

Conceptual Paper

Posttraumatic Growth and MetaHabilitation in Recreational Therapy Practice

A Strengths-Based Pathway to Recovery

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Abstract

Individuals experience trauma and crisis. The troubling effects of trauma are exacerbated when the estimation of resources needed to successfully manage such an event and life after is greater than a person's perceived strengths and available assets. MetaHabilitation is a strengths-based rehabilitation framework recognizing and harnessing each person's strengths and capacity for survival and more importantly, for posttraumatic growth. MetaHabilitation identifies critical events as vehicles that may provide profound and clear opportunities to find meaning in life, creatively restructure the self, build a new future, and encourage posttraumatic growth. This article provides support for the use of the MetaHabilitation model in strengths-based recreational therapy practice, as well as specific guidance for its application.

Keywords

Metahabilitation, posttraumatic growth, quality of life, recreational therapy/therapeutic recreation, well-being

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According to the Centers for Disease Control and Prevention (2015), trauma is the number one cause of death for individuals ages 1 to 46 in the United States, and accounts for 41 million emergency room visits and 2.3 million hospital admissions a year. Although many individuals are discharged after admission to the hospital, they are often left with residual effects, including disability and post trauma that can change people's lives. For the purpose of this paper trauma is defined as deeply distressing and disturbing physical, emotional, and cognitive natural or human-caused event(s) with short- and long-term consequences. According to the Substance Abuse and Mental Health Services Administration (2014), trauma is defined as,

Event(s), series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (p. 2)

Additionally, the *DSM-5* defines trauma as "exposure to actual or threatened death, serious injury, or sexual violence by directly experiencing the traumatic event(s), (or) witnessing, in person, the traumatic event(s)" (American Psychiatric Association, 2013, p. 271).

In 2006, health care expenditures associated with disabilities after trauma for all U.S. adults totaled \$397.8 billion. Most recently, the National Trauma Institute (2015) stated that the economic burden, including both health care costs and lost productivity, is over \$585 billion annually.

While the economic costs are staggering, traumatic events cause emotional as well as physical pain due to personal, social, professional, and economic disruptions (Seville et al., 2003). These life interruptions can leave an individual feeling alone, cut off, and at times sensing rejection from the social life and activities enjoyed prior to the trauma. Being excluded from or losing the ability to participate in former activities is a painful human experience (Eisenberger, 2012), triggering anxiety, depression, and grief over social lives and relationships that were once familiar and now altered or completely missing. Research by Eisenberger and Lieberman (2004) revealed that physical and social pain share underlying neural circuitry and substrates, inducing a similar stressful physiological response for people who have survived trauma (Eisenberger, 2012).

These troubling statistics and research findings about trauma underscore the necessity of developing and implementing rehabilitation approaches that specifically address distressing and negative consequences of trauma but also provide a more balanced view that recognizes these events as opportunities for growth. A rehabilitation approach is needed that places emphasis on the survivor's strengths, resilience, and capacity (Mikal-Flynn, 2012a). Redirecting the focus of aftercare toward strengths, assets, and potential for posttraumatic growth is essential to the lives and well-being of individuals with disabilities (Anderson & Heyne 2012a; Jackson, 2007; Mikal-Flynn, 2012b, 2017; Park & Ai, 2006). To successfully manage a traumatic event and life thereafter, a strengths-based approach that can focus attention on available resources and assets has the potential to promote or foster growth and adaptation.

Over the last decade, research has documented that growth can and does occur after trauma, necessitating a more productive and strategic approach to aftercare that includes supporting the affirmative aspects of survival and recovery (Calhoun

& Tedeschi, 2006; Jackson, 2007; Tedeschi, Park, & Calhoun, 1998). Trauma has the potential for discovery of personal control, resilience, strength, and wisdom. Traumatic experiences can challenge individuals to understand who they are, but more importantly, who they can be (Maslow, 1976; Park & Ai, 2006; Weil, 2011). There is a need for creative approaches that prompt and support this potential.

The therapeutic recreation profession uses a strengths perspective and accompanying techniques and modalities to implement a strengths-based approach (Anderson & Heyne, 2012a, 2012b, 2016; Carruthers & Hood, 2007; Hood & Carruthers, 2007). Within this perspective, there is a need for a framework that specifically focuses on rehabilitation after trauma. Numerous studies have examined the important role of leisure in promoting posttraumatic growth (Bennett, Townsend, Van Puymbroek, & Gillette, 2014; Chun & Lee, 2010; Kleiber, Hutchinson, & Williams, 2002; Kleiber, Reel, & Hutchinson, 2008). A framework that provides a person-centered pathway for the use of these effective approaches would aid recreational therapists to more readily help participants achieve growth after trauma. One such framework could be MetaHabilitation.

Developed in the nursing profession by Mikal-Flynn (2012b), MetaHabilitation is a strengths-based framework that provides a contemporary approach for rehabilitation and recovery. MetaHabilitation directly engages people who have survived trauma. This approach is designed to help them identify and utilize prior assets and abilities, assist them in the discovery of others, and guide them toward a productive recovery and ultimately, posttraumatic growth. The purpose of this article is to introduce MetaHabilitation and discuss its application and potential use in recreational therapy practice as a framework to implement effective therapeutic approaches in a theoretically coherent manner when working with people who have survived trauma. MetaHabilitation aligns tightly with strengths-based therapeutic recreation and provides recreational therapists and people who have survived trauma a clearer pathway to posttraumatic growth as they engage in meaningful leisure experiences.

Review of Relevant Literature

Posttraumatic Growth: A Promising Outcome in the Aftermath of Trauma

According to Bauwens and Tosone (2014), there is strong evidence that growth can occur after trauma. This process of positive adaptation resulting from trauma and crisis has been labeled posttraumatic growth, stress-related growth, positive adaptation and adjustment, and benefit-finding (Ramos & Leal, 2013). Posttraumatic growth has been the most used construct to describe the positive psychological, cognitive, and behavioral changes experienced as a direct result of surviving trauma and crisis (Calhoun & Tedeschi, 2001). Posttraumatic growth has been described as a self-regulatory mechanism connected to one's innate biological tendency toward protection from the distress caused by stress, adversity, and crisis (Aslam, 2015; Christopher, 2004; Tedeschi, Park, & Calhoun, 1998). Not only do people who survive trauma recognize growth as a potential coping mechanism, but they perceive themselves as stronger, eventually exceeding their difficulties and sufferings (Joseph & Linley, 2008; Ramos & Leal, 2013).

The ability to grow, even thrive following trauma has been recognized historically (Frankl, 1963, 2000). Individuals have survived troubling, even catastrophic illnesses

and traumas and used these experiences as profound vehicles for growth and development. They were able to thrive by proactively and reactively taking control of their lives, taking on new challenges, demonstrating mastery, and mobilizing efforts to attain their desired quality of life. Motivated by hope, high self-efficacy, and self-reliance, survivors then set higher standards and goals, embracing further challenges that could be eventually mastered (Bandura, 2012).

Tedeschi, Park, and Calhoun (1998) identified five outcomes of posttraumatic growth: increased appreciation of life, sense of new possibilities in life, increased personal strength, improvement in close personal relationships, and positive spiritual change. Park and Ai (2006) emphasized the importance of identifying factors that may protect against developing disorders and, more importantly, broaden the perspective on the human experience of trauma to include positive aspects. To overlook or fail to support this growth mind-set and practice limits and undermines the survivors' inner strength and potential. This may lead to survivors underestimating their capacity to survive let alone thrive.

Mikal-Flynn (2007), recognizing the concept of posttraumatic growth after her own brush with death and subsequent frustration with aftercare services, utilized in-depth interviews detailing stories of survivors who endured substantial trauma and over time, experienced posttraumatic growth. In-depth conversations with a purposeful sample of survivors of PTSD, cancer, addiction and dependence, spinal cord injuries, and musculoskeletal injuries who felt they grew significantly post trauma brought forth answers as to their motivation to survive and, more importantly, how they did it. The resultant survival stories revealed common patterns of thoughts and behaviors that could be summarized as categorical stages of recovery supporting posttraumatic growth. Almost unknowingly, the people who were interviewed reported moving in a methodical, courageous manner toward recovery. They talked about unearthing, rediscovering, and utilizing previously unidentified and unrecognized inner strengths and capacities, taking assistance from others, adapting, accepting, and eventually experiencing growth. This research provided the framework for the eventual development of MetaHabilitation.

MetaHabilitation: A Strengths-Based Pathway Supporting Posttraumatic Growth

MetaHabilitation is a recovery concept that emphasizes the opportunity and necessity of treating traumatic experiences as profound occasions for individual growth. This growth does not occur in spite of injury or trauma, but as a direct result of these life-changing experiences (Mikal-Flynn, 2012b). MetaHabilitation specifically and directly uses each individual's inherent capacities and identified conditions to support the achievement of posttraumatic growth (Mikal-Flynn, 2007, 2012b). MetaHabilitation acknowledges that trauma, disease, and other interruptions to a person's equilibrium or status quo necessitates a series of behaviors required to survive, cope and adapt to a new life or way of being (Bauwens & Tosone; 2014; Jackson, 2007; Livneh & Parker, 2005; Mikal-Flynn, 2012b). Survival and adaptation to a new life requires adjustments of the individual's biological homeostasis, self-concept, personal identity, and confidence so the disruption and disequilibrium can be effectively leveraged for growth (Jackson, 2007; Warren, Stucky, & Sherman, 2014).

Typically, rehabilitation as a biomedical and biopsychosocial model tends to view trauma, life crisis, and disease primarily as malfunctions of biophysical mechanisms, taking a pathology-oriented and narrow view (Ai & Park, 2005). The focus in these models is on “fixing” the problem and restoring an individual to previous functional levels. This position lacks an understanding that considers and frames these events as unique, subjective, and potentially transformative experiences (Calhoun & Tedeschi, 2013; Jackson, 2007; Karasu, 1999; Lindstrom, Cann, Calhoun, & Tedeschi, 2013; Mikal-Flynn, 2012b; Smith, 2006). Research in post trauma, specifically qualitative research, has helped clarify the survivors’ subjective reports and their perspectives that include growth after trauma and other life-altering experiences (Hein, Lustig, & Uruk, 2005; Mykal-Flynn, 2007; Ramos & Leal, 2013).

MetaHabilitation, which indicates a survivor going above and beyond simple restoration, has six stages along with characteristics and conditions used to strengthen and support posttraumatic growth (Mikal-Flynn, 2007, 2012b) (see Table 1).

Table 1

Stages of MetaHabilitation

Stage	Description
Stage One Acute Recovery	Basic survival and recovery from trauma
Stage Two Turning Point – Saying Yes to Life	The choice to move forward
Stage Three Conventional and Complementary Treatments	Taking personal control over treatments, incorporating new and helpful therapies, focusing on options - major traction toward recovery
Stage Four Acceptance and Adaptation – A Time to Reflect	Time to relax, recognize achievements, launching awareness of event meaning, regroup for next stage – moving back into life
Stage Five Reintegration – Return to Life	Move forward; reintegrate, contribute, engage in life
Stage Six <i>MetaHabilitation</i> - Taking on the Future	Discover meaning in the suffering, personal purpose, appreciation of life; evolution to higher state of being

Stage One, Acute Recovery. Stage One involves basic survival and recovery. The expectation is that people who have experienced trauma face fear, depression, grief, altered lifestyles, and at times despair due to significant life adjustments. Lifestyle and identity both change. Initially the primary focus is basic physical and emotional functioning. Once survival is ensured, the individual is faced with the challenges of a drastically changed future (Mikal-Flynn, 2012b).

Stage Two, Turning Point: Saying Yes to Life. Individuals struggle, but in the midst of their depression and grief, they find some hope and come to a turning point. In Stage Two, people say “yes” to life and choose to move forward despite the odds and, at times, less than optimistic opinions, attitudes, and advice from physicians and other clinicians. This is a defining moment. Survivors are aware that the life ahead is not easy, but the only productive decision is the decision to move forward (Mikal-Flynn, 2012b).

Stage Three, Conventional and Complementary Treatments. The hallmark of Stage Three is action. The choice is made to live, and individuals, families, and other support systems move forward, pursuing information about the survivor’s condition, becoming very involved in seeking treatment modalities (both traditional and complementary), and encouraging recovery and healing. People take control, building self-efficacy by consistently focusing on what they can do and less on what they cannot do (Mikal-Flynn, 2012b).

Stage Four, Acceptance and Adaptation: A Time to Reflect. Acceptance and adaptation comprise Stage Four. In contrast to Stage Three, which was a busy, active time, in Stage Four survivors take stock of their situation. They are very mindful and reflective regarding life. They get away from their typical environments, setting aside time for themselves to contemplate and begin to find meaning in the event. Once therapies, including recreational therapy, are employed and survivors gain momentum, they acknowledge, for now, their current condition(s), recognizing how far they have come and planning for what lies ahead (Mikal-Flynn, 2012b).

Stage Five, Reintegration: Return to Life. Stage Five involves returning to life. Individuals adapt to circumstances, fully recognizing their abilities and are ready to return to life at some level. Survivors cannot always get back the same life or job, at the same level or in the same way, but they make a move forward. At times, they choose to move in a completely different direction, not wanting to return to the job or life they had prior to the trauma. With hard work, insight, help, and support, they seek out their highest level of functioning and focus on living a happy, productive, and useful life (Mikal-Flynn, 2012b).

Stage Six, MetaHabilitation: Taking on the Future. In the final stage, Stage Six, MetaHabilitation occurs. Survivors leave the angst, disappointment, and frustration related to their trauma behind. This allows them to develop a forward-looking future orientation that leads them to become creative, productive, and purposeful. The unexpected disruption along with the recovery process has now provided insight and confidence about their own strengths. They have learned lessons, more fully understood their capacities, become wise, and allowed life to take them to places they had not expected (Mikal-Flynn, 2012b).

Individuals who reached this stage in MetaHabilitation and experienced posttraumatic growth held onto hope, exhibited optimism, and made conscious and brave choices as they seized possibilities. They had support and recognized the need to ask for and accept help. They focused on a future. Their behaviors led to growth

mind-sets and optimistic attitudes. This outcome was aided by supportive individuals including family, friends, coaches, recreational therapists, counselors and other health care professionals who understood recovery as a process, focusing on what survivors could do while encouraging, and at times pushing them to do better—to grow.

Survivors ultimately found meaning resulting from the traumatic experience. With time, support, and significant effort, they grew in many ways as they embraced their future. They did not just cope or manage life and recovery; they got better. Positive attitudes and firm convictions about a future allowed for productive choices that enabled posttraumatic growth to occur. Additionally, survivor stories revealed specific characteristics and conditions that facilitated this positive and productive outcome (see Tables 2 and 3). These characteristics and facilitators helped survivors navigate through crises and aided the healing process (Mikal-Flynn, 2007).

Table 2

Characteristics Associated with Individuals who Experience Posttraumatic Growth

Characteristics	
<input type="checkbox"/> Optimistic	<input type="checkbox"/> Hopeful
<input type="checkbox"/> Insightful regarding themselves and their condition	<input type="checkbox"/> Grieved past life but moved to build a new life
<input type="checkbox"/> Resilient	<input type="checkbox"/> Accepting
<input type="checkbox"/> Motivated by new opportunities	<input type="checkbox"/> Surrounded with positive people
<input type="checkbox"/> Adapted	<input type="checkbox"/> Grateful
<input type="checkbox"/> Made sound and productive choices regarding care and goals	<input type="checkbox"/> Made promises to others regarding survival and recovery
<input type="checkbox"/> Stopped asking, ‘Why me?’	<input type="checkbox"/> Refused to live in anger and despair
<input type="checkbox"/> Accepted help from others	<input type="checkbox"/> Service to others; gave back
<input type="checkbox"/> Defined themselves by life post trauma	<input type="checkbox"/> Reviewed current situation and planned for a future

Table 3*Conditions Facilitating MetaHabilitation and Posttraumatic Growth*

Conditions	
<input type="checkbox"/> Immediate and ongoing support from strong family and friends established prior to event	<input type="checkbox"/> Opportunity to research condition and latest treatment options
<input type="checkbox"/> Opportunities for initial and ongoing goal-setting	<input type="checkbox"/> Avoidance of negative thoughts and individuals
<input type="checkbox"/> Continual optimism in face of setbacks	<input type="checkbox"/> Opportunity to take risks and try new things
<input type="checkbox"/> Environment that focuses on abilities versus limitations	<input type="checkbox"/> Family advocacy
<input type="checkbox"/> Adaptability and acceptance of situations	<input type="checkbox"/> Spirituality
<input type="checkbox"/> Participated in care	<input type="checkbox"/> Got back into life; moved on
<input type="checkbox"/> Exercised control over medical and life decisions	<input type="checkbox"/> Contacted others with similar conditions and diagnosis
<input type="checkbox"/> Use gut-instinct to make personal decisions about care and recovery	<input type="checkbox"/> Recognize the gifts brought forth by crisis; spiritual, emotional, and relational

Posttraumatic Growth, MetaHabilitation, and Recreational Therapy Practice

Leisure helps people experience well-being and life satisfaction (Anderson & Heyne, 2012a, 2016; Carruthers & Hood, 2007; Hood & Carruthers, 2007). In life after trauma, leisure can be one of the most important contributors to satisfaction with life (Anke & Fugl-Meyer, 2003). Leisure is restorative and beneficial, providing movement toward increased health, quality of life, and ultimately self-efficacy and posttraumatic growth (Anderson & Heyne, 2016; Caldwell, 2005; Kleiber, Reel, & Hutchinson, 2008).

There have been numerous studies on the role of leisure in posttraumatic growth. These studies encompassed a range of leisure-based discipline, including leisure studies, therapeutic recreation, and rehabilitation. Though some studies found that trauma has a negative impact on leisure (Griffin, 2005; Wise et al., 2010), others have explored the role leisure can play in transcending trauma and engaging fully in life. Arai and her colleagues (2008) recognized that leisure played an important role in change after trauma. In a study of 33 adult survivors of trauma participating in a therapeutic recreation psychoeducational program, Arai et al. (2008) found that leisure helped people gain intellectual insight, positive emotional response, and experiential or behavioral self-understanding in relation to leisure, playing a positive role in the healing process.

Kleiber and colleagues (2002, 2008) proposed several roles that leisure plays in the process of transcending trauma and its effects. Leisure can help people adjust to a

newly acquired disability, help distract someone from the pain and loss experienced from trauma, and generate optimism needed for healing. Leisure contributes to a sense of continuity and helps survivors “reconstruct a life story that is continuous with the past” (Kleiber, Hutchinson, & Williams, 2002, p. 228). Leisure also helps one transform and experience growth, through strengthened relationships and discovery of new leisure options. Lastly, leisure helps people cope as they adjust to their new life after trauma. Kleiber, Reel, and Hutchinson (2008) importantly point out that leisure is not a standardized rehabilitation tool, stating:

It seems clear that the qualities of freedom, openness to experience, and intense engagement common to leisure may play different roles in the course of recovery, personal reconstruction and transformation. It also makes sense that for leisure experiences and activities to be growth producing, they must be personally meaningful and be aligned with an appreciation of what is precious in life. (p. 326)

In related research, Hutchinson, Loy, Kleiber, and Dattilo (2003) found that people who had survived trauma perceived leisure as a way to provide needed structure and a renewed sense of purpose to their lives. As well, a sense of competence, strength, and ability experienced during leisure helped survivors transcend their disability and accept themselves more fully. According to Hutchinson et al. (2003), “Engagement in enjoyable and personally meaningful activities (recognizing how the salience of different activities may change depending on the situation or context) can be useful in coping immediately after onset of illness/traumatic injury, and over time” (p. 158).

Other researchers have replicated these findings, showing the important role leisure plays after trauma in providing a chance to discover hidden abilities, build meaningful relationships, make sense of traumatic experiences, generate positive feelings, appreciate life, and increase physical activity (Chun & Lee, 2008, 2010; Kono & Shinew, 2015; Taff, Dattilo, Davis, & Moeller, 2016). The impact of specific types of leisure on posttraumatic growth has also been explored. Research on adapted sports (Bennett, Townsend, Van Puymbroeck, & Gillette, 2014; Crawford, Gayman, & Tracey, 2014; Lundberg, Bennett, & Smith, 2011; Tasiemski, Kennedy, Gardner, & Taylor, 2005) and nature-based outdoor recreation activities such as fly fishing, hunting, river running, surfing, and other adventure activities (Bennett, Van Puymbroeck, Piatt, & Rydell, 2014; Caddick, Smith, & Phoenix, 2015; Dustin, Bricker, Arave, Wall, & Wendth, 2011; Hawkins, Townsend, & Garth, 2016; Rogers, Loy, & Brown-Bochicchio, 2016; Vella, Milligan, & Bennett, 2013) showed that these leisure activities played a significant role in posttraumatic growth. Caddick and Smith (2014) conducted a meta-analysis of several studies on posttraumatic growth through sport and outdoor recreation and found, across all studies, participation in these activities had a positive and lasting impact on subjective and psychological well-being, motivation, and posttraumatic growth. Thompson, Bennett, Sable, and Gravnik (2016) found that utilizing these activities in the context of home and community, not just rehabilitation settings, further strengthened healing and growth.

Other researchers have explored the role of additional recreational therapy interventions, such as a 6-week recreational therapy and biofeedback program with women undergoing breast cancer treatment (Groff et al., 2010) or bibliotherapy with

children and youth who had experienced trauma (De Vries et al., 2017), showing similar outcomes. The evidence shows that leisure and recreation can play an important and significant role in posttraumatic growth. MetaHabilitation provides a person-centered, strengths-based framework in which to contextualize and individualize leisure and recreational therapy services in a way that most effectively guides a survivor toward posttraumatic growth.

MetaHabilitation creates a better understanding of posttraumatic growth as well as a framework guiding survivors toward this growth. Helping participants identify useful and supportive conditions, as well as the ability to stage the survivor's recovery process, allows for creative, purposeful service delivery by recreational therapists. Recreational therapists can guide trauma survivors to focus on aspects of recovery they can control, shifting attention and mind-set toward a productive recovery process and eventually posttraumatic growth (Mikal-Flynn, 2012b). Utilization of MetaHabilitation involves direct collaboration with survivors in determining their stage and identifying facilitating conditions and characteristics. Understanding and use of the MetaHabilitation process allows a recreational therapist to better meet the needs of the individual, providing necessary knowledge and support as they ascend through the stages. Working collaboratively, survivors and recreational therapists identify strengths, motivations, and resources to promote that attainment of goals and recovery.

Implications and Applications for Recreational Therapy Practice

Utilizing the strengths-based framework of MetaHabilitation to guide recreational therapy interventions and delivery of services provides a person-centered pathway for productive recovery and support for the posttraumatic growth for individuals who have experienced trauma. Within each stage of MetaHabilitation, the therapeutic recreation process can be used to prompt and support posttraumatic growth. The first task of the recreational therapist is to collaborate with the survivor in determining the stage and to identify characteristics along with facilitators that can support movement forward. Applying the MetaHabilitation system in the assessment phase of the therapeutic recreation process involves reviewing and clearly focusing on people's abilities versus their disabilities, promoting reintegration into a life that includes participation in and utilization of leisure for complete recovery. Recreational therapists can help survivors identify and create opportunities and experiences that are meaningful to the survivor, using strengths-based assessments (Anderson & Heyne, 2013). Directly involving survivors in the planning process with the support of family and friends and setting goals that align not only with their strengths, passions, and abilities, but also their stage in the MetaHabilitation framework could foster more effective healing. Recreational therapists can empower individuals by detailing strengths and opportunities for participation as well as connecting them with local community programs that provide ongoing involvement and support. Participation or re-entry into leisure is an essential part of the transition as individuals move through the stages of the recovery process. See Table 4 for suggestions for types of recreational therapy interventions most appropriate for each stage of the recovery process.

Table 4

Potential Recreational Therapy Interventions at Each Stage of MetaHabilitation

Stages of MetaHabilitation and Suggested Recreation Therapy Interventions to Facilitate Posttraumatic Growth					
<i>Stage One Acute Recovery</i>	<i>Stage Two Turning Point-Saying Yes to Life</i>	<i>Stage Three Conventional and Complementary Treatments</i>	<i>Stage Four Acceptance and Adaptation—A Time to Reflect</i>	<i>Stage Five Reintegration—Return to Life</i>	<i>Stage Six MetaHabilitation— Taking on the Future</i>
<p>Use of recreation for:</p> <ul style="list-style-type: none"> • Pain reduction • Distraction • Relaxation • Connection to nature • Connection to self <p>Environments that soothe and connect to nature</p>	<p>Explore leisure options</p> <p>Make choices for recreation and preferred futures</p> <p>Experience joy and positive emotion through recreation</p> <p>Strengths-based planning processes such as PATH</p>	<p>Recreation activities that provide opportunities for self-control and bolster confidence such as:</p> <ul style="list-style-type: none"> • Adventure activities • Nature-based activities • Other leisure passions 	<p>Self-reflection activities such as:</p> <ul style="list-style-type: none"> • Leisure education • Values clarification • Mindfulness • Journaling • Meditation <p>Ensure quiet, spiritual spaces</p> <p>Ensure pause in daily routine</p>	<p>Community reintegration</p> <p>Leisure education</p> <p>Activity, equipment, and environmental adaptations</p> <p>Relaxation</p> <p>Structured activities designed for those post trauma such as:</p> <ul style="list-style-type: none"> • Fly fishing • Nature-based activities • Adapted sports 	<p>Individualized discharge or transition planning</p> <p>Exploration of new interests</p> <p>Adaptation of previous interests</p> <p>Activities that develop lifelong practices that build strengths and resources, such as:</p> <ul style="list-style-type: none"> • Gratitude journals • Mindfulness • Savoring • Optimism <p>Connection to community resources and outpatient programs</p>
<p>Reconnection with passions, interests, and talents</p> <p>Assistance with activity, equipment, and environmental adaptation</p>					

In *Stage One, Acute Recovery*, the focus is on sustaining life. Day-to-day interventions focus on survival. Clinicians and family members are very visible and intensely involved in this stage. Recreational therapists can help survivors recuperate and regain energy. Recreation can play a role in pain reduction, distraction, relaxation, and connection to normalcy and sense of self. Environments can be structured to be soothing, with elements of nature. Once survival is assured, recreational therapists can help survivors and family assess what is controllable in the immediate situation and support and advocate for that control. Even small things, like scheduling time each day for meaningful leisure, can help survivors feel less chaotic (Mikal-Flynn, 2013).

In *Stage Two, Turning Point—Saying Yes to Life*, survivors chose life. Despite the angst, struggles and, at times, darkness of recovery, survivors say yes to life and make a firm decision to move forward into recovery. Recreational therapists can help survivors explore options and make choices about preferred futures. Planning processes such as PATH (Planning Alternative Tomorrows with Hope) are powerful tools that can help participants move forward with the support of family, friends, and professionals (Anderson & Heyne, 2012a). Reconnecting survivors with passions, interests, and talents, helping them adapt leisure pursuits as needed, and providing support in participation can help survivors choose life. Finding joy and positive emotion is crucial in this turning point stage.

In *Stage Three, Conventional and Complementary Treatments*, survivors get busy and become actively engaged. Once survivors decide to live and move forward, they seek out and participate in various treatments. Families and clinicians advocate for care. All are involved in this busy and productive stage. Recreational therapists are fundamental as they provide supportive therapies and activities. Engaging in recreational activities bolsters self-confidence and supports self-control by continually reminding survivors of what they can do, motivating and supporting their engagement in other therapies. Specific recreation activities, such as nature-based and outdoor adventure activities or adapted sports, may be especially helpful at this stage. Recreational therapists can use a full range of therapeutic approaches in this stage, helping survivors explore strengths and interests in the psychological/emotional, social, cognitive, physical, spiritual, and leisure domains of functioning (Anderson & Heyne, 2012a).

Stage Four, Acceptance and Adaptation: A Time to Reflect, involves time to review progress and plan for the future. Survivors step back, taking time to reflect on all that has happened. They accept and begin adapting to the changes brought forth by their trauma and crisis. Recreational therapists help by identifying this time and thought process as necessary. Working side by side with survivors, recreational therapists can assist by reminding them how far they have come, what worked, what did not and reminding the survivor of the necessity of self-reflection as an essential aspect to their posttraumatic growth. This time allows survivors to regroup and move back into life, including preferred leisure activities. Leisure education and other interventions such as values clarification, mindfulness training, journaling, and meditation, can be used to support and promote reflection and plan for the future. Ensuring that survivors have quiet, spiritual places and pauses in the daily routine to support reflection is an important role for the recreational therapist.

In *Stage Five, Reintegration: Return to Life*, survivors move back into life in some manner. For some survivors, life is similar to what they left; for others, life is drastically

changed. However, returning to a purposeful life is essential. Recreational therapists can support this stage by implementing community reintegration, leisure education, and activity and equipment adaptation for leisure pursuits. Referring survivors of trauma to programs specifically designed to help them reconnect to interests while providing relaxation, such as fly fishing or other nature-based activities, can ease reintegration further.

The final stage, *Stage Six, MetaHabilitation: Taking on the Future*, is ongoing. Although problematic and at times significantly traumatic, insight and a tough mind-set characterize this stage. Survivors recognize inner strengths and experience an appreciation for life as well as psychological, spiritual, and, for some, physical growth. Acknowledging the personal evolution brought forth by survival and recovery, they feel resilient while finding unique purpose in life after trauma. Recreational therapists can assist in deepening this stage by individualized discharge or transition planning, focusing on what brings meaning, purpose, and satisfaction to participants in their leisure. Recreational therapists can encourage exploration of new interests, or renewed interests with modifications and adaptations if needed, and help participants connect with programs that will help foster those passions. Connecting survivors to community services and resources is critical, ensuring that there is ongoing follow-up and support. Referring participants to aftercare services or outpatient programming will help solidify connections and follow through. Helping participants develop lifelong practices that build strengths and resources, such as gratitude journals, mindfulness, and savoring, will help build optimism and resilience.

All the previous interventions discussed are commonly used in recreational therapy practice. Using MetaHabilitation as a guiding framework, recreational therapists can more specifically target when to use certain interventions, depending on the stage of posttraumatic growth. Recreational therapists can also vary the focus of interventions based on stage. For example, leisure education can be focused more on values clarification or connection to community resources, depending on an individual's stage in MetaHabilitation.

Recreational therapy is uniquely positioned to promote posttraumatic growth using MetaHabilitation as a strengths-based framework to guide practice. Trauma can prompt various self-injurious behaviors, and problematic physical, physiological, spiritual, and emotional outcomes (Taku, Cann, Tedeschi, & Calhoun, 2009). Individuals may have negative and ongoing adjustments including depression, anxiety, and PTSD (Bostock, Sheikh, & Barton, 2009). However, there is a growing body of research proposing that survivors can and do perceive positives, even growth in the aftermath of trauma (Helgeson, Reynolds, & Tomich, 2006; Mikal-Flynn, 2012a). All too often, there is a failure to focus on this capacity. When professionals support survivors in taking control over their own care, they encourage self-efficacy and subsequent successful recovery and performance in life (Bandura, 2012). Determination and a motivation to define themselves by their strengths are often the hallmarks of individuals dealing with trauma—they are survivors (Mikal-Flynn, 2012, 2017). Recreational therapists can have a substantial role in this growth mind-set and subsequent behavior. By fostering the idea that the challenge of trauma can be seen as a natural part of getting better at something, recreational therapists can help individuals recognize and use a growth mind-set. The therapeutic recreation field, utilizing philosophies and carefully chosen interventions that encourage the use of strengths, can promote self-efficacy

and posttraumatic growth in people who survive trauma. Guidance, support, and promotion of this outcome by use of leisure activities and other therapeutic recreation interventions is fundamental.

Recommendations for Future Research

There is a need for ongoing research to provide data on the efficacy of a strengths-based approach, such as MetaHabilitation, assessing whether utilization of this framework is effective in fostering and promoting posttraumatic growth in recreational therapy practice. Furthermore, research can evaluate when to integrate MetaHabilitation into current practice, considering timing post event and type of trauma. Research on how to best assess where a survivor is in the stages of posttraumatic growth would be useful to help recreational therapists more readily apply MetaHabilitation to their practice. Additionally, there is a need for investigation on the most effective ways to help survivors gain insight into their own stage in the MetaHabilitation framework. Finally, there is a need for research into whether or not, or to what extent, using MetaHabilitation helps both recreational therapists and survivors in seeing a clearer pathway to posttraumatic growth.

Conclusion

Posttraumatic growth has found a place in rehabilitation (Bauwens & Tosone, 2014; Mikal-Flynn, 2012b, 2017; Tedeschi & Calhoun, 2004). Crises and trauma can be transformative. They “require alterations in our attitudes and feelings about ourselves and our lives” (Bettelheim, 1979, p. 241), allowing people who have survived trauma the potential to discover or rediscover strengths and talents, including an eventual understanding and even appreciation of the traumatic event as a profound and meaningful life experience. The integration of crisis and trauma into a meaningful life “requires both that we deal constructively with what it did to us as an inner experience, and also that we do something about it in our actions relating to it” (p. 241). The ability to take a positive stand toward adversity allows people who have survived trauma the freedom to control, define, and redefine meaning and behaviors in dealing with life after highly stressful events.

Current rehabilitative services for people who have survived trauma do not routinely operate in ways that bring forth the full, multidimensional capacities of an individual. Recovery models tend to focus on pathology, what is wrong or needs adjustment, and not necessarily on the possibility of growth in the face of physical, emotional, and spiritual challenges (Gulanick, 1998; Leighton, 1998; Park & Ai, 2006; Smith, 2006; Snyder, Lehman, Kluck, & Monsson, 2006). Recognizing and accepting that trauma can serve as transformative, unique growth experience is underutilized in traditional rehabilitation programs. Current evidence supports the idea of changing practice to encourage and support posttraumatic growth (Calhoun & Tedeshi, 2006; Jackson, 2007; Mikal-Flynn, 2017; Ramos & Leal, 2013). Indeed, such experiences may ultimately enhance us as human beings (Frankl, 1963, 2000). To overlook or negate the very real possibility of such an event prompting a significant growth experience is shortsighted and unwise (Maslow, 1976).

Recreational therapists are in a unique position to incorporate approaches like MetaHabilitation into existing recovery and rehabilitation practice because they explicitly focus on physical, cognitive, emotional, spiritual, and social strengths and assets, creatively using the leisure experience. MetaHabilitation provides a strengths-based recovery framework, helping survivors find meaning in trauma and crisis and, more importantly, to adopt a strength-based mind-set and structured pathway guiding them toward posttraumatic growth. Recreational therapists have the tools, necessary skills, and mandate to support individuals through this process, concentrating personal awareness on prior achievements, what they have and can do. In partnership with participants, recreational therapists help establish both short-term and long-term goals, encouraging successful reintegration into the community, and supporting posttraumatic growth.

Mikal-Flynn's (2007, 2012b) research revealed that survivors experiencing posttraumatic growth ultimately took on their new lives as a challenge. They took control, making their own decisions. The change in life trajectory was a tough road, but over time, identification of pre-existing strengths and prior survival successes allowed them to grow. They refocused, concentrating on what they could do. Over time, they recognized and accepted opportunities. They moved on. They ultimately thrived. Recreational therapists have a distinctive role in this healing process as they promote a wide range of activities directed toward discovering and exercising physical, cognitive, emotional, social, spiritual, and leisure abilities. MetaHabilitation could provide a guiding pathway for both recreational therapists and people who have survived trauma toward growth, quality of life, and well-being.

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