as much as possible and portray how they interpret their character to be, feel, and would act.

Debrief: After the first group completes the performance, circle up as a small group and discuss what worked well and what didn’t work while the next group gets set up. What did it feel like to have covered up your own emotions and portray what you feel like was appropriate for the scene? Do you ever do this in your normal lives? How do you “mask” your feelings toward addiction or other uncomfortable feelings with your family? How does that make you feel?

Evidence Base: (Wasmuth & Pritchard, 2016; Wheeler, 2013)

Water Break (5 minutes) - “The Watering Hole” Question: “If you could have any superpower, what would it be?”

Hike with Friends (20 minutes)

Coping Bag (30 minutes) – Distribute colored pencils and paper and ask the students to reflect on what they have learned from this experience and how they can apply this information into their lives.

Coping Strategies Examples and Discussion Questions:

How do you express how you feel different emotions through your facial expressions and body language? How do you express emotions via verbal language? How do you feel when you are understood? With whom do you feel understood? Encourage the campers to write a note to someone who understands them.

Once they have completed this task, ask them to share one piece of their answer with the group.

Closing Ceremony (10 minutes) - The group leader will have the students sit in a circle. Have each camper give the person next to them an emotion to portray and then go around and act them out. After everyone has gone, have everyone stand up and take a bow, having successfully portrayed their version of experiencing an emotion.

Alternative strategy: If there is a camper that is reluctant to participate, have them and a mentor go to the side and complete a Mad Lib.

<https://www.teacherspayteachers.com/Product/A-Walk-in-the-Woods-A-Springtime-Madlib-2489473>

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Appendix E

Camp 3:

Mindfulness Corner (10 Minutes) - The group leader will discuss mindfulness meditation and prompt the students during this time. It will also be a time for reflection and journaling if time permits (Fodor & Hooker, 2008).

Mindfulness Hike (20 minutes) - The group leader will explain that students are to focus on their senses of sight and touch for the hike that day. They should be on the look out for naturally occurring mandalas (think pinecones, tree stumps, flowers). They will be instructed to pick up some items that can be found on the forest floor. Items include sticks, rocks/pebbles, shells, sand, flowers, leaves, driftwood, pinecones, seedpods, sea glass, clovers, moss, berries, feathers, pine needles, acorns.

Water Break (5 minutes) - "The Watering Hole" Question: "What is your favorite artist (this can be in art or music)?"

Exploration Time (5 minutes)- Wrap up exploration time with "Group Wolf Howl".

Intervention Activity: Nature Mandala (45 minutes) -

Goal: To explore the natural world and inspire creativity and independence. This is also an exercise in nonattachment, as the participants cannot take the art they create home with them. Additionally, Huotilainen (2018) states that the combination of craft making and social interaction affects the psychosocial well-being of both individuals and their communities.

Setup: For this activity, have pictures of what a nature mandala looks like for them to reference.

<https://runwildmychild.com/making-mandalas/>

<https://sproutingwildones.com/creating-a-nature-mandala/>

<https://childhoodbynature.com/mandalas-a-practically-perfect-form-of-nature-art/>

Activity:

The group can be split into two if there are enough supplies gathered. Then, using the materials they picked up during the nature hike, have them work together to create a nature mandala. The center of the mandala should be laid first, with subsequent circular layers in a spiral design. This requires them to work together to make it something they are all proud of.

Debrief: After the student group completes the mandala(s), circle up and ask what worked well and what didn't work. What did you notice about how you interacted in the group? Did you take the role of the leader or did someone else? How did you feel about this? Did the mandala turn out the way you imagined?

Evidence Base: (Berger & McLeod, 2006; Friedland, 2003; Huotilainen et al., 2018; Uttley et al., 2015)

Water Break (5 minutes) - "The Watering Hole" Question: "What is your favorite hobby?"
Hike with Friends (20 minutes)

Coping Bag (30 minutes) – Distribute colored pencils and paper and ask the students to answer these questions by writing and/or drawing:

How did it feel to put in effort knowing that you were not going to be able to take it with you?

Are there other areas of your life where you may not have control over how situations turn out?

How do you typically approach situations like that? Is there another way you could approach them that may be better for you? What was your favorite part of this activity?

Closing Ceremony (10 minutes) - The group leader will have the students sit in a circle. The group leader will talk about how art can be used as a coping mechanism and a vehicle for self-expression. Art doesn't always have to be shared and doesn't always look like painting or mandalas. It can also be poetry, journaling, or simply coloring in a coloring book. Have each of the children, if they are comfortable with it, describe their favorite coping mechanism that they have learned thus far in their camp experience.

Alternative strategy: If there is a camper that is reluctant to participate, have them and a mentor go on a walk and search for naturally occurring mandalas, OR bring nature themed coloring sheets for them do quietly.

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