THE DOMINO EFFECT:

Evaluating Therapeutic Recreation Assessment Tools' Utility for Persons Experiencing [Dis] abilities

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Abstract

Assessment tools are part of a systematic process that is needed to provide a comprehensive picture of a client's ability, performance and/or quality of life. These tools should inspire Therapeutic Recreation (TR) practitioners to reflect on whether our participants are benefiting from our services in the way we think they are benefiting from them (Ellis & Witt, 1986). The purpose of my qualitative research study was threefold. To explore the utility of several selected assessment tools from both the implementer and recipient's perspective and from a manifest and latent analysis of the clarity and construction of the selected TR assessment tools. Utilization- focused evaluation framework guided this study to better understand which elements within existing assessment tools present a challenge. Three program participants and 26 practitioners participated in the study. The data sets included interview transcripts, focus group summaries of engagement with a "mock" case study, and the tools themselves. Data analysis involved manifest and latent content analyses of the tools, thematic analyses of the interviews and focus group engagement with the case study, and a triangulated comparative pattern analysis across the three data sets. Results indicated five main challenges practitioners experience when administering standardized assessment tools, (1) inconsistencies, (2) language barriers, (3) accessibility, (4) relevance, (5) perspective. Three main themes revealed from the data derived from the target populations, were (1) Fear, (2) Stereotyping and (3) Social Control. This thesis is a gateway for professionals and future researchers to begin a phase of creating new or updating existing TR standardized assessment tools to better meet the needs of ALL the populations we serve.

Keywords: Therapeutic Recreation (TR), Assessment Tools, Evaluation, Disability, Mental Health, Barriers, and Utility

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Chapter I - INTRODUCTION

Background

One may ask, what are assessment tools? What purpose do they serve and who are they serving? These questions may not come up in everyday conversation; however, for some people, these are the questions that lead to an important conversation. If people have the foundational knowledge about the importance of assessment tools and why they are needed the next question they should be asking is, are these assessment tools accurately representing me or the ones I love, and what does it look like if they are not?

Assessment tools are vital to recreational therapists as well as many other healthcare professionals for they provide the means to determine the initial baseline assessment of clients' needs (Stumbo, 2002). In the field of Therapeutic Recreation, practitioners work in a variety of settings from community centers, long-term care facilities, hospitals, retirement homes, correctional facilities and more. This is a product of a shift in perspective over the years from the Ugly Laws Disability in Public that prevented those with [dis] abilities from being seen in public or they would face physical or financial punishment (Baker, 2017) to recognizing [dis] ability rights and "the value of leisure and returning people with disabilities to their homes and communities" (Carter & Van Andel, 2019, pg 6). Although there has been a positive shift in perspective about [dis] ability, many individuals still experience barriers today. Adolescents experiencing a [dis] ability are an example within the population who experience a lack of inclusion in leisure activities creating a barrier from building physical, social, emotional and cognitive skills needed for healthy human development (Groce, 2004). This exclusion is extended

to standardized tests since many standardized tests do not have the adaptability to include unconventional bodies.

Recreation Therapists take on a holistic approach to serving their clients and are expected to "identify specific outcomes or results of their work that relate to (1) the maintenance or improvement of person's health status, (2) quality of life and (3) functional capacities" (Carter & Van Andel, 2019, p. 15). Practitioners in the field translate theory and evidence-based practice through a systematic process called APIE-D (assessment, planning, implementation, evaluation, documentation) (Carter & Van Andel, 2019). Through this process practitioners will assess their clients, plan and implement an individualized recreation therapy program and evaluate the outcomes to ensure they meet client's needs. In this research study, assessment tools themselves were the focus, and their content and protocols were highlighted and further explored.

Burlingame & Blaschko (2010) state that a "systematic and accurate assessment process is essential in providing the basis for an individualized, comprehensive treatment plan" (p. 74). In order to achieve this, during the assessment process the recreation therapist should "(1) obtain and review background information about the client (2) select an assessment tool based on client needs (3) interview client to assess developmental domains (physical, cognitive, social, emotion, leisure and function) (4) administer assessment tool and observe behavior (5) analyze and interpret results to plan and implement appropriate "treatment" (6) document intervention goals" (Stumbo, 2002, p. 20). The purpose of assessment tools is to provide a comprehensive picture of a person's ability and inspire practitioners to reflect on whether our participants are benefiting from our services in the way *we think* they are benefiting from them (Ellis & Witt, 1986). For some populations this may not be the case.

Howe (1984), as cited in Burlingame & Blaschko (2010), commented on the "state of assessment in RT" that could be said about the tools we continue to use today. She states:

> The available assessment instruments that are non-agency-specific are still sketchy, still evolutionary, and still conceptually cloudy. The tension between the applied and theoretical dimensions of the assessment process continues, especially with the continual proliferation of agency-specific assessment devices that are little more than interest inventories. What remains needed is a coordinated, scientific approach to further testing, developing, implementing, evaluating, and revising assessment instruments and procedures (p. 54).

Considering assessment tools are a standard of practice, it is important to explore the issues surrounding assessment tools for those experiencing [dis] abilities to ensure practitioners are implementing quality intervention plans that can enhance quality of life. However, the biggest issues recalled from the literature are that the assessment process takes a lot of thought and problem solving for Recreation Therapists (RT). Some steps in the process rely on RT intuition that can lead to bias (Stumbo, 2002), and Dixon (1993) stated there are not a lot of published assessment tools that measure variables and concepts that target our client's needs.

Significance of Research Context

The purpose of my qualitative research study was threefold. I explored the utility of several selected assessment tools from both the implementer and recipient's perspective and from a manifest and latent analysis of the clarity and construction of the selected TR assessment tools. This research allows the audience to be aware of the gap between standardized assessment tools' intentions and the practitioners' and recipients' experiences of their implementation. The goal was to understand both professional's and target population's experiences when administering or receiving assessment tools to suggest how future researchers can modify or create new tools that are accurately representative of persons experiencing [dis] abilities. This project is relevant because it has the potential to begin a domino effect. If standardized tests can properly assess those experiencing [dis] abilities, then therapists may accurately collect and implement authentic client data to improve program interventions, which in turn may lead to an enhancement in client's quality of life. This research project evaluated three existing therapeutic recreation assessment tools with assistance from two populations: adolescents experiencing developmental [dis] abilities and recreational therapist practitioners in the field. The results gathered from the analyses of the evaluated assessment tools were compiled to propose what elements of the tools present a challenge for those experiencing [dis] ability and what future researchers and practitioners can do to modify, refine or create new assessment tools that might be more inclusive.

Research has addressed concerns regarding assessment tools in the developing field of Therapeutic Recreation; however, this research is limited. Recreational therapists along with many other healthcare professionals implement assessment tools that assess developmental domains such as physical, social, and cognitive skills. Furthermore,

assessment tools should be tailored to specific purposes and populations, should be linguistically appropriate, and should be reliable, valid and fair (Morrison-Saunders & Fischer, 2010). Although research has stated these requirements, there is a gap in research that doesn't explore whether the tools from the Recreation Therapy Red Book, that is, tools that are typically used, meet the needs of the participants targeted. The Recreation Therapy Red Book was created by Burlingame, J., & Blaschko, T. M. (2010) and has become the standard reference book on TR assessment. This research project assessed the tools through A) manifest and latent analysis to provide a description of literal content and the tacit messages embedded in the tools B) recipient's experiences of the tools collected via interviews and C) practitioner's experiences with the assessment tools collected via focus group interaction. The analyses of these three data sets allowed the author to better understand whether the selected assessment protocols met the goals of TR assessment.

Assessment tools have been increasingly advocated to develop high-quality instruments; however, research has only covered the basic concepts of client assessment issues (Stumbo, 2002) and later a review of assessment tool usage by RT practitioners (Kemeny, Hutchins, & Cooke, 2016). Researchers have acknowledged this gap. Also, there is little literature that explores language adaptations and appropriate cultural availability within these tools that become barriers to a participant's health outcome. If practitioners are unable to gather authentic data from their clients, this can affect the quality of intervention plans as well as the client's overall quality of life.

Positionality

When I was born, the doctors diagnosed me with Cerebral Palsy (CP) and congenital torticollis and told my parents I would not walk. Although they misdiagnosed me with CP, there were many physical restrictions preventing me from having full range of motion of my hips, moving my neck, stretching freely or grasping my parents' fingers. My parents set out to change the odds by having me see Physiotherapists and Massage Therapists. They all had their doubts; however, my parents continued treatment because they knew in their hearts that I would grow up strong and capable of anything I set my mind to. I have grown up with people telling me what they thought I shouldn't do in regards to physical activity and leisure because of my reoccurring physical challenges. I have always been strong willed and strive to meet and accomplish any challenges presented to me. This empowered me to engage and flourish in physical activity, which became a part of my identity.

During the writing of this thesis, I was in a car accident that threw me through another loop. I am now managing post-concussion syndrome. Yet again, I was faced with doctors, specialists, friends, family and strangers questioning my ability to continue my current lifestyle. I am healthy. I am strong. I do not give up. I do not let my physical, and now cognitive, limitations stop me from doing what I want. Yes, I must adapt and modify; however, I am an active agent, a participant in my life and my choices. My experiences have ignited a passion to advocate for persons experiencing [dis] ability and to support them to flourish through inclusive leisure participation.

My journey has led me to volunteer for the Supporting Neuro-diversity through Adaptive Programming (S.N.A.P) program for over six years and the (Confident Healthy Active Role Models (C.H.A.R.M) program for two years. I have been affiliated with

these programs as a volunteer, program coordinator, facilitator, mentor and now researcher. Additionally I have worked in the field of TR as a program facilitator and practitioner in hospital, community and retirement settings. Throughout the years I have had program participants and their family members, and teachers chaperoning participants in the programs voicing challenges about healthcare professionals, people in society, accessibility to services and barriers to leisure participation. In addition to these shared experiences in both the S.N.A.P and C.H.A.R.M programs, practitioners in the field have also shared similar concerns that sparked an interest in this study.

Both the S.N.A.P and C.H.A.R.M programs were chosen as sites for recruitment of participants for this study because program participants are examples of populations with which RT practitioners work with in the field and the framework of these programs mimic TR systematic process A.P.I.E, minus the documentation process.

I have worked alongside the population for years and have gained a familiarity with both the participants and programs. I must be aware of my positionality**. T**he participants I work with experience life differently than I do which gives them a different perspective. I position myself as an individual who understands rules; however, if I do not follow the rules I have more privilege than those in my study, since stigmas surround these individuals if they decide to be rule breakers. The participants in my study who participated in the C.H.A.R.M program are labeled as ‘at-risk’; at-risk of transitioning into a life of crime, at-risk of not being successful academically and at-risk of not being financially independent (Moore, 2006) therefore, they will experience consequences from society when they break rules, whereas I will not, to an extent. I also have been brought up in a financially stable family that allowed me to have access to resources that helped enhance my education. Therefore, I never had to worry about passing, or fearing to

display my literacy skills or developmental skills in public. Lastly, I am surrounded by healthy relationships with both family and friends, where I can go for support and have never had a traumatizing experience that affected my self-esteem, confidence and mental state. For many years, I have begun to challenge the notions of the meaning of [dis] ability that has shaped my philosophy as a practitioner and has helped me shape my perspective of [dis] ability that has a powerful impact for my Therapeutic Recreation practice.

Furthermore, building rapport and trust is vital to the success of this research study for it contributes to levels of trustworthiness (Sekhon, Ennew, Kharouf et al., 2014). Anney, (2014) claims that prolonged engagement can assist a researcher to understand the core issues that can influence the quality of data because that researcher has developed rapport and trust with study participants. When building rapport, I can understand my informant's behavior and responses. Given my involvement in the C.H.A.R.M program I can also build trust that can result in them feeling comfortable to share their truth and experiences or identify when they are resisting to share. Research has found three aspects of communication needed for building rapport and trust, accuracy, explanation and openness (Sekhon, Ennew, Kharouf et al., 2014). Therefore, it was important to be transparent and open with my informants to ensure they trust me for me to support my informant's participation and inform the analyses and interpretation of my informant's contribution to the data set.

Furthermore, through self-reflection, I have become aware of my meritocratic position that could cause potential barriers and challenges to building rapport and analyzing data. These challenges consisted of learning how to read body cues and situations to ensure participants wouldn't be closed off and refuse to participant in the

program. In the beginning some participants were resistant to participate and communicate with me. I would get the silent treatment or one-worded responses. Building rapport helped me to know each participant's characteristics, attitudes and behaviors. Our society has constructed a social system that gives power and status to those living without a [dis] ability. Society is constructed in a way that puts people like me in a higher social position and divides people into categories: superior and inferior. I have limitations that I live with, however they are not visible. To society, at first glance, I appear to be abled bodied therefore society will treat me as so. I must constantly remind myself about the things I take for granted every day as I am treated and respected in a different way than someone living with a physical or developmental [dis] ability.

I am aware that I will never fully understand my informant's experience for I live a more privileged life, however I am willing to listen and learn from them. I am aware of the different experiences and opportunities they and I have access to and I have witnessed the barriers they experience firsthand when being assessed or evaluated; however my experiences do not fully capture the essence of their experiences. This leads me to an understanding that assessment tools are problematic—that is, they are not sensitive to the differing life and embodied circumstances of many clients; however, this awareness leaves me unaware of what specific components within my selected assessment tools may not be representing the target population authentically.

Terminology

Developmental [Dis] ability- Persons experiencing Developmental [dis] ability (DD) experience limitations in the social, cognitive and physical domains. These specific limitations affect learning and controlling executive functions including bodily movement, behavior, emotions and decisions- making skills (Hewitt, Stancliffe, & Hall-Lande et al., 2017; Zwicker, Zaresani, & Emery, 2017). This is an umbrella term that encompasses medical health conditions such as autism, behavioral disorders, intellectual [dis] abilities etc. (Hewitt, Stancliffe, & Hall-Lande et al., 2017).

Mental Health Challenge vs. Mental health Condition/Illness*- Having a mental illness affects the way people think, feel, behave or interact with others whereas living with mental health challenges relates to one's mental well-being (*Canadian Mental Health Association (CMHA), 2019*). This includes one's emotions, thoughts, ability to solve and overcome problems, and how well we socially connect (*CMHA, 2019*). Therefore, having a mental health condition relates to a diagnosis, where having a mental health challenge relates to experiencing emotions towards people and things within society.*

Section 23 classroom*-* This population is transitioned out of their traditional classroom to receive intensive support through partnerships with other agencies that provides programs for students to gain assistance in academic, emotional and behavioral correction (TDSB, 2014).

Medical Model vs. Social Model- The earlier medical model focuses on the individual's disability as a deficit or impairment that needed to be cured or fixed, whereas the social model identifies [dis] ability as a cultural and historical specific phenomenon (Shakespeare, 2006). The social model focuses on the individual and their strengths first and their [dis] ability as something they are experiencing.

Standardized Assessment Tools- Assessment tools are in place to analyze and evaluate client's developmental domains such as physical, social, and cognitive skills. The purpose of assessments tools is to provide a comprehensive picture of a person's ability and inspire practitioners to reflect on whether our participants are benefiting from our services in the way we think they are benefiting from them (Ellis & Witt, 1986).

Recreation Therapist- A profession that uses systematic processes utilizing leisure and other recreation activities to improve physical, emotional, social, cognitive needs, performance and overall wellbeing leading to an enhanced quality of life Carter & Van Andel, 2019).

Research Questions

This research project did a wraparound utilization focused evaluation of selected TR assessment tools to analyze their utility for practitioners and participants. Using Utilization focused evaluation my research explored utility from both the implementer and recipient's perspectives and from an analysis of the clarity and construction of the tools themselves. The following are sub questions that were explored:

1. What are the challenges faced by Recreational Therapists when implementing assessment tools?
2. What aspects of TR assessment tools present a challenge for participant's experiencing [dis] abilities?

My research has the potential to contribute to the health field for it gives practitioners and researchers an insider perspective of client's experience when self-administering TR assessment tools and highlights what elements within the tools are creating barriers. Identifying such barriers can provide practitioners a better understanding of and options of adapting when approaching and implementing standardized tests on client's experiencing [dis] abilities.

Paradigmatic Perspective

The paradigm that aligns with my worldview perspective is constructivism. Throughout this research study I took on a constructivist lens that guided both methods of data collection and analyses and the overall utilization focused evaluation process. Having a constructivist view means that I see the world in a way that is divided by social structure. This framework offers the explanation for individuals experiencing [dis] ability having to deal with issues of alienation, marginalization, discrimination and oppression (Jones, 1996) that puts them in an inferior social status to those living without [dis] abilities. This phenomenon distinguishes the difference between [dis] ability defined by biology and handicapping [dis] ability that is defined by societal views (Jones, 1996). Society's attitude and perceptions of [dis] ability turns biological characteristics into characteristics that disable them. It is my assumption that those experiencing [dis] ability will also experience an increase in mental health challenges that can be influenced by society's attitude towards them. In other words, society has created an image and description of those experiencing [dis] ability that has been adopted and used, without asking or trying to understand their embodied experiences. Therefore, when people see those experiencing [dis] ability, they see what society sees not what the person themselves sees and understands. This is problematic because stigmas develop and become a barrier when interacting with this population.

[Dis] ability is biologically determined, yet socially constructed. [Dis] ability research has progressed through stages of development from viewing this population via the medical model, that responded with a "fix it" approach and focused on defect, to the social model approach that views this population as individuals experiencing [dis] ability as a collective experience of shared oppression based in denial of resources. Creswell

(1998) mentions that the viewpoint of [dis] ability inquiry is socially constructed depending on the type of lens one uses to research this population. Traditionally, the research process is reflected through the type of questions asked as well as appropriateness of language that influences data collection and analysis, creating assumptions and labels that can limit the amount of power given to the population. Having a constructivist lens, I am putting my cards on the table and have made my assumptions visible. I believe that no matter how you look at something, depending who you are and what you believe you will interpret and understand differently from the next person. Therefore, I have chosen to explore an area in therapeutic recreation that is crying out for attention by creating a space that all participants in the study can share their perspectives and be a part of the revision process. Through this process I can then begin to understand the meaning they have constructed of [dis] ability and assessment tools through their experiences. This project has the potential to point out the similarities in experiences that can be used for future research and/or creation of assessment tools. By building a bridge that links research and practice, I can benefit the therapeutic recreation field and hopefully contribute to its growth as an inclusive practice, in regards to the assessment process.

The purpose of this thesis is to understand both practitioner's and participant's experiences with assessment tools that can lead to the discovery of what needs to be addressed in the implementation of assessment tools in the field of therapeutic recreation. Through personal experiences and communicating with many practitioners in the field I have gathered that there is a need to understand what is going on during the administration of assessment tools that seems to pose a challenge for practitioners. Understanding the process means taking the time to listen and understand different

perspectives, because there is more than one side of the story. Practitioners claim that assessment tools are "unreliable" (Jensen-Doss & Hawley, 2010) in respect to meeting the needs of their clients, why is that? Is this due to client's not providing authentic data? Are societal barriers influencing how practitioners and clients interact? What does a client's experience say about assessment tools? These questions provoke curiosity and motivate me to seek answers.

The wraparound UFE approach focuses on a strengths-based, ecological process that highlights individualized services (Malysiak, 1997). This approach aligns with a constructivist lens that supports the change from deficit assessments to strength-based (Malysiak, 1997). This concept is beneficial to this research project for it brings representatives of those who are affected by this issue together. This project highlights the informant's strengths and provides a platform for them to share their personal experiences. Utilizing program informant's feedback contributes to more sound and useful evaluation of the assessment tools. Each informant brings a piece to a puzzle, where I, the researcher will construct a picture that develops from those pieces.

An evaluation's aim is to uncover the "challenges of everyday life", and to dissect each issue from a different perspective through a systematic process (Mertens & Wilson, 2018). Assessment tools have become a challenge, and there is a need to understand why that is. Therefore, this thesis focused on the views from the target populations and the TR practitioners. Both sides provided the opportunity to tell their story and share their experiences.

Methods used to collect and analyze data included, a manifest and latent analysis of selected assessment tools, a focus group that allowed practitioners to share their experiences of administering assessment tools (which included comparative data taken

from practitioners who have completed an assessment of a case study) and in-depth interviews of informant's experiences of being assessed. These methods provided insight on both practitioner's and participant's perspectives. The intention of this research project was to learn how the participants construct their experience through their actions, intentions, beliefs and feelings (Charmaz & Belgrave, 2007). Constructivism attempts to describe, interpret and understand the lived experiences of the chosen group of individuals (Creswell, 1998) through the participant's point of view. Every issue is viewed through a lens that is subjective thus allowing readers to understand many perspectives without an 'objective' filter.

Through triangulation of data sets and forms of analyses, the goal was to explore utility of assessment tools from both the implementer and recipient's perspective and from an analysis of the clarity and construction of the tools themselves. These sources of data were analyzed and compared against one another to discover whether practitioners and program participants had similar or different experiences, and then compared those results to the results of the manifest and latent analysis of the selected assessment tools.

It is important to include program participant's experiences because there is a gap in research that excludes recipient's perspective on the matter of assessment. The research field focuses solely on assessment (Howe, 1984; Stumbo, 2002) or the practitioner's perspective on assessment (Kemeny, & Cooke, 2016). This project has the potential to point out the similarities in experiences that can be used for future research and/or creation of assessment tools.

Wraparound utilization focused evaluation fits with this qualitative research because the goal is to interpret participant's meaning from evaluating selected assessment tools in the Red Book of Therapeutic Recreation Assessment, to discover which elements

are ineffective for the target population. Details of the research design will be further discussed in chapter three.

My Assumptions

Assumptions are preconceived truths accepted by an individual without concrete proof. To ensure trustworthiness I have listed my assumptions before beginning this study as a reminder that my already conceived thoughts and beliefs are not concepts upon which I build my research. By listing them I have owned up to these assumptions and thus have placed a safeguard on myself to prevent me from imposing my assumptions on the analysis processes. I do this so that, to the best of my ability, my assumptions do not influence my research. These assumptions are displayed below to reflect and provide an opportunity to grow as a professional in my field.

1. Assessment tools used in Therapeutic Recreation field prevents practitioners to properly assess clients experiencing [dis] ability.
2. Assessing participants with the selected assessment tools in this study will be similar to how professionals in the field implement the same instrument.
3. Target population informants will not be resistant to providing feedback and sharing personal experiences due to the rapport built over the years.
4. Individuals experiencing a profound [dis] ability are capable of being assessed, as well as completing the tasks needed for this research.
5. Those experiencing [dis] ability will also experience an increase in mental health challenges that can be influenced by society's attitude towards them.

Chapter II - REVIEW OF LITERATURE

[Dis] ability Perspective

Before 1960s people experiencing a disability received unequal treatment due to societal views, which considered them "inferior" or "abnormal" to the rest of society (Baker, 2017). This population were targeted and experienced cruel discrimination through laws known as the *Ugly Laws Disability in Public* being passed that prevented those experiencing a disability from being seen in public and facing financial consequences and/or physical punishment if they were (Baker, 2017). After 1960s the [dis] ability rights movement advocated for equal rights. This enabled governments to act by implementing an "individualistic approach," creating disability rights, and advocating for legislative action (Baker, 2017). This approach singled out individuals experiencing a disability by believing their disability is what defines them and is an "essential characteristic" (Baker, 2017) of the individual. This was the beginning of the medical model that viewed disability as something that needed to be "fixed" by medical treatment, physical rehabilitation, and public assistance (Baker, 2017). The medical model focuses primarily on physical health and highlights a person's deficits, condition, and other perceived negative states (Heyne & Anderson, 2012; Stumbo & Peterson, 2004). Many practitioners across the health field adopted these deficit-based precepts (Stumbo & Peterson, 2004).

The medical model approach emphasizes on a "patient- therapist" relationship, where the practitioner works with the person to "fix the problems" (Heyne & Anderson, 2012). This dynamic can impact health care provider relationships (Carter, & Van Andel, 2019) because the patient will be more dependent on the therapist regarding decision-making and health-care needs. Therefore, the nature of the service will also be affected

by this relational dynamic (Carter, & Van Andel, 2019). Assessment and treatment plans typically follow this "directive approach" rather than focusing on education or prevention and client's interests are typically regarded as irrelevant (Heyne & Anderson, 2012).

In 2005 the Accessibility for Ontarians with Disabilities Act was passed that aimed to develop, implement and enforce accessibility standards "with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises" (Moran, 2015, p.8). Although there have been drastic changes regarding [dis] ability rights, it is still distressing to know that even today those experiencing a [dis] ability are still under a shadow of discrimination and stigma. Baker (2017) states that disability rights advocates,

> …argued that discrimination against them is so ingrained in our taken-for-granted ableist assumptions and norms that its invisibility ranges from mindless personal slights to systematic exclusions (p.42).

This belief advocated for change and challenged the inequality and social practices. In order for change to happen the concept of disability must be continually redefined (Baker, 2017; Friedman, 2018), bringing about a new model that recognizes that the [dis] ability does not define the totality of the individual, but rather is something the individual lives with and should not be seen as a "product of limitations imposed by a physical or mental impairment" but rather should be understood as "the interaction between societal barriers and a medical impairment" (Baker, 2017). This model is known as the social model. This model is utilized to improve the quality of care and quality of life of those that seek health care services.

The field of Therapeutic Recreation (TR) implements the social model and attends to their clients with a strength-based approach. TR is defined as a holistic process that uses recreation and experiential interventions (Carter, & Van Andel, 2019) to

improve a client's developmental domains (social, physical, emotional, cognitive, spiritual) as well as maintain and improve their health status, functional capabilities and overall quality of life (Carter, & Van Andel, 2019). WHO 1947 as cited by Stumbo & Peterson 2004 took a different approach to defining health as "the state of complete physical, mental, and social well-being, and not merely the absence of disease" (p. 3). This definition aligns with the social model seeing that it proposes that practitioners not only focus on an individual's [dis] ability but their strengths, interests and aspirations as well. Following a strength-based approach, the goals and intervention activities are driven by a client's interest, strengths and aspiration and assume the client is or has the potential to be the expert on their life (Heyne & Anderson, 2012). This model reflects a more realistic image of individuals experiencing [dis] ability; they may experience physical, cognitive or developmental limitations, but their disablement is based in structural conditions, which allow or constrain accommodations. Building rapport and collaborating with clients is vital for authentic and meaningful goal setting.

Therapeutic Recreation Approaches

Understanding the difference between deficit-base (medical model) and strength-based (social model) approaches to Therapeutic Recreation (TR) assessment is key to identifying those elements that influence intervention plans and outcomes. Per Anderson & Heyne (2013) TR assessment is guided by assumptions and principles because assessment is primarily oriented and implemented to an individual's deficits and problems. Given the predominance of a deficit-based approach and a positivist view in research (Reid, Landy & Leon, 2013), many TR practitioners are questioning the strength-based approach to serving their clients. This could be due to the desire seen as legitimate amongst other healthcare professions. Reid, Landy & Leon (2013) conducted a

survey on the common language and shared identity of recreation therapists. This article found that RTs used clinical and technical language because they preferred a title that implied they had "higher credentials". This is troubling because the field has built a foundation based in serving clients through a holistic, strength-based approach, yet they are back tracking to mimic other professionals, dropping their identity in the process. Carruthers & Hood (2007), as cited in Reid, Landy & Leon (2013) noted the challenges of upholding TR's strength based values and approaches, however, within every approach dwell both pros and cons. Therapeutic Recreation is "characterized by eclecticism, or the utilization of approaches from various theories depending on the needs of particular clients" (Strassle, Witman, Kinney & Kinney, 2011 as cited in Reid, Landy & Leon, 2013, p. 83) therefore, it is important to stay true to our identity in all aspects of the TR process. If practitioners are not following the standard of practice that poses a threat to our creditability and affects the clients we serve. Refocusing assessment to a strength- based approach, including the language used, is one step in reclaiming our identity. As practitioners, we serve a multitude of populations; therefore, assessment tools should reflect that, as well as convey our intentions as practitioners. This may require RTs to adopt new tools and/or adapt those we already use (Anderson & Heyne, 2013).

Therapeutic Recreation Curriculum

Within the Canadian curriculum, students are introduced to and taught about the assessment process, provided examples of assessment tools and how to carry them out. Educators teach TR assessment with the help of Burlingame and Blaschko's (2010) "big red book" entitled 'Assessment Tools for Recreational Therapy and Related Fields'. This text has multiple editions that provide future and current practitioners with examples of TR assessment tools that can be administered through pencil-and-paper or computerized

procedures (Anderson & Heyne, 2012). Many of these standardized assessment tools were created before the year 2000, resulting in out-dated tools being used in the field presently. Out-dated tools can influence how clients are represented, how practitioners interpret results and assessment protocols (King, 2013).

The biggest issue is that this text is the foundation for teaching future practitioners about assessment tools. If students base their repertoire on these tools only there may be lack of motivation and awareness of alternative assessment tools that could do a better job assessing their clients. Although there are many tools that target a variety of populations, some standardized tests in the "big red book" pose a threat for those experiencing [dis] abilities. Assessments in therapeutic recreation are primarily created through a deficit- based approach (Anderson & Heyne, 2013) that focuses on the client's problems or diagnoses, adding to the list of issues. This issue creates a narrative for those experiencing [dis] ability and takes control away from the participant. A deficit based viewpoint emphasized on the list of deficits and weaknesses and exemplified by being dependable and in need of professionals help (Dinishak, 2016; Haegele & Hodge, 2016). Dinishak (2016) suggests the target criticism of this approach encompasses "attitude, methodology, interpretive stance, orientation, or style of reasoning" (p. 2). This is concerning for those experiencing [dis] ability because it creates a prejudice that effects reliability, validity and interpretation of data (Dinishak, 2016) collected during the assessment phase.

Having assessment tools that follow a medical model serves as the "privileged norm" (Mobily, Walter & Finley, 2015), creating an ability hierarchy and objectifying those who are within our care. As Recreational therapists (RT) we want to create a relationship with our client's that will focus on their strengths, interests, aspirations and

goals. These are the values that are taught within the curriculum; however, the existing assessment tools have fallen short because they have not changed with the field's shift in perspective from a medical to a social model.

RTS take part in administering assessment tools, however, if the items in the tool do not measure what is intended to be measured then those tools become invalid. When a tool uses appropriate scales and forms of measurements, the RT can plan accordingly. Dixon (1993) claim that there are not many TR assessment tools that have been published that measure variables and concepts that are relatable to our services. Therefore, recreational therapists (RT) are forced to turn to modifying existing tools or construct surveys themselves. This reveals another issue of RTS creating their own surveys or modifying existing tools that are not valid which can lead to the practice itself, losing credibility because practitioners are not operating from the same baselines to promote consistency and accuracy. It can be suggested that these issues of tool relevance and validity and practitioner challenges with implementing tools should also be taught within the curriculum to promote awareness and allow students to come up with strategies based on TR standards of practice to overcome these challenges. Lastly, I must stress that the assessment tools within the "big red book" were created before the early 2000s and are continually used today. The issue with this is that new knowledge; strategies and approaches have been created but have not been implemented within this process.

Therapeutic Recreation Program Design

Therapeutic recreation implements a systematic process, A.P.I.E.D (assessment, plan, implement, evaluate, document) that creates a framework to serve our clients. Assessment serves as an indicator of a client's level of function, state of mind and goals. No matter the agency, assessments are found in the early stages of this process, for it is the foundation. Stumbo (2002) classifies the purpose of TR assessment into four areas: gathering client information that provides a baseline for client function, determining how effective a program is, creating a liaison within an interdisciplinary team and ensuring requirements are met. After gathering client information, the therapist will create individualized client goals that are attainable and measurable (Carter & Van Andel, 2019; Robertson & Long, 2008) and objectives that explain how the RT will carry out their plan. The second step to the planning process involves planning specific intervention programs for the client that will match their needs and interests. An example is improving social interaction skills for a client with Autism through Hippotherapy. Knowing this client loves animals and is having difficulty communicating with others from their assessment provided needed information that RT's then used to develop a goal and intervention plan. The third step is implementation where the client will participate in the intervention plan (ie. Hippotherapy). During this time the practitioner will follow a service delivery model that describes what the RT does and the outcome of the service (Carter & Van Andel, 2019) by guiding and/or facilitating the client through the program session. The fourth step is evaluation, where practitioners will evaluate whether the program met the needs of the client, and if not, revisits the planning stage. During the process the RT will record and document specific information based on all four stages of the process, client assessment, client involvement and outcomes.

Assessment Tools

Each step in this systematic process contributes to a client's outcome. Per American Therapeutic Recreation Association (ATRA) assessment tools are a necessary component within the TR process (Anderson & Heyne, 2012). When conducting an assessment, Recreational therapists (RT) are then able to gather information from multiple sources that will assist them in devising a plan to serve clients. Information can be sourced from a psychiatrist, psychologist, social worker, or doctor, that will relay client history, standing orders, results from other completed assessments and overall goals and objectives for the client (Anderson & Heyne, 2012). Recreational therapists will then utilize this information as a baseline when prepping interview questions, leading to specific assessment tools they will then use to further assess their clients.

Standardized tools or assessment tools are a key component in the health field. The focus of assessment tools is to measure an individual's performance that will improve functionality and quality of life. Studies have shown the importance of determining one's knowledge and skills pertaining to function (Howard et al., 2017). This is dependent on the type of tool used to measure domains in human development.

Kemeny, Hutchins & Cooke (2016) conducted a survey of practicing RTS to determine the current status of assessment in TR practice across multiple settings. From this sample 11.7% worked in settings serving individuals with developmental [dis] abilities. The most frequently used assessments according to (Kemeny, Hutchins & Cooke, 2016) are Therapeutic Recreation Activity Assessment, Leisure Assessment Inventory, Functional Independence Measure, Leisure Diagnostic Battery and Comprehensive Evaluation in Recreational Therapy-Psych (CERT-Psych)/Behavioral. Although these were the most frequently used, 26.67% of the informants reported not

using any of the listed measures and 29.02 % of practitioners did not use the tools in developmental [dis] ability settings. This study highlighted the current use or lack of use of assessment tools; however, the literature lacks research on understanding why this is.

Research has also found inconsistencies among professionals in their field engaging in standardized tests (Jensen-Doss & Hawley, 2010). Jensen-Doss & Hawley (2010) have found that many clinicians believe using standardized tests is impractical, with practitioners feeling doubtful about the benefits assessment tools yield compared to using their judgment. Witman & Ligon, (2011) as cited in Kemeny, Hutchins & Cooke (2016) found that 80% of their sample of practitioners in the TR field did not use standardized measures. Reasons for not using assessment tools included assessments does not fit the type of service offered (group settings, free choice recreation, drop-in), assessment tools did not meet the needs of their clients and setting, and the agency did not require practitioners to perform them.

For an assessment tool to be successful, Stumbo (2002) proposes following a systematic process to regulate what contents are appropriate or not to include in an assessment tool that will meet the needs of the intended clients. Stumbo (2002) states, there four main categories therapeutic recreation assessments assess; functional abilities, leisure attitudes and barriers, leisure activity skills and leisure interests/ participation. Further, assessments should also identify the client's health status, needs, and strengths. Goldstein & Ozonoff (2018) state, "…assessment profile should be based primarily on guidelines derived from developmental norms…" (p. 362). This statement is daunting seeing that those experiencing [dis] ability are being compared to developmental norms, as if their treatment goal is to match the ability of neurotypical performers. This statement creates assumptions for professionals to look for behavior and ability that is

shared with neuro-typical individuals during assessment. If we compare someone with a complex profile to a neuro-typical individual the client with a complex profile may be viewed as "unable" by professionals who have now adopted this view. Stumbo, Wolfe, & Pegg (2017) stated that one cannot determine whether the client's needs are met, how to respond best to these needs or how to tell whether a client's needs have changed over time without evaluation. By evaluating standardized assessment tools, we can assess the transferability to practice (Hemingway et al., 2014), ensuring reliable data that are as free from assumptions as possible. Shedding light on the need to refine or modify assessment tools is the first step for intervention advancement.

Challenges raised in the literature may have led many clinicians to admit to not adhering to assessment guidelines. Relying solely on a clinician's judgment may lead to assumptions and invalid results. These studies imply that a percentage of professionals in the field are rejecting the use of standardized tools, and are also being criticized on using their own observation to assess their clients. Reasons for why these professionals feel assessment tools are "impractical" have not been explored in the research literature thus it can be beneficial to further investigate this issue. There is a need for professionals within a discipline to share foundational knowledge, common language and a systematic process (Stumbo, 2002) to ensure quality outcomes for all clients across different facilities. If professionals do not feel that assessment tools are practical or cannot generate adequate data, there is a need for more research to rectify the problem, and to corroborate consistency and validation within our field. The gap in research shows that there is a need for more researchers to evaluate already existing assessment tools in their field to ensure they are accurately representing the target populations they claim to measure.

Plan- Implementation- Evaluation

Assessment tools are a standard of practice (Burlingame & Blaschko, 2010; Carter & Van Andel, 2019; Stumbo, 2002) and play a vital role in a client's experience during the implementation of TR programming and overall quality of life. Therefore, it is important for professionals to implement quality assessments (Stumbo, 2002) to ensure their intervention plan and execution meets the needs of their clients. A valid standardized tool incorporates many factors such as social, situational, and functionality that can obtain accurate data from a client that doesn't solely depend on test scores alone (Sturman, 2005). Gathering information about the client can give a practitioner a clearer picture of their goals and expected outcomes. One might-view this process as dominos, every step affects the next stage in the process. If the assessment tools cannot accurately represent the client's performance, the lack of authentic information will fall into the next stage, affecting goals and objectives. This will then affect the quality of intervention plan (programming) that will influence the client's outcome contributing to their quality of life. Therapeutic recreation services aim to benefit all aspects of an individual' s life, however if one thing goes wrong the whole process is at risk of a crashing down domino effect. Evaluating whether the systems and processes put in place to care for individuals are improving quality or preventing professionals from gaining quality data is vital to improve client's services and overall health. Evaluating this process is important because these results, good or bad, can provide parents, practitioners, and policymakers better insight into positive intervention plans and outcomes (Howard et al; 2017).

Developmental [Dis] abilities

The target population in this study focuses on adolescents experiencing [dis] ability. The World Health Organization (2014) designates person's ages 10-19 years of age as adolescents. The adolescence stage is a pivotal period of brain development and psychopathology that focuses on emotional responsivity inhibition skills that include attention and working memory, coping, and decision-making (Dawson, & Guare, 2018; Modecki, Zimmer‐Gembeck, & Guerra, 2017). It is important to shed light on this population to better understand their life perspectives to better serve and support them. Persons experiencing developmental [dis] ability experience limitations in the social, cognitive and physical domains. These specific limitations affect learning and controlling executive functions including bodily movement, behavior, emotions and decision-making skills (Hewitt et al., 2017; Zwicker, Zaresani, & Emery, 2017). Persons with developmental [dis] ability diagnosis can exhibit self-injurious behavior, which are harmful acts that cause physical pain or injury to the individual (Bradley et al., 2018). Lastly, those experiencing [dis] ability also face barriers that have a negative effect on the person's quality of life.

Honeys, Emerson & Llewellyn (2011) have found a social correlation between having a [dis] ability and experiencing poor mental health. [Dis] ability is seen as a complex concept (Honeys, Emerson & Llewellyn, 2011) that can make it challenging to capture a single measure, because individuals experience many factors that can impact how they live their life. It is important to understand each factor and take into consideration the multitude of symptoms, such as mental health challenges, that can affect behavior and performance. Gunnell, Kidger, & Elvidge, (2018) found that mental health issues begun before the age of 14, so it is vital for an individual to develop

emotional regulation as well as self-control skills. Failing to develop these skills can lead to violence and deviant behaviors (Davidson, et al., 2015).

Societal Barriers

The past few decades [dis] ability rights advocates have challenged stigmatizing views of [dis] ability; however, barriers experienced by these individuals have not been eliminated. Zwicker, Zaresani, & Emery, (2017) found that the Canadian government has neglected the needs of those experiencing developmental [dis] abilities. Experiencing [dis] ability comes with its own embodied challenges, and interacting with daily barriers and transitioning through life can be difficult without support. Adolescents experience developmental milestones that contribute to self-discovery, decision-making and influence autonomy (Austin et al., 2018). Transitioning through life's stages has its challenges, experiencing body and hormonal changes can be overwhelming for anyone, and those experiencing [dis] abilities additionally face persistent challenges that affect both the individuals and their families (Biswas et al., 2017; Gauthier‐Boudreault, Couture, & Gallagher, 2018) adding to declines in mental health. Those experiencing [dis] ability and mental health challenges are faced with barriers within the workplace, education systems and social services (Zwicker, Zaresani, & Emery, 2017). Al Ju'beh (2015) highlights three main barriers, environmental, institutional (access to proper school and hospital services) and attitudinal.

Examples of environmental barriers are challenges around the home, lack of leisure opportunity or accessibility, building design, equipment or transportation (Altman, Lollar & Rasch, 2014). Leisure participation is beneficial for individuals with and without [dis] ability for improving or maintaining developmental domains (Agran et al., 2017). Although there has been an increase awareness of the value of leisure, only 33%

of students with intellectual and developmental [dis] abilities partake in leisure activities (Agran et al., 2017). This low participation rate corresponds with this population not gaining the necessary skills to improve social-emotional, physical and cognitive development that influence how they behave and perform within the community.

Gauthier‑Boudreault et al. (2018) state the biggest barrier to improving this life transition from adolescence to adulthood as an individual with a [dis] ability is the "lack of collaboration and coordination between professionals at different organizations involved in planning the transition to adulthood" (p.2). It is important for individuals experiencing developmental [dis] abilities transitioning into adulthood to receive support within school and therapeutic services to gain necessary skills to regulate emotions and change behavior, learn how to navigate through life semi-independently and gain social skills that help them communicate with the world around them.

Lastly, attitudinal barriers are how society views those experiencing [dis] ability. Skär (2010) conducted a study that captured children's perspectives on [dis] ability. Demonstrating that people construct beliefs and perceptions of [dis] ability at an early age (Barr & Bracchitta, 2015; Skär, 2010). These beliefs can be carried throughout one's life. People of all ages have different attitudes towards different [dis] abilities. Barr & Bracchitta (2015) found that people viewed developmental [dis] abilities more negatively than those with physical [dis] abilities because of language barriers.

Client's Needs

Therapeutic recreation services aim to provide leisure-based interventions to enhance client's needs. Research has found a positive correlation between leisure and individual's experiencing [dis] abilities (Agran et al., 2017) therefore it is beneficial for them to receive TR services. Leisure and recreation activities provide a supportive

environment that can be inclusive and assist in improving necessary skills. Those experiencing developmental [dis] ability have difficulty with language, communication, and establishing social networks to achieve desired learning outcomes (Agran et al., 2017). Findings have revealed that 17% of children with intellectual [dis] ability and 32% of children diagnosed with autism never socialized with peers outside of school hours (Agran et al., 2017). This decline becomes troublesome for those experiencing [dis] abilities because it affects performance and behavior. Barriers faced by this population have prevented individuals from gaining the necessary skills needed for adulthood (Young‐Southward, Philo, & Cooper, 2017), resulting in an increase in problematic behavior (Biswas et al., 2017). Taking a few steps back, one can look at it as a domino effect. What children learn in their free time or in a structured environment is transferable. If children are not learning fundamental skills, that can affect assessment results. This is where TR comes in. Assessing individuals with a developmental [dis] ability can provide a comprehensive picture of their needs. The first step in addressing those needs is considering client's interests and matching it to a leisure program that will meet their goals and impact their overall quality of life.

Quality of Life

Edwards, Huebner, Connell, & Patrick (2002) state,

> Few quality of life instruments exist that focus on the positive aspects of adolescence, incorporate adolescents' perspectives and language, and apply to both general and vulnerable populations (p. 275).

This statement presents the alarming proposition that there are few quality of life instruments that target the *positives* of adolescence, adolescent's perspectives and language, and adequately apply to typical and unconventional populations. While this is

problematic, it can give us a glimpse into the issues at hand about assessment tools that target adolescents experiencing [dis] ability.

Access to quality health care for persons experiencing developmental [dis] abilities (Lewis, et al., 2016) and adolescents (Edwards et al., 2002) especially have become a growing concern. The barriers this population face can pose limitations on an individual's performance and behavior due to systematic exclusion from regular life interactions that would then be reflected in assessment results affecting their quality of life.

During the assessment process, practitioners gather needed information about a client's developmental domains. To gain a better understanding of the role assessment tools have, researchers need to understand subjective experiences of their clients because there is an overwhelming number of standardized tests that focus on objective factors such as performance and function (Edwards et al., 2002). Given these raised concerns, questions relating to these concerns follow: (a) how do professionals in the field define quality of life for persons experiencing [dis] abilities? (b) What is the current view of health care quality for persons with a developmental [dis] ability? (c) How does this impact client care?

During the assessment process it is important to understand a client's perspective of quality of life because it can provide a framework that will guide practitioners in carrying out their intervention plan. In addition to this, quality of life can be defined and viewed through different perspectives (Kaplan & Ries, 2007), which necessitates practitioners taking different approaches to TR service. These approaches listed by Karimi & Brazier (2016) include human needs, subjective well-being, expectations and phenomenological viewpoints. A practitioner's definition of quality of life can focus on

objective or subjective factors. Those who believe quality of life should be looked at it through objective factors may define quality of life as “an overall general well-being that comprises objective descriptors and subjective evaluations of physical, material, social, and emotional well-being together with the extent of personal development and purposeful activity, all weighted by a personal set of values” (Karimi & Brazier, 2016, p. 3). Those believe quality of life should be viewed through subjective factors may define quality of life as “a conscious cognitive judgment of satisfaction with one's life and an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (Karimi & Brazier, 2016, p. 3).

Assessment tools indirectly measure quality of life. Understanding the perspective of quality of life in individuals experiencing [dis] ability can provide a better indication of how to promote optimal functioning throughout the lifespan. The World Health Organization (2001) as cited in Stumbo & Peterson (2004) defined quality of life as “individuals’ perception of their position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns” (p. 4). This perspective aligns with the strength-based approach and advocates for the client’s perspective. Nevertheless, many TR assessment tools follow the deficit-based approach begging the question of whether intervention outcomes derived from deficit approach reflect the goals and quality of life expectations of clients.

To conclude O’ Morrow (1980) as cited in Carter & Van Andel (2019) suggested that TR research should include studies in:

> (1) Determining special activity needs, professional responsibilities and practices, appropriate use of therapeutic processes by practitioners with varying backgrounds, roles of individuals with disabilities in implementing therapeutic recreation plans, and rationales for using therapeutic recreation to resolve a

> problem; (2) Guiding decisions inherent in the therapeutic recreation process; and (3) Developing evaluative tools. Many of these challenges were met throughout the decades of TR research; however, the literature does not reflect an equal contribution to the field in regards to these challenges (p. 39)

This review of literature showcases the importance of assessment within TR practice and highlights the gaps within research that includes both practitioner's and participant's perspective of the challenges faced during this process.

Chapter III - RESEARCH METHODS

Guiding framework

This research project did a wraparound utilization focused evaluation of selected TR assessment tools to analyze their utility for practitioners and participants. The purpose of my qualitative research study was threefold. I explored the utility of several selected assessment tools from both the implementer and recipient's perspective and from a manifest and latent analysis of the clarity and construction of the selected TR assessment tools. The evaluations of chosen therapeutic recreation assessment tools are examined through a constructivist viewpoint.

An evaluation-specific approach aims to answer evaluative questions pertaining to "worth, value and significance" (Davidson, 2004; Patton, 2008, p. 4). A wraparound Utilization- Focused Evaluation (UFE) framework was chosen to guide this research study to understand which elements within existing assessment tools are problematic and which elements represent the target population accurately. Mertens & Wilson (2018) describes evaluation as,

> Our willingness to attack value questions by studying merit and worth, our understanding about how to make results more useful than most other social scientists can do, or the strategies we have developed to help us choose which methods for knowledge construction to use depending on the needs of the evaluation client (p. 39).

By asking the right questions and understanding the different experiences, this process has the potential to improve intervention plans and quality of life for those experiencing [dis] ability. Evaluation is used to provide answers by giving "direction to policy and practice", "to justify pre-existing preferences and actions" and to "provide new generalizations, ideas and concepts" (Msila & Setlhako, 2013, p.2). When a program

undergoes evaluation, the goal is to seek out what works or needs improvement. Furthermore, following the guidelines of evaluation theory, particularly utilization-focused evaluation, allows readers to understand the research design elements used in this study. I present these elements in three sections. In the first section, I describe the significance of evaluation in this study. In the second section, I describe the research methods specifically pertaining to the qualitative data collection and analytic procedures. In the third section I describe the strategies I used to support trustworthiness.

Significance of Evaluation

Wraparound Utilization-focused evaluation (UFE), developed by Michael Quinn Patton, approaches the evaluation process based in programs or, in my case, an assessment protocol's, and usefulness for the purpose it has been purported to serve. Quinn Patton also proposes a framework for how to go about carrying out such an evaluation of an issue of focus (Locke, 2002; Patton, 2008). This approach targets an audience who may use these findings and asks the questions: "What do we actually know about this issue? What does the evaluation findings say about the effectiveness of attempted interventions and solutions (Patton, 2008, p. 26)?" When using UFE to guide an evaluation, there is no explicit preference to advocate for any particular model, method, theory or content (Patton, 2011). However, evaluators may use formative, summative and developmental purposes, any forms of data, qualitative, quantitative or mixed, and any kind of focus. The overall focus or purpose of this kind of evaluation process is for evaluators to make decisions regarding the issues at hand in collaboration with those who intend to use the findings and experiences (Patton, 2011).

When undergoing a formative evaluation, a program can adapt and evolve so that participants are getting the most out of the program. Formative assessments' purpose is to

improve a program intervention, program itself, the policies put in place, the organization or a product. Formative evaluation usually occurs in the process of program or protocol development, and includes iterative revisions as the development process unfolds (Patton, 2011). Summative evaluation is also used to collect feedback about these tools. The assessment tools chosen are presently used in the field therefore a summative assessment can assist in gathering feedback from a population that these assessment tools target. If the assessment tool does not function as it was intended, then this information is valuable for researchers when designing or modifying tools as well as for recreational therapists when evaluating data gathered from the tools to use in the service of planning and implementing program interventions. The results from a UFE on assessment protocols can play an important role because they have the potential to provide new information and research opportunities that can support the development of new protocols or modifications to existing assessment tools to improve program interventions (Corey, 2010).

Research surrounding [dis] ability studies is usually conducted, viewed and defined by non-[dis] abled persons (Jones, 1996). [Dis] abled people participating in research are frequently stripped of their power and voice resulting in a misrepresentation of how they experience life. This is important to note because exploring [dis] ability as a socially constructed phenomenon requires researchers and programmers alike to analyze and evaluate protocols implemented to ensure they are inclusive to both persons with and without [dis] ability. The intention is to collect and interpret in-depth, rich feedback from three sources: participants, professionals in the field and the tool itself to create a clear picture of the utility of the protocols for the populations they are purported to serve. The constructivist lens serves the purpose of describing and experiences of individuals

receiving the protocol that can be contrasted to how professionals in the field experience the process of delivering and analyzing assessment results.

UFE is not a methodology, rather is it a framework that guides a variety of evaluation methods (Ramirez et al., 2013). This framework is outlined in a series of 17 steps (Patton, 2011, p. 13-14):

Step 1: Assess and build program and organization readiness for utilization-focused evaluation
Step 2: Assess and enhance evaluator readiness and competence to undertake a utilization-focused evaluation
Step 3: Identify, organize and engage primary intended users
Step 4: Situation analysis conducted jointly with primary intended users
Step 5: Identify and prioritize primary intended users by determining priority purposes
Step 6: Consider and build in process users if and as appropriate
Step 7: Focus priority evaluation questions
Step 8: Check that fundamental areas for evaluation inquiry are being adequately addressed
Step 9: Determine what intervention model or theory of change is being evaluated
Step 10: Negotiate appropriate methods to generate credible findings that support intended use by intended users
Step 11: Make sure intended users understand potential methods controversies and their implications
Step 12: Simulate use of findings
Step 13: Gather data with ongoing attention to use
Step 14: Organize and present the data for interpretation and use by primary intended users
Step 15: Prepare an evaluation report to facilitate use and disseminate significant findings to expand influence
Step 16: Follow up with primary intended users to facilitate and enhance use
Step 17: Meta- evaluation of use: be accountable, learn, and improve

This study is unique as it is not an evaluation of a program or organization, but rather an evaluation of assessment tools that guide program interventions. Seeing that research has acknowledged this gap and practitioners in the field are voicing concern shows “readiness”. The next step was to invite those who would be normally “targeted” for these assessment tools, and professionals to be a part of this learning process. Thus I set about providing an opportunity for those who want to reach out and share their experiences, whether it was positive or negative to do so.

Research Site and Informant Recruitment

Research Site

To ensure both informants and I are comfortable and safe; this study went through ethics clearance (see Appendix A: Ethics Clearance). Informants that participated in this research study included program informants and TR practitioner informants. The locations the informants originated from were two community programs (C.H.A.R.M and S.N.A.P) and the 2019 (TRO) Therapeutic Recreation of Ontario conference. Both the C.H.A.R.M program and S.N.A.P program are located at Brock University. A total of twenty-nine informants engaged in the evaluation process, three from the community recreation programs, and twenty-six informants from the TR conference.

Research has shown that the best environment for youth is the one they choose (Danish, Forneris & Wallace, 2005). The C.H.A.R.M and S.N.A.P programs provided a safe and supportive environment for participants to come and engage in leisure activities that help improve physical, social, emotional and cognitive skills. Program informants were informed about and invited to take part in this research project. They were given an opportunity to ask questions to gain a better understanding of what was asked. The participants have created a relationship with myself (researcher) and felt comfortable in the space they use every week, therefore, choosing to conduct the study in the "snack room", or closed off room where they are secluded and familiar with the space was appropriate.

The focus group for the TR practitioners was held in a conference room that was chosen by the TRO conference organizers. Those interested in this study signed the consent form, became a part of the focus group and were given a role as an evaluator.

Assessment Tools Selection

This portion of my study is unobtrusive, for it is the tools themselves that are the focus of analysis. Three assessment tools were evaluated within this research study (1) Leisure Motivation Scale (LMS) (2) Social Empowerment and Trust Scale (SET) (3) CERT-psych/behavioral. Two tools (Leisure Motivation Scale and Social Empowerment and Trust Scale) were evaluated through manifest and latent analysis conducted by myself (researcher). Out of those tools, all three program informants evaluated and provided feedback on the LMS tool and one program informant from the S.N.A.P program, evaluated and provided feedback on the SET tool. This informant solely conducted an evaluation on the SET tool because during his interview this informant provided valuable and rich data that were sufficient for comparison with the researcher driven manifest and latent analysis of the other tools. Lastly, TR informants administered a mock assessment of the CERT-psych tool.

Assessment Tool Requirements

Each informant had to meet assessment tool requirements. For the Leisure Motivation Scale informants had to meet the following requirements (Burlingame & Blaschko, 2010, p. 245):

1. "Mild to no orientation [dis] ability"
2. Adapted IQ of 80 or above
3. Mental age of 12 years or above

For the Social Empowerment and Trust Scale informant had to meet the following requirements (Burlingame & Blaschko, 2010, p 297):

1. "Moderate to no orientation impairment"
2. Mental age of 8 years or above
3. Adapted IQ of 70 or above

For the CERT-Psych scale informant had to meet the following requirements (Burlingame & Blaschko, 2010, p. 327):

1. Developmental level of 10 years and above

Informant Recruitment

Program Informants Sampling

I chose the C.H.A.R.M and S.N.A.P programs for this study for four reasons, (1) participants match the target population of my study and requirements of assessment tools, (2) it is a community-based program, that matches UFE requirements (3) it is the only program in the Niagara Region that has a direct association to a school, creating an environment that is comfortable and approachable for both myself and informants to reach out about the study and (4) I am affiliated with the programs and have built up years of rapport.

Purposeful sampling is required for this qualitative study to help identify information-rich data. This study accesses key informants to ensure credibility; however, research has said that retrieval of these informants through this particular channel can be biased towards the researcher's beliefs (Suri, 2011), therefore these informants were not individually selected, and were selected through a first come first serve basis.

The informants from the C.H.A.R.M program are transition aged youth males that experience developmental [dis] ability and/or mental health challenges such as anxiety, and behavioural issues (i.e. anger). This population is underserved or "at risk" adolescents. "At risk" is a term that describes youth that is more likely to be at risk of developing psychological and emotional damage, deviant behaviours, school dropout, criminal activity and substance abuse (Petrachenko, 2016). The individuals in my study

come from a “section 23 classroom” where the curriculum is focused on meeting their needs rather than focusing on standardized learning outcomes. In other words, the program facilitators move away from traditional curriculum and provide students with three different services: care, treatment and correction that support them in gaining the necessary skills to re-join a traditional high school classroom (TDSB, 2014). They receive intensive support through partnerships with other agencies. The activity program that has teamed up with these participants is the C.H.A.R.M program, following a TPSR pedagogy that is used in partnership with a school. TPSR, (teaching personal and social responsibility) pedagogy is an influential model that guides activity-program planning that focuses on teaching and learning experience (Wright, 2012). In doing so, programs aim to assist youth in revealing their strengths and help them achieve their potential by focusing on the whole person, empowering them, teaching goal setting and gain positive values, beliefs and morals (Wright, 2012).

The day I announced my study, eight participants were attending the program. Offer of invitations (see Appendix B: Informants Consent Forms) were sent out seeking those interested in the study and wanting to share their experience. Attendance dropped from eight to two participants; therefore, a total of two informants accepted the offer of invitation and were scheduled to partake in an interview. Initially the C.H.A.R.M program was the only program chosen to recruit participants; however, I did not reach data saturation due to a lack of participants. Therefore, I extended the invitation to the S.N.A.P program because they met research requirements (1) must be an adolescent (2) must have a developmental [dis] ability and/or mental health challenge (3) program must be similar to therapeutic recreation programs and framework.

S.N.A.P is a weekly developmentally appropriate activity program for school-aged youth experiencing [dis] ability. This program runs every Thursday and Saturday, however for this research study invitations were sent to the Thursday program because the Saturday program participants did not meet the standardized assessment tool requirements.

One informant came from the S.N.A.P program. The informant experiences a developmental [dis] ability (Autism) and mental health challenges. During the data analysis phase, patterns were distinguished through analysis, recursive reading and constant comparison. Once I noted that data saturation was reached, I did not recruit any more informants. Data saturation was reached when repeating patterns, themes and internal confirmability were consistent across the data sets, and therefore I did not need to invite more participants to be a part of the study.

Building rapport was essential for it allowed informants to feel comfortable sharing personal experiences/stories, providing trustworthy feedback and allowing me to observe behavior in a relaxed and unforced manner. Both the C.H.A.R.M and S.N.A.P programs rely on volunteers to implement weekly recreation- based programs. I was one of those volunteers that assessed, observed participant's abilities and needs, and implemented appropriate programs. In addition, both these programs share a structure similar to how recreational therapists would run their sessions so it provided a good baseline for informants to better understand TR assessment tools, procedures and the study's purpose. The program participants are examples of populations in which RT practitioners can work with in the field.

Practitioner Informants Sampling

Practitioner informants came from the 2019 Therapeutic Recreation of Ontario conference. I was accepted to present at the conference; however, instead of doing a conventional presentation, I used my time to invite practitioners to participate in my research and asked practitioners to provide feedback on the topic that would be incorporated in my research. Those who signed up showed interest in the issues surrounding assessment tools within our field. Practitioners that wanted to contribute to research signed a consent form (see Appendix C: RT Consent Forms) and became a part of a focus group.

Twenty-six TR practitioners participated in the focus group activity. Out of those informants, practitioners came from different TR settings including education, clinical, geriatric and community. Although this sample is diverse, they all have encountered clients in their respective settings who experience cognitive impairment, processing challenges or some kind of [dis] ability/ mental health. The rationale for gaining a heterogeneous sample is that if findings present any commonality across the diverse sample, this would show that the patterns and themes developed from a highly heterogenous group would likely be strong patterns with potential for good transfer, that is, from within one context it could be applied to other contexts (Robinson, 2014). This contributed to the level of trustworthiness within the study. The CERT-psych assessment tool chosen for TR informant evaluation is used across all TR settings, however geriatric setting does not use this tool as often as the other settings (Kemeny, Hutchins, & Cooke, 2016). It was my assumption that the conference attendees and, by extension my focus group, should be familiar with the tool, for it is a highly used tool within many TR

settings (Kemeny, Hutchins, & Cooke, 2016). Before the informants utilized the tool, I gave an overview on how to compete the CERT-psych scale, as a refresher.

TR practitioner informants were introduced to both the C.H.A.R.M and S.N.A.P program via a PowerPoint presentation and were provided a background of program participants. The client profile in the case-study activity (where TR informants were invited to complete the CERT-psych tool) was based on a program informant from the C.H.A.R.M program (Informant A). The TR informants did not have any physical interaction with the program informants but rather were connected through discussion and the case study. Both groups of informants did not have physical interaction for three reasons (1) it was disapproved by the Ethics Board (2) program informants are considered a vulnerable population and expressed they wouldn't feel comfortable interacting with a room full of (twenty-six) therapists, (3) I did not want the program participants to feel inferior or excluded from the evaluation process, therefore leading to a possible breach in trustworthiness.

Methods

Wraparound utilization-focused evaluation's philosophy focuses on community services, participants and their families to support them in findings solutions to improve interventions (Malysiak, 1997). This model is strengths-based and family-focused and serves children and youth that participate in services (ie. TR services) and are not receiving service that bests support their growth (Malysiak, 1997). Although this study does not include parents in the research process, the findings can increase awareness of these issues and give parents a platform to advocate for change. A Wraparound UFE approach includes elements such as (1) being based in the community, (2) must be a team-driven process involving all those involved and impacted, and (3) the outcomes must contribute to the system, program and informants (Burns, & Hoagwood, 2002). I chose the C.H.A.R.M and S.N.A.P program because they are similar to TR programing, are based in the community, and I have a familiarity with the participants and program. I created a team-like environment by asking both program participants and practitioners to provide their feedback on assessment tools. Giving the informants a role of providing feedback on assessment tools created this partnership. McDonald, Kidney, & Patka (2013) talked about the importance of making informants a part of the process not just making them the subject being studied. Therefore, I chose self-administered assessment tools instead of tools where practitioners would observe their behavior. This is why the CERT-psych tool was not administered on the program informants. Lastly, following the wraparound UFE approach this research identified problematic areas that future researchers and practitioners can add and adapt to.

To evaluate the effectiveness of existing TR assessment tool's utility three methods were conducted, (1) manifest and latent analysis of the tools (2) individual

interviews with youth program informants and (3) focus group with TR practitioner informants.

UFE is based on the principle that an evaluation should be judged by its utility (Patton, & Horton, 2009) therefore the evaluation began with manifest and latent analysis of the tools themselves. I conducted a manifest and latent analysis on two assessment tools, Social Empowerment and Trust Scale (SET) and Leisure Motivation Scale (LMS). Areas that were explored for the manifest analysis were print/script, organization of the page, words or phrases repeated and arrangement of the elements on the page (Van den Hoonaard, 2012). Areas that were explored during Latent analysis were driven by the sensitizing concepts of purpose of the page, comparison of manifest findings and purpose, and plausible interpretations made from manifest findings (Van den Hoonaard, 2012). This method contributes to the evaluation of an assessment tool's utility. This was an unobtrusive method that analyzed a participant's plausible first encounter with the protocol when given these tools to complete.

Patton (2011) has identified posed threats to utility if not included within the evaluation process that include failure to focus on intended use by intended users, and failure to ensure the evaluation design matches the context and situation. The main question this study sought out is, how effective are assessment tools' utility and how does this impact those involved in the process. Therefore, the focus was to understand their perspective and report assessment utility feedback hence, the second method used, following manifest and latent analyses, one-on-one interviews. Two informants came from the C.H.A.R.M program and one informant came from the S.N.A.P program.

The informants evaluated two TR assessment tools, Social Empowerment and Trust Scale (SET) and Leisure Motivation Scale (LMS). Non-obtrusive, self-administered

assessments were chosen because the informants are considered vulnerable population and as a researcher I wanted them to contribute directly to the study. Using UFE guidelines I invited participant informants to be a part of the study as an evaluator, rather than being subjects being studied through an assessment that requires practitioners to observe and assess participant's performance/behavior.

During this process program informants were invited to participate in an opening activity. This allowed the informants to "warm up" and get comfortable in the environment and what they were there to do- evaluate assessment tools. I conducted a word association activity, with the word 'assessment'. Informants were asked how they would define assessment and what words came to mind when they heard the word. This activity provided a guide of what the informants were willing to share. Informants shared places they were assessed, experiences of assessment, and emotions associated with the word. This practical approach allowed informants to feel comfortable to discuss the topic of assessment. After a discussion about assessment tools, I asked participants their familiarly with therapeutic recreation and TR programming. This was a gateway to introducing the next task. The informants were given the assessment tools that they would self-administer. If they did not understand something on the page they were asked to highlight it. The purpose of this activity was for the informants to evaluate the assessment tools used in the TR field, and provide a 'client perspective'. The interview ended with a through discussion about their evaluation and feedback.

The last method used was a focus group that focused on twenty-six TR informant's perspectives of the challenges faced when implementing assessment tools. During the focus group the informants discussed (1) their experiences administering assessment tools in general (2) experience administering observation-based tool via case-

study (3) compare case- study results with my results and other practitioners present in the focus group.

During this exploration, the UFE framework guided the evaluation process to find the main concerns and issues and explored options to strengthen tool usage that can impact and strengthen TR programing. When following UFE guidelines, it is important to ensure the context and situation matched the evaluation design (Patton, 2011). Conducting a manifest and latent analysis to evaluate assessment tools and involving both practitioners and participants that are assessment recipients were objectives that met this goal. These findings will support future decisions.

Data Collection

Data collection was implemented using utilization-focused evaluation guidelines. Michael Quinn Patton outlines the data collection guidelines that has been implemented in this study (Locke, 2002, cited in Patton 2008, p 172)**:**

1. Identify issues and concerns via face-to-face interactions of people that are in and around the program.
2. Use program documents to further identify the highlighted issue.
3. Observe program activities before formally planning and designing evaluation to enhance the evaluator's understanding – What is vital? What should be evaluated?
4. Design the evaluation from the emergence in the first three steps.
5. Report data through themes and portrayals and through rich descriptions.
6. Match information reports and formats to "specific audiences with different reports and different formats for different audiences".

The issues and concerns were discovered through personal experiences administering assessment tools, conversations with other practitioners in the field and through the literature that created a foundation for the evaluation plan. When evaluating programs within the Niagara Region area, two programs targeted the research populations, and had an affiliation with Brock University, that deem it as a great 'fit'. Assessment tools that

were chosen were collected from the "red book" and the population-met tool's requirements. This study is not evaluating a program rather it is evaluating the assessment tools that could be used within a program and administered to individuals such as the one's chosen for this study.

I view UFE guidelines as a mind-map. Data is collected from different 'reports' and strung together to see how it connects to all those involved. Step 6 of Patton's data collection guide states, "match information reports and formats to "specific audiences with different reports and different formats for different audiences" (Locke, 2002, cited in Patton 2008, p 172)**.** Data triangulation is the retrieval data from multiple sources and data collection methods (Fusch &Ness, 2015). Therefore, in this research study I have gathered data from 3 sources: program informants, assessment tools and TR informants. Each source gathers data in a different format, however, the goal is the same and the aim is to allow the audience (parents, policymakers, researchers, individual's with [dis] ability and/or practitioners) to interpret and understand the findings in ways that they understand best.

During this evaluation process the following was observed and described: program's setting (program outline), different perspectives of [dis] ability, the observation, analysation and recording of the interactions between (program informants and document, TR informants and document, researcher and document), and recording of unobtrusive observations of informants through journaling (see Appendix E: Journal/Memo-notes of the Informants).

Data Collection Objectives

Data was collected through three methods, to evaluate the effectiveness of existing TR assessment tool's utility. Below are the objectives for data collection:

1. Manifest and latent analysis was conducted on two self-administering assessment tools: Leisure Motivation Scale (LMS) and Measurement of Social Empowerment and Trust Scale (SETS)
2. Program informants were individually interviewed on their experience of assessment tools
    2b. Data was collected from informant's feedback on the two self-administering assessment tools (LMS) and (SETS)
3. TR practitioner informants participated in a focus group that focused on their experience administering assessment tools in their field
    3b. Data was collected from TR experience participating in case-study activity (client profile was based on C.H.A.R.M informant), completing the CERT-Psych/Behavior Scale (an observation assessment tool)

Therefore, data was derived from the study's informants and three assessment tools, Leisure Motivation Scale, Measurement of Social Empowerment and Trust Scale, and CERT-Psych/Behavior Scale (see Appendix D: Assessment Tools).

Leisure Motivation Scale (LMS)

The leisure motivation scale (see Appendix D: Assessment Tools) target individuals with moderate to no cognitive [dis] ability, therefore the informants in this study met this requirement. This tool was originally tested with a sample of 1205 individuals including adolescents, young adults and seniors in the year 1981(Beard & Ragheb, 1983). This tool in my opinion is outdated, however is an important tool used in the TR field.

The literature explores the importance of leisure motivation in the study of leisure behavior (Beard & Ragheb, 1983). This gives practitioner's insight into their client's attitudes towards certain behaviors. In addition to measuring leisure motivation I believe practitioners can paint a comprehensive outlook into how that individual sees the world

and how they see themselves fitting into this world from their responses. If that participant is not motivated, as a practitioner you can ask yourself, why is this? This is the start of finding the root cause to the lack of motivation and educates and fined meaning with your client to improve leisure engagement leading to an enhancement in one's quality of life. Manfredo, Driver & Tarrant (1996) suggests the time in a client's life can influence the individual's results. Therefore, if the person is at a time in their life where they experience low mood and high anxiety, their motivation to engage in leisure is low. Looking further into the participant's character many participants may not be aware of the importance of leisure, experience barriers to leisure participation lowering their motivation level, as well as age can be contributing factors that lower motivation. These factors are important to be aware of before administering the tool for adolescents experiencing developmental [dis] ability and because their answers may not be accurate, leading to a faulty intervention plan.

Padhy et al. (2015) found a strong connection between leisure and well being. This article focuses on the impact leisure motivation has on life satisfaction. Their findings suggest that leisure motivation can influence adolescent's well being. Therefore, if adolescents have a lack of motivation that is contributed to a lack of competence or belief in incompetence this can affect overall quality of life. This assessment tool was chosen because the information this tool can provide a practitioner is vital to improve quality of life in adolescents experiencing developmental [dis] ability. In addition the results from this tool can contribute to an awareness of quality program interventions about finding meaning in leisure opportunities, developing interests, avoiding boredom and overcoming societal barriers.

The assessment tool was derived from the motivation theory and assesses the psychological and sociological reasons for participating in leisure activities uses subcategories: Intellectual, Social, Competence-Mastery, and Stimulus-Avoidance (Beard & Ragheb, 1983). The tool is answered with a 5-point likert scale from 1 = "strongly disagree" to 5 = "strongly agree." Thus, higher scores indicated more positive leisure motivation.

Measurement of Social Empowerment and Trust Scale (SETS)

This assessment tool (Appendix D) targets adolescents with moderate to no cognitive impairment, and measures a client's empowerment, trust and self-esteem. Adolescence is a period in someone's life where they will experience self-discovery and will undergo physical and psychological changes. During this transition adolescents take on more responsibility, explore their identity and begin to discover how they fit within society. Per the literature the adolescence stage is a pivotal period of brain development and psychopathology that focus on emotional responsivity, inhibition skills that include attention and working memory, coping and decision-making (Dawson, & Guare, 2018; Modecki, Zimmer‐Gembeck, & Guerra, 2017). This transition can be confusing and bring about stressors that may deter their path. Therefore, it is important to teach adolescents the importance of feeling empowered, gain a sense of competency and control and to navigate within different environments. This tool was chosen because the 'purpose' of this tool can play an important role in an adolescent's life. By measuring empowerment health care professionals can improve intervention plans that authentically empower their clients (Stanton-Salazar, 2011) leading to autonomy.

Blaschko & Burlingame (2002) mention the tool was "developed and fine-tuned by experts" because the quality of client's responses would be more accurate than asking

qualitative questions. Blaschko & Burlingame (2002) believes these results gained from this tool is vital to this population because it is an important concept that can identify client's ability to function within the community.

Evaluation Process

Both LMS and SETS assessment tools were evaluated by informants who were adolescents experiencing [dis] ability to ensure culture, language and experiential factors are included to provide accurate results within this population. To ensure data collection process is emergent, I took a flexible, semi-structured approach during the interviews starting with open-ended probes, leading to a more structured format (see Appendix F: Informant Interview Guide). The aim of data collection is to reach the point of saturation. Data saturation is when new rounds of data confirm earlier findings. Furthermore, program informants underwent one-on-one interviews where they shared their experiences regarding assessment processes through a word association activity and evaluated and provided feedback on LMS and SETS assessment tools.

CERT-Psych/Behavior Scale

The CERT-psych assessment tool (Appendix D: Assessment Tool) was chosen because it is applicable to so many different populations, it focuses on identifying and evaluating client's behavior that contributes to community integration, and emphasizes social skills ability (Blaschko & Burlingame, 2002) and is commonly used across all TR settings (Kemeny, Hutchins, & Cooke, 2016). This tool's recommended group is youth and adults with a development age of at least 10, therefore, the program informants met this requirement. Although the practitioners are not administering the tool on the program informants, the profile of one of the program informants will be observed via case study. The aim of the case study activity was to allow practitioners to administer the tool and

interpret and compare their results to gain awareness on whether the scale descriptions can accurately represent the client's ability.

This tool is important to administer due to the insight it provides pertaining to the success of intervention plans, for it documents changes in client's social interaction skills and subtle change in behavior (Blaschko & Burlingame, 2002).

Evaluation Process

During this focus group practitioners discussed the benefits and challenges of assessment tools. Informants were asked to write down populations they believed to be within our scope of practice and those who were outside. After much discussion surrounding assessment tools through a focus group (see Appendix G: Recreation Therapist Interview Guide), I invited practitioners to complete and provide feedback on an observation-based tool, CERT-Psych scale through a case study. The client in the case study was based on a program informant from the C.H.A.R.M program (informant A)'s performance and behaviour. Therefore, the informants performed a mock assessment of this tool. This method reflects how practitioners in the field would complete an observation-based tool using a client's chart.

A focus group provides rich data because it offers multiple perspectives about "the meaning of truth in situations where the observer cannot be separated from the phenomenon" (Fusch & Ness, 2015). Therefore, this ensures credibility and trustworthiness because it ensured that I was not leading the conversation in a particular way after hearing what the informants had to say about the assessment tools prior to this interview session. This session allowed all practitioners to share their experiences, and because each TR professional came from different regions of Ontario, working in different organizations and with different populations made this data so rich and true.

After the analysis of all the interviews and evaluation of the assessment tools I have concluded that the data had provided rich (quality) data.

Furthermore, both data collection and data analysis procedures are influenced by two factors: the "thoroughness of the data and the credibility or accuracy of the data" (Frick & Reigeluth, 1999). Glaser (2002) says if the data is gained through a structured interview process then the data is somewhat constructed by the interviewer. Therefore, the interviews' guide for both groups of informants were semi-structured that allowed the participants to freely comment on their experiences, furthermore, constructivism is held to a minimum.

Data Analysis

This study aimed to promote an awareness of the effectiveness of TR assessment tools utility and to spark a conversation surrounding practitioners' and target populations' experiences, to encourage future action about this issue. Malkin & Howe (1993) claim that researchers make two assumptions that can influence the way therapists collect and analyze data. First assumption is that clients will be able to comprehend what is being asked and they will be able to complete the tool, if it is self-administered. Secondly, researchers assume that the respondents will answer "honestly and accurately". These assumptions are important to note during the analysis phase.

Patton proposes how analysis can determine substantive significance in presenting findings and conclusions. During the analysis stage the researcher evaluated the significance. Patton states that there are questions that need to be addressed. These questions are as follow:

1. "How solid, coherent and consistent is the evidence in support of the findings?" In the exploration to answer this question triangulation will be used in this research study to determine the strength of evidence to support the findings. The different sources of data that stems from participant's evaluations of the assessment tools, professionals in

the field's evaluation of the tools, and the researcher's evaluation of the assessment tools will provide rich data because it evaluates and analyzes the different perspectives and experiences of all those who are affected by this issue.

2. "To what extent and in what ways do the findings increase and deepen our understanding of the phenomenon studied?"
3. "To what extent are the findings consistent with other knowledge?" Findings will be compared to what is said in the literature as well as compared to RT's experiences because they will be the ones that are implementing the tool first hand. This question will allow the audience to see the researchers point of view (theory-based and evidence-based) and practitioner's point of view (practical-experiences).
4. "To what extent are the findings useful for some intended purpose?" This question will target how the findings will contribute to literature or the field, and how formative and summative evaluation plays a role in the significance of the issue.

(Locke, 2002, cited in Patton, 2008)

Per evaluation theory the data analyzed focuses on the interpretation of the informants that is built interactively with the researcher. The goal of the interviews is to understand the participant's perspectives of the overall experience of the assessment process, and how it is applicable to *their* lives. Following utilization-focused evaluation (UFE) framework I analyzed my informant's data through a three-step coding guideline: inductive coding (in vivo) focused coding and selective coding (Mills, Bonner & Francis, 2006; Charmaz 2006; Charmaz 2008; Saldaña, 2015). Data analysis is represented in table format (see Appendix H: Data Analysis: Informants Transcripts Compared). In addition to utilizing the three-step coding as a form of analysis, I used the Hemingway Editor Tool, adding to the trustworthiness of data.

After transcribing the interviews, I utilized *inductive coding* by reading the transcript word by word then line by line. This method uses informant's words, verbatim to highlight important responses. In vivo coding is the well-known label, therefore is used in discussion. In vivo uses words or short phrases from the language used by the informants themselves (Saldaña, 2015). In vivo coding was chosen because it is said to be useful when deepening our understanding of children and adolescent's culture and experiences, that are often marginalized by society (Saldaña, 2015). Charmaz (2006)

mentions, after interpreting the transcript line by line, one is able to chunk the data through codes. The data is fractured and uncovered interpretations using words used from the informants.

Focused coding follows In vivo, making it the second cycle of analytic process (Saldaña, 2015). The goal of this method was to cluster codes together, creating categories and subcategories. Saldaña (2015) makes a point that "we do not categorize and then connect; we connect by categorizing (p.242)". Therefore, this step is to merely interpret informant's initial response to the interview questions. This step is important because patterns are analyzed. Patterns that may arise are similarities within the data, how frequent certain codes occur and their relation to other informants. Therefore, by using the method *focused coding* allows one to sort, synthesize, integrate and organize large amounts of data using rich categories (Charmaz, 2006). During this process, the objective is to see if the informants have similar or different feedback on the assessment tool and whether they share the same problems based on language and appropriateness.

Lastly, *selective coding*, or what I call code interpretation was completed. From the transcribed interviews, I clustered "like things" together from the focused coding, creating themes emerging from the data. The analytic themes emerged directly from the data collected, and not from preconceived concepts or assumptions. Selective coding gathers and synthesizes (Saldaña, 2015) the categories formed to create an overarching category or theme that interprets the wholeness of the codes. This defines the relationship between each category and leads to the analytic story. During this stage, I asked questions pertaining to what the data suggests by interpreting the informant's point of view.

Manifest and Latent Analysis

Along with transcribing and analyzing the interviews manifest analysis and I completed a latent analysis of the assessment tools. The researcher solely carried out the methods, comparing what I saw to what the informant's saw. This provides perspective. This process is unobtrusive and was beneficial to this research study for it provided a baseline.

Manifest analysis describes what is literally on the pages. Therefore, it is important to pay close attention to font-sizes, script-types (words or phrases that are bolded, underlined), how many lines per page, how the page is organized, how elements on the paged are arranged or placed in relation to other things on the page, words or phrases that may be repeated or if there are any uses of branding techniques (Van den Hoonaard, 2012). When taking the population into consideration, it is important to reflect and analyze the contents of the tool to see if it is appropriate. An example is the amount of lines can influence results because the longer the assessment tool takes to complete the more concentration needed to complete it. How the page is organized, shows how easy or difficult it is for a client to follow instructions and find where they must respond to questions. Manifest analysis identified these concerns by analyzing how the page is set up. I analyzed page-blocks, headings, sections, images, charts or diagrams, rows or columns. The arrangement of the elements on the page can show the thought process of the creator and their intentions. By analyzing what content is big or smaller, what is on the periphery, if color was used or not can assist on what is important.

A latent analysis describes the purpose and making plausible interpretation of the content (Van den Hoonaard, 2012). One should ask what stands out? Are there any notable occurrences or non-occurrences? The features analyzed from the manifest

analysis contribute to the understanding of the tools purpose. This is important because as a researcher, practitioner and client you want to know if the intended purpose of the tool is meeting the needs of those it is supposed to serve. If there is content on the page that doesn't contribute to the goal of the tool, then why is it there, how does that effect the results as well as the experience of those completing the tool?

During the data analysis stage, a better understanding of the specific components of each assessment tools can identify challenging aspects for populations experiencing [dis] ability and see if these areas were also experienced by the recipients (program informants). This understanding can reveal their point of view in correlation to the themes that correspond to each tool. Following the UFE framework, through a constructivist lens enables the data to tell a story that can assist researchers, practitioners and concerned audiences to better understand the problem in hand.

Hemingway Editor Tool

Lastly, an addition tool was used as a secondary method to prevent bias during manifest and latent analysis process, the Hemingway editor tool. Ernest Hemingway has made many contributions to the literature field (Meyers, 2003) including coining the literary technique the iceberg theory (Halter, 1990). This technique explains a writer's intentions of writing truth. If you picture an iceberg, majority of the object is submerged in water, conveying the phrase, there is more beneath the surface. If the researcher does not implement thick description within their research they are omitting information, resulting in a "hollow place" within their writing (Halter, 1990). He is a novelist, awarded a Nobel Prize and created a literary style that is easily translatable that make him a global favorite (Beegel, 1996). A novelist is known for their story telling, therefore, I have incorporated guidelines through the Hemingway editor tool that he teaches within

my research because I too am portraying a story. After collecting and interpreting informant's experiences and feedback, I compiled those experiences in a way that tells a story about the effectiveness of TR assessment tool utility.

Hemingway is known for his minimalist style of writing that makes for clear and easy to read content. This style of writing was influential resulting in the creation of the Hemingway editor tool. This tool highlights common problems that lead to writing that is unclear to the audience and assist writers in better sounding writing (Pope, 2019). Hemingway editor can be used by anyone, and it is as easy as copying and pasting content and waiting for suggestions. The categories it analyzes are, adverbs, use of passive voice, phrases that have simpler alternatives, and sentences that are difficult to read (Pope, 2019). This tool is useful for my research target population, because their understanding of language is different than a healthcare practitioner. By copying and pasting the contents of both the Leisure Motivation Scale and Social Empowerment and Trust Scale the tool evaluated readability. Therefore, the Hemingway editor tool confirmed the accuracy of research findings by comparing the data from the latent and manifest analysis, Hemingway editor and program informant's feedback on the selected tools.

Data Saturation

How do you know how many interviews or ways of abstracting data is enough? Reaching data saturation can have an impact on the quality of the research. Therefore, knowing how much data is enough is important. Per Fusch &Ness (2015, p. 1), "when the ability to obtain additional new information has been attained and when further coding is no longer feasible" data saturation has been reached.

Data saturation is a concept that is difficult to define because there are many research designs that can dictate what a researcher believes is 'enough' data. Fusch & Ness (2015) states that data saturation is not a 'one size fits all' and that data saturation for one research may not be nearly enough for another. However, there is a consensus about reaching data saturation when no new data, no new themes, no new coding and the ability for other researchers to replicate the study is possible (Fusch & Ness, 2015). This qualitative study follows UFE guidelines that focused on the meaning of specific findings rather than using a large sample size to generalize the findings (Patton, 2011). Therefore, data saturation was achieved because informants shared similar outcomes pertaining to issues surrounding assessment tools. If this study was replicated with new informants, the perspectives and way the informants tell their story may be different however; the general themes, codes and data will be the same.

Trustworthiness

During the emergent of the data collection process certain guidelines were followed to ensure trustworthiness. My positionality has added to the trustworthiness and credibility to this research project. Working in a clinical, community and geriatric setting has contributed to the understanding of assessment issues. I experienced first-hand the challenges faced when implementing assessment tools, and the challenges individuals with [dis] abilities face during the assessment process. In addition, I have listened and discussed these challenges with other practitioners in the field, program participants and their family members as well as educational assistants. Getting a glimpse of these barriers provided me with a better understanding of each perspective before entering the data collection phase, guided my actions during data collection and informed my interpretations during data analysis.

Anney (2014) states the different methods that contribute to trustworthiness in qualitative research that was used in this research study: (1) building rapport (2) triangulation (3) reflexive journaling (4) thick description

Building Rapport

Building rapport and trust provides a foundation and contributes to levels of trustworthiness (Sekhon, Ennew, Kharouf et al., 2014). If your informants trust you they will be more likely to provide authentic feedback and data. In addition, informants want to learn more about the research topic from people they built trust with (McDonald, Kidney, & Patka, 2013). Anney, (2014) claims that prolonged engagement can assist a researcher to understand the core issues that can influence the quality of data because that researcher has developed rapport and trust with study participants. Therefore, it is

important to be transparent and open with my informants to ensure they trust me, to support my informant's participation and inform the analyses and interpretation of my informant's contribution to the data set. This process leads to rich (quality) data.

This study is as much my study as it is my informants, for we have created a symbiotic partnership. Informants have participated in this study because they have acknowledged issues surrounding assessment and want to be apart of the process that finds a solution. Before this partnership came about I had to build rapport, especially with my program informants, because I wanted them to feel and believe I was there to listen. Building rapport helped me to know each program informant's characteristics, attitudes and behaviors. Our society has constructed a social system that gives power and status to those living without a [dis] ability and divides people into categories: superior and inferior. Therefore, by building trust, informants were able to feel comfortable during the process, openly provide feedback and allowed assumptions to be openly discussed. For an example, during the interviews with the program informants I shared it is my assumption that people within society may look at individuals experiencing [dis] ability differently, and asked what they thought about this. Due to rapport being built informants shared their experiences and perspective.

For TR practitioners my approach for building rapport was different. I wanted them to get to know me first therefore I started off by telling them my education background and philosophy so they could get a sense of where I was coming from. From there I shared my experience with assessment tools and proposed that they may present barriers. I opened the floor up to the practitioners to get their input on assessment tools. I wanted the session to feel like an open discussion. When a practitioner expressed a concern or raised a question, I allowed the other informants to make a comment and then

added mine. The informant's experiences took precedence and I related their experiences to what I found within the literature and raised questions about how we should go about addressing these concerns and challenges.

Karnieli-Millar, Strier & Pessach (2009), state that both researcher and informant are mutually exclusive to the research study, where the research contributes to the structure and thinking of the project and the informant contributes the valuable action that is being studied. Without this partnership, the study comes to a halt. Without structure the study has no direction. Therefore, it is vital to build rapport and trust to create a safe environment for informants to contribute to the research study.

Triangulation

Through triangulation of data sets and forms of analyses, the goal was to explore utility from both the implementer and recipient's perspective and from an analysis of the clarity and construction of the tools themselves. Triangulation contributes to trustworthiness by reducing bias through the process of cross-examining informant's responses (Anney, 2014). This study collected evidence through data triangulation involving different methods; including latent and manifest analysis, focus group and interviews and multiple investigators and sources; including the researcher (myself), program informants and practitioner informants. Anney (2014, p. 6) states that there are three major triangulation techniques:

(1) Investigator triangulation that uses multiple researchers to investigate the same problem, which brings different perceptions of the inquiry and helps to strengthen the integrity of the findings

I conducted a manifest and latent analysis of the (LMS) and (SETS) assessment tools to identify challenging elements. Program informants then evaluated the same tools

and provided feedback. In summary I grouped like-information from the emerging data and compared my results with the program informants. I then analyzed both findings to see if our perspectives matched. In doing this I am representing their truth and validating my research. Secondly, the practitioner informants carried out a mock assessment using the CERT-psych scale. They analyzed the profile of a program informant. I too, carried out a mock assessment using this tool to compare my results with the informants. Therefore I am gathering data from multiple sources to bring about different perceptions.

(2) Data triangulation/informants triangulation that uses different sources of data or research instruments, such as interviews, focus group discussion or participant observation, or that utilizes different informants to enhance the quality of the data from different source.

I interviewed program informants one-on-one and facilitated a focus group with the practitioner informants on the effectiveness of assessment tool utility. Program informants evaluated self-administered tools and practitioner informants evaluated an observational tool. These are two types of tool TR practitioner's use within the field therefore both were explored.

(3) Methodological triangulation that uses different research methods

Lastly, sources of data were analyzed and compared against one another to discover whether practitioners, researcher and program participants had similar or different experiences. Researcher's data was compared to each informant group, therefore triangulation of data reflected each perspective of all those apart of the process, TR practitioners, program participants and assessment tools themselves.

Reflexive journaling

My role as a researcher is to ensure my perceived construction of knowledge is not based on assumption. Using a UFE approach, I incorporated journaling to keep a reflexive field log, develop my thoughts, and to analyze my thought process during data collection and the analysis stage. Charmaz (2006) states that journaling can define relationships between categories and assist when identifying gaps in the research. Ensuring I am aware of my assumptions during each step of the process is important when constructing a theory. I utilized journaling to construct an authentic theory about the presenting issue. This assisted me in interpreting my participant's perspectives. During the one-on-one interviews with the program informants I took notes on informant's behavior (such as when they paused at a statement, which statements they came back to, their emotions when evaluating the tool, and emotions and body language when sharing stories and experiences). I ensured informants did not feel like I was evaluating them by making notes when they were concentrating on evaluating the tool and made small notes that I later added to after the interview session. Prior to the focus group I wrote down my assumptions so I was aware of them and ensured I did not bring a bias into facilitating this process. Moreover, confirmability was established using reflexive journaling by confirming findings were based on the research informant's narrative and experiences rather than researcher's bias (Anney, 2014).

Thick description

Lastly, thick description contributes to trustworthiness by making research transferable. By providing thick description about research design and process, assists other researchers to replicate the study or add to it (Anney, 2014). Therefore, to ensure transferability a researcher must provide thick description of the data collected and analyzed to allow the audience to compare this context to other contexts (Anney, 2014).

Ethical Considerations

National, regional and international evaluation organization's standards and ethical guidelines for the field of evaluation are vital to note. These standards provide a framework that ensures quality evaluations. These standards are laid out into five main attributes of an evaluation (Mertens & Wilson, 2018, p.25):

Utility- The evaluator must ask- how useful and appropriate are these findings?
Feasibility- is the evaluation practical? The evaluation must be implemented successfully, meaning it must be conducted in an appropriate and specific setting and completed in a convenient way- aligning with particular needs and plans.
Propriety- the evaluator must carry out evaluation in a human, ethical and moral way.
Accuracy- is the evaluation process trustworthy?
Meta-evaluation- quality of evaluation is controlled- researcher must evaluate the evaluation process to ensure transparency of the process.

Evaluations cannot be done by anyone. Those who are undergoing an evaluation must hold credibility and should be transparent throughout the experience. Evaluators in this study include the researcher (myself). I pledge to inform readers of the underlining purpose of the study, outline the process, invite informants who meet the assessment tools' requirements, report informant's experiences and the experiences of the other informants (RT practitioners) who have studied in the field of therapeutic recreation and have field experience administering assessment tools.

This study's protocol and informed consent forms were reviewed and approved by the Institutional Review Board (IRB) to ensure participant's rights and interests were protected. The participants in this study belong to a vulnerable population therefore, it was extremely important the study is clearly described to each participant verbally, through written means and using visual aid representation to gain consent. All participants were informed they had the right to refuse or withdraw from the study at any given point and assured that only the research team would have access to the data. Excluding participant's names verified anonymity. Ensuring total transparency, avoiding deception is vital to the integrity of the research and to the participants that have graciously donated their time in accepting the role of participant.

Lastly, reasoning behind analyses about "findings, interpretations, conclusions and judgments" (Mertens & Wilson, 2018, p.27) were clearly documented without any omissions. It is important to report the whole truth on the issue at hand so that a clear understanding can be portrayed to effectively find quality solutions. Evaluations must have kept authentic and open communications between all informants to ensure there are no misconceptions or miscommunications that may lead to untruthful data. Preventative measures were put in place to ensure I have interpreted those experiences truthfully. Therefore, member checking becomes very important with my informants after the first phase of analysis as well as use quotations from the collected data to validate informant's experiences.

Chapter IV - FINDINGS

Throughout this chapter findings are divided into four sections, section (1) Assessment tools findings that include: manifest and latent analysis findings, Hemingway Editor analysis findings, and comparable findings, section (2) Program informant's findings that include findings on the Leisure Motivation and comparative findings section (3) Practitioner informant's findings that include: assessment tool experiences findings, case-study findings, additional findings, lastly, section (4) Triangulation findings.

Assessment Tools Findings

Manifest & Latent Analysis

Manifest and latent analysis were conducted on two self-administering assessment tools: Leisure Motivation Scale (LMS) and Measurement of Social Empowerment and Trust Scale (SETS). Figure 4.1 displays a visual representation of this process.

Figure 4. 1 Manifest & Latent Analysis

The 'constant comparison' method suggested by Glaser and Strauss (1967) examines and compares content found in the data that reveals an overarching message (Gray & Densten, 1998) also known as a manifest analysis. A manifest analysis describes what is on the page, literally. Therefore, reporting what is obvious at first glance, and, following that, several iterative and recursive glances, rather than interpreting is key when conducting the first stage of analysis. The following elements were analyzed during manifest analysis (1) print (2) spacing (3) bolded (4) font size (5) content.

After describing what is literally on the page (manifest analysis), the focus moves to the purpose of the page, known as latent analysis. The goal of latent analysis is to determine whether the features described on the page contributes to the purpose of the tool. Everything on the page must serve a purpose, or there isn't a point for its being there. Plausible interpretations were made based on the manifest analysis.

Manifest & Latent Analysis: Leisure Motivation Scale (LMS)

LMS Manifest Analysis

The purpose of the scale is to measure leisure motivation. This is clear, seeing that the title, *Leisure Motivation Scale* is bolded, capitalized, printed in large font and is centered. Under the title is the purpose statement, followed by the directions and a definition of "leisure activities". The words purpose, directions and definition are bolded, capitalized and have the second largest font on the page. This portrays importance seeing that the purpose statement is needed to understand the goal of the tool, directions is used to instruct the participant on how to complete the tool and a definition of leisure activities brings awareness to language that may be used in the tool. See (Appendix I: Manifest Analysis Leisure Motivation Scale) for the full manifest analysis script of the Leisure Motivation Scale.

At first glance, your eyes are drawn to the title, then the layout of the page. Purpose, directions and definition take up a quarter of the page and is separated be a five-point likert scale, that is bolded, and as the next largest font size, that draws your attention. During the manifest analysis I noticed the spacing between each character is unequal. The spacing between interval characters 1, 2 and 3 is separated with a large space that divides the positive values to the negative values. Value 3 and 4 are the furthest distance from one another, followed by value 4 and 5, and 2 and 3. Value 1 and 2

has the shortest distance from one another. This may not have been done intentionally, however, can have an influence on a client's decision when assigning values to the statements.

The descriptor words used in the likert-scale are, "never true", "seldom true", "somewhat true", "often true" and "always true". The word "seldom" may pose confusion for some individuals and difficulty distinguishing the difference between seldom and somewhat. Seldom can be defined as, not often, rarely, or occasionally and somewhat is defined as a little bit, certain degree, moderate, or slightly. Synonyms for often are a lot, frequent, time and again and always are every time and consistent. Therefore, the word *seldom* and s*omewhat* can be interpreted as very close or similar, and *often* and *always* are very similar. Somewhat true can also be problematic for some participants. Those experiencing [dis] ability and mental health challenges may respond to the statements dependent on the day or their mood. In addition to the mood change, participants may feel both negative and positive responses at the same time, and there isn't a response that matches this.

Under the likert-scale is a bolded statement, "One of my reasons for engaging in leisure activities is…" followed by two columns of twenty-four statements. These columns take up the majority of the page, which serves the purpose of measuring leisure motivation. The statements are numbered and grouped by six statements that are divided by a space. You can interpret this spacing by breaking up the statements to make it look less intimidating for the client or two categorize the statements into themes. Lastly, at the bottom of the page is a chart that is bolded, in a larger font size than the forty-eight statements, that states 'Patient's Name', 'Physician', 'Admit #' and 'Room/bed'. The language used follows the medical model approach to serving clients.

LMS Latent Analysis

Latent analysis was conducted to analyze content appropriateness and relevance through organization and consistency, grammar and format, and alignment with measurement purpose. The intended purpose of the tool is to measure leisure motivation, which was the first thing that was stated. However, the language used followed the medical model, by using the word, 'patient'. This tool is not only used in clinical settings therefore, the language should reflect that and follow the social model. In addition to using inappropriate language, the 'purpose' sentence is written with an educational lens. It describes the purpose in a way that teaches the reader its importance, rather than describing the purpose to the client. This tool is self-administered; therefore, the language chosen should reflect this. The purpose statement should read something like this, "The purpose of this scale is to help you and the therapist discover what motivates you to participant in leisure activities." This can open a discussion about the importance of leisure, benefits of leisure and explain how we are exploring which leisure activities appeals to the client.

The definition statement, includes the definition for 'leisure activities', however this language used to define the term can be difficult to understand or may not be relatable to certain populations. The part of the statement that says, "…those things that you do that are not part of your work" may not be applicable to those who do not work or understand the connection that leisure is what you do in your "free" time, away from "work". Secondly, the word "leisure" may be a term that individuals may not be acquainted with. Lastly, the phrase, "basic grooming needs" may pose confusion, for it is a phrase that is not common knowledge to each age group.

During manifest analysis my gaze was fixated on the spaces that broke up the statements into sections. When reading through each statement I noticed that they could be categorized into themes. These themes corresponded to a "type" of person that can be characterized by their personality. Figure 4.2 shows the plausible interpretations of these themes.

Statements 1-6	"Intellectual" "The Nerds"	Those who are keen on learning more.
Statements 7-12	"Artsy" individuals	Like exploring who they are, being creative, being unique.
Statements 13- 18	"Social butterflies" internally motivated	Motivated by internal rewards such as wanting a connection, relationship, companionship, support group
Statements 19-24	"Social butterflies" externally motivated	Motived by external rewards such as "looking good" and "wanting to belong"
Statements 25-30	"Achievers/teacher's pet"	Those who aren't satisfied with mediocre. They want to be the best.
Statements 31-36	"Jocks" "Love competition" "Gym rats"	Those who are competitive, care about how they look or like to keep in shape.
Statements 37-42	"Introverts" "Yogi's"	Those who like to be alone, like calm places, or may get overwhelmed in highly stimulated environments.
Statements 43-48	"Runners"	Wanting to escape the reality of life

Figure 4. 2 Leisure Motivation Scale: Plausible Interpretations of Thematic Statements

This contributes to society's need to create labels to better understand people; however; this also has the potential to create stigma and stereotypes that are detrimental to the [dis] abled community.

In addition to thematic statements, the statements can also have plausible interpretations that may make it difficult for practitioners to decipher how the client interpreted that particular statement (see Appendix J: Plausible Interpretations of LMS Tool Statements). Some examples of these interpretations that I felt were difficult to understand are, statement 29 "to be good in doing them" – doing what? Statement 47 "to unstructured my time", statement 22 "to be socially competent and skillful" and statement 2 "to seek stimulation"- in what way?

Secondly, out of the forty-eight statements, there are many similar statements. If you eliminate the common statements you are left with twenty-nine statements that not

only shortens the delivery time, but also avoids the possible confusion a client may experience. It is a strategy to incorporate similar statements to ensure validity and reliability in client's responses, however, the issue isn't that there are similar statements, it's that the similar statements use language that is misleading. Consistency is important to ensure clarity within the tool therefore the words chosen for the similar statements should use the same wording to prevent trickery (see Appendix K: Plausible interpretations of similar statements in LMS Tool). This outlines similar statements that are present in the Leisure Motivation Scale. Some terms that share similar meaning are, seek and explore, develop and expand, discover and reveal and expand, improve and gain. Combining like statements and statements that can be grouped into themes, I found that you could rearrange the statements into categories as well (see Appendix L: Plausible themes within LMS Tool). I noticed that there are many statements that explain or describe situations of a main statement. When grouping these statements together it creates a clearer picture of what that main statement is asking, and contributes to the tool's purpose. An example is, "One of my reasons for engaging in leisure activities is…Statement 32: "To be active". When you are active you are engaging in physical activity therefore, statement 34 "To keep in shape physically" and 35 "To use my physical abilities" are products of this main statement. If an individual wants to improve their fitness they will focus on developing their physical fitness, statement 36 and develop their physical skills and abilities, statement 33. Another example is, if you want to expand your interests (statement 1), you will also experience stimulation (statement 2) because you found an interest, if you want to expand your interests you are naturally curious (statement 5) in discovering "new" things (statement 9). If you are truly interested in an activity you are also learning and exploring things around you (statement

4) and expanding your knowledge (statement 8), because it's a new experience. Therefore, these statements add to the situation or main statement and provide a clearer picture of the benefits of engaging in leisure that may increase one's motivation to participate.

Manifest & Latent Analysis: Social Empowerment and Trust Scale (SET)

SET Manifest Analysis

At first glance the title "Social Empowerment and Trust (SET)" is the largest print on the page, centered and bolded making it the first thing you notice. The second largest font size is the likert scale, which is boxed off making it another focal point. The font size of everything else on the page is small and the same size, depicting that it is of equal importance. The tool fits on one page, which is not intimidating and at a glance feels like it won't take long to complete.

The boxed likert scale divides the direction and purpose of the scale and the interactive portion that will be analyzed and measured by a RT practitioner. The spacing between each interval character in the likert scale is NOT equal. 1 and 5 is farthest distance from the value 2 and four, value 2 and 3 are closer distance to each other and value 3 and 4 has a greater distance than value 2 and 3.

Below the likert scale is the statement "At present I:" followed by twenty-eight statements. The page is divided into three sections that are bolded, the introduction section that includes the title, the word direction, the word purpose that are bolded, the interactive section where the likert scale is bolded and the bottom section of the page that is a boxed area for the participant's name, the date, ID number, copyright identification and year of publication (1991). The layout can be outlined with multiple invisible boxes created by spacing. The introduction section ends with the likert box that takes up a third

of the page, the statements below the likert scale is divided vertically, splitting the twenty-eight statements into two lists that take up half the page, and the chart for client's information along with empty space takes up the last quarter of the page. For more details on the manifest analysis (see Appendix M: Manifest Analysis: Social Empowerment and Trust Scale).

SET Latent Analysis

The purpose of this tool states that it measures "the degree of social empowerment and trust that you feel." As a researcher, we need to ask ourselves- is this tool conveying and portraying its intended purpose? We know the purpose is to measure social empowerment and trust- because it states this. However, the first sentence on the page states the goal of the tool is "to learn more about yourself", in what way? Will the tool provide them with a general understanding of who they are or understanding how social empowerment and trust ties into their lives? What does social empowerment and trust even mean? What elements or characteristics do an individual need to possess to receive a positive score? Social empowerment is looked at through the development of social bonding, enhanced self-esteem, improvement of communication skills and autonomy (Jennings, Hilfinger-Messias & McLoughlin, 2006). I analyzed each statement and counted how many statements had a direct relation to measuring social empowerment and trust, using the defining characteristics Jennings, Hilfinger-Messias & McLoughlin (2006) described of the term, social empowerment. Four out of twenty-eight statements had a direct relation to social empowerment and four out of twenty-eight statements incorporated the word trust. Therefore, fewer than half of the statements portrayed the intended purpose of the tool.

This tool does not define social empowerment or the importance of trust for those completing the tool. This would be helpful for those taking the tool to understand the purpose and benefits of completing the tool. The tool mentioned that the statements are intended to be categorized by: bonding/cohesion, empowerment, self-awareness, affirmations and awareness of others (Blaschko & Burlingame, 2002). I found patterns within the statements and categorized them, (1) social interactions/trust (2) confidence/assertiveness (3) self-awareness (see Appendix N: Social Empowerment and Trust Statement Interpreted Patterns) provides a visual representation of the interpreted patterns formed for each statement. These patterns are similar to the intended categorization; however, many statements had plausible interpretations that questioned its intended purpose.

I concluded twelve out of twenty-eight statements had plausible interpretations that may result in skewed responses (see Appendix O: Social Empowerment and Trust Statements- Plausible Interpretations). When reading each line, I questioned whether it served the intended purpose and relatedness to one of the two-targeted populations, adolescents. Although the statements were short, many statements did not convey the purpose clearly, may be confusing to comprehend, or can be interpreted differently, resulting in practitioners relying on their assumptions. The beginning phrase, "At present I:" is a continuation statement for all twenty-eight statements; however, the beginning of each statement is capitalized, raising the question if there is a need for that initial continuous statement. Also, the beginning phrase seemed like it was incomplete, as if it wanted to say, 'At this present moment I'.

Lastly, the statements are rated via a 5-point likert scale. The initial analysis of the likert scale was the descriptor word “uncertain” for a value of “3”. What is the purpose of this response? Uncertain is not a response that can tell you a lot about a client, other than the client is uncertain. This can be interpreted as giving participant’s the opportunity to say “I don’t know”, or “I don’t want to answer this question”. Also, seeing that the other descriptor words are agree, strongly agree, disagree, and strongly disagree is depicted as a binary response. This doesn’t allow participants to respond with both agreeing and disagreeing and forcing them to see a situation as black or white, when in reality scenarios can be shaded grey.

Hemingway Editor

The Hemingway editor was used as a secondary tool to analyze the content of the tool. This tool aims to “make your writing bold and clear” and improves the style of writing (Pope, 2019). By copying and pasting the contents of the tool into the Hemingway Editor, it then highlighted words and sentences that needed improvement. The color of highlight corresponds to a different type of improvement (Pope, 2019):

- **“Yellow Sentences:** These sentences Hemingway identifies as lengthy or structurally complex. Hemingway suggests to split or simplify yellow highlighted sentences.
- **Red Sentences:** Hemingway feels these sentences meander and may confuse readers. Rework these sentences until the red highlight vanishes.
- **Pink Words:** Pink words have a more suitable, simpler alternative. Hover over them to see Hemingway’s suggestion.
- **Blue Words:** Blue words are adverbs or weak and hesitant language. Hemingway feels these should be omitted.
- **Green Phrases.** These indicate the use of passive voice. While this may be appropriate in some contexts, the active voice is typically preferred.”

The following findings were compared to the latent and manifest analysis findings. Findings reveal both tools pose language barriers that can be difficult for the targeted population to comprehend what is being asked.

Hemingway Editor Analysis: Leisure Motivation and Trust Scale

This tool had eight suggestions that focused on rewording statements and using alternative words for "indicate", "regarding" and "accomplish" for an easier read. The directions were reported to be lengthy and complex. Below are the Hemingway Editor Tool's findings:

1. **Red: Very hard to read: PURPOSE:** The purpose of this scale is to help the patient and the therapist work together to find out, in part, why the patient chooses to engage in leisure activities.

2. **DIRECTIONS:** Listed below are 48 statements. Each one begins with the phrase: "one of my reasons for engaging in leisure activities is…" To the left of each statement is a line to indicate how true that statement is. A "1" means that the statement is never true, "2" means that it is seldom true, "3" means that it is sometimes true, "4" means that it is often true, and "5" means that it is always true. Write down the number that best fits your situation.

3. "Indicate" **Pink: needing simpler alternative word:** indicate→ say, state, or show

4. **Yellow: Hard to read: DEFINITION:** "leisure activities" are those things that you do that are not part of your work and are not part of your basic grooming needs.

5. 5. To satisfy my curiosity
   Pink: needing simpler alternative word: meet or please

6. 22. To be socially competent and skillful
   Blue: adverb, meeting the goal of 9 or fewer. Omit the word socially.

7. 34. To keep in shape physically
   Blue: adverb, meeting the goal of 9 or fewer. Omit the word physically

8. 41. To relax physically
   Blue: adverb, meeting the goal of 9 or fewer. Omit the word physically

Hemingway Editor Analysis: Social Empowerment and Trust Scale

The Hemingway editor highlighted six suggestions to ensure the tool's contents are conveying clarity and purpose. Findings suggest the direction and purpose can be difficult to understand. Below are the Hemingway Editor Tool's findings:

1. **Red: Very hard to read:** "Below is a set of questions that we would like you to answer honestly by answering these questions and looking at your score you will be able to learn more about yourself. There are no right or wrong answers."

2. **"**honestly"
   Blue: needing a forceful word: it suggested to omit the word honestly

3. **Yellow: Hard to read**: "Directions: Listed below are 28 statements to the left of each statement is a line for you to indicate how much you agree (or disagree) with the statement"

4. "indicate"
   Pink: needing a simpler alternative: say, state, or show

5. 10. have a negative attitude regarding healthy physical activities
   Pink: needing a simpler alternative: about, of, on

6. 25. have a positive perspective on what I can accomplish

Comparable Findings: Social Empowerment and Trust

Program Informant Analysis

Informant K, a program informant, solely analyzed the Social Empowerment and Trust Scale. After analyzing the Leisure Motivation Scale, I noticed this informant was most obliging and provided thorough, comprehensive and rich feedback. These findings are conclusive to this study; however, are additional findings that do not contribute to the triangulation of data. Below are the informant's findings that were compared to manifest and latent analysis and findings from the Hemingway editor. See figure 4.3 for a visual representation of this process.

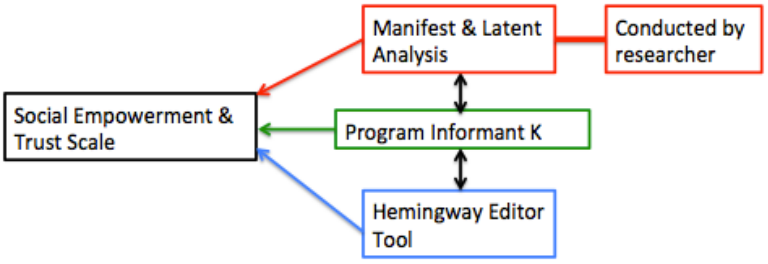

Figure 4. 3 SET Analysis process

Informant K reported the sentence describing the 'direction' of the tool was missing something at the end of the sentence to "make it easier to understand". This matches what the Hemingway editor and latent analysis findings also suggested. The initial statement, "At present I", raised an eyebrow during the latent analysis, informant K had difficulty understanding what the statement meant, and felt the statement was not

complete. The informant suggested the statement be reworded to “At this present moment I”, similar to my suggestion.

In addition to the directive statements, informant K had difficulty understanding some statements. The informant did not understand what statement 14 “feel I’ll try rather than I won’t” was trying to say. When explained, the informant said that statement 14 and 12 (“am willing to try new things”) are similar and one should be eliminated. Statement 24 “do not accept my strengths and weaknesses” was also difficult for the informant to understand. It was my assumption during latent analysis that the wording is confusing because many individuals may not be exposed to this terminology, and that people can be aware of their strengths and weaknesses, however; how this statement is written is not clear what is being asked.

Lastly, during the latent analysis I questioned the purpose of the likert-scale character “uncertain” for it cannot provide much information, other than the client is uncertain of their response. Informant K assigned a value of 3 “uncertain” for thirteen out of twenty-eight statements. When asked why the informant responded with “3”, his response was “I don’t know”. I asked for him to elaborate and he said he didn’t know how to respond. There are many ways one can interpret this result. As a practitioner you can say the client needs to enhance self-awareness, the participant understands the statement individually, however when asked to apply it they do not understand what is being asked, the participant may want to respond with both agree and disagree or the participant doesn’t want to answer the question. Building rapport is important to interpret responses; however, it is still difficult for practitioners to interpret each statement because

as practitioners we are relying on our assumptions, and own interpretation of what each statement means. Furthermore, this tool is uni-dimensional.

Program Informants: LMS Assessment Tool Findings

The Leisure Motivation Scale was evaluated by (3) program informants who are at-risk adolescents experiencing [dis] ability to ensure culture, language and experiential factors are included to provide accurate results within this population. Figure 4.4 displays a visual representation of the analysis process.

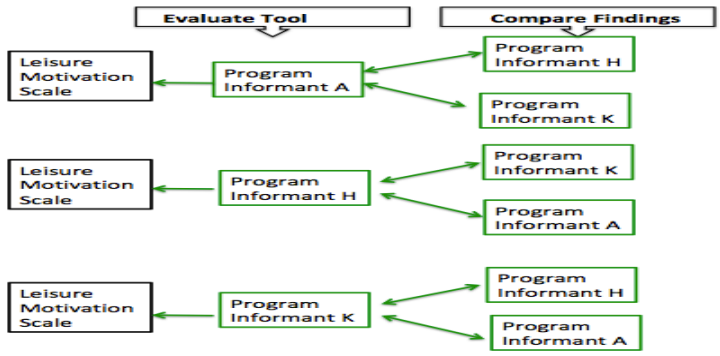

Figure 4. 4 Program Informants Analysis Process

Program informants were interviewed individually and were given the opportunity to complete the Leisure Motivation Scale. While completing the tool, informants highlighted problematic elements and provided feedback on their experience. I collected and analyzed informant's individual feedback, and compared their feedback with the other two informants. I looked for similar experiences, feedback and patterns within the findings. The goal was to determine whether these informants faced the same challenges when completing the tool.

The informants were asked to highlight words and phrases they didn't understand, statements that did not relate to them and note any changes or suggestions they had. After completing the tool, I went through each line and asked if it was relatable, if they thought other adolescents would understand and if they understood what was being asked. The

overall findings suggested that (1) the informants believed they knew the terms used, however they knew them because they've heard the word/phrase before, not because they understood the meaning (2) informants could identify similar statements, however would assign different values (3) statements were up to interpretation.

Informants found many commonalities between the statements and said they would want to eliminate some statements to shorten the tool. Informant K stated, "there's 48… questions, and some of them are kind of the same thing, so maybe removing some… some of them that sound the same…so they aren't repeating." Informant H mentioned that the word imagination from statement 12 and creative from statement 10 mean the same, yet the informant assigned different values to both those statements. Statement 12 was valued at 3 and statement 10 was valued at 5. Informant K said statement 10 "to be creative" and statement 11 "to be original" means the same thing however, the values assigned were 4 for statement 10 and 2 for statement 11, see figure 4.5 for a visual representation. Informant A felt statements 10, 11 and 12 were similar however, had a different value for each statement. This feedback shows how the phrasing of some statements can be ambiguous. When participants believe a statement means one thing when the intended denotation differs from this individualized interpretation, this can cause unreliable results. Although informants claimed many statements were asking the "same thing", the values assigned to each of those statements were often different. Possible factors that may influence this contradiction is how the questions, or in this case statements are composed or due to social structure (Sølvberg & Jarness, 2019).

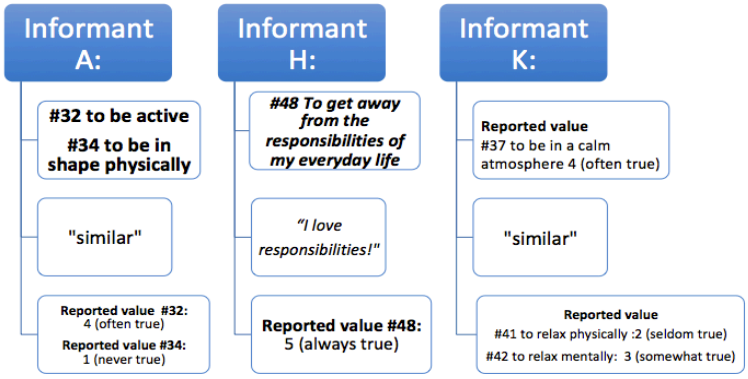

Figure 4. 5 Language Barriers

Some statements and words were difficult for the informants to comprehend and assign a numerical value to. These findings show language can pose a threat to some adolescents experiencing [dis] ability. Many phrases are similar in intent that may create confusion and deception. Wruk & Hebert (2003) state that statements chosen should be direct and serve a purpose rather than be clearly disguised to get an answer. This raises the question, what is the purpose of having multiple similar statements that include challenging synonyms? Or having similar looking statements, however their meaning is slightly different? The wording can pose complications and skewed results, if the individual taking the assessment has poor vocabulary. The words chosen could be mistaken for asking the same or a similar thing, when it is not, or make the participant feel that it is asking something different, when it is not. The tool should use the same word to be consistent and have a direct approach.

It is important to pay analytical attention between "what people say and do, but also to contradictions between what they say and what they say" (Sølvberg & Jarness, 2019, p.182). This can provide insight on how the person feels when asked a question and during the time they administered the tool. Informant H is illiterate, making language the main barrier to fully understanding the language used. Informant K stated, "I get it but

it's hard for me to explain". Both informant K and H are self-aware of how they feel; however, do not have the vocabulary knowledge to fully understand what is being asked. Informant A did not have any suggestions to change the tool this was consistent with his "acceptance attitude". He has accepted the tool is the way it is, even though he highlighted words, and identified similar statements, yet assigned different values. When looking at the informant A's final responses, the informant assigned a low value to majority of the statements. This was interpreted as the informant having low motivation due to his social standing, and overall attitude. This informant puts on a persona that shows a strong, confident and "cool" boy, however I interpreted his behavior as wanting to put on a show to impress, and pretend he understood everything, when his results said otherwise. It is understandable that an adolescent male, feels the need to pretend they know everything, don't want to show weakness or admit they need help or do not understand. This behavior could be misinterpreted as "not caring", and overlooked due to stereotype and stigma.

When asking the informants to explain what they thought a statement meant and the reasoning for their assigned value, language was the common barrier. Therefore, language posed the biggest barrier that may hinder individuals from completing the tool reliably. This resulted in the informants assigning a value that was opposite to their explanation or assigning a "3" as a middle ground.

Seeing as the purpose of an assessment tool is to capture a complete picture of an individual's abilities and/or capabilities it is important for therapists to collaborate with participants, during the completion of the assessment task (Poehner, 2008). When inviting participants to be actively apart of this process, you are giving them the opportunity to be open and reflect on certain statements. During the assessment tool

evaluation process, informants self-administered the tools and were able to explain why they responded with a certain value. This is important to note because assessment protocol a therapist carries out will also contribute to authentic results.

Collective Findings

The evaluations conducted by the informants were compared to the manifest and latent analysis and Hemingway editor findings to identify the similarities and differences found by the informants, researcher and additional tool. The purpose of comparing data is to better understand the different perspectives of the tools' utility. Below is a visual representation (Figure 4.6) of the triangulation of data for the leisure motivation scale.

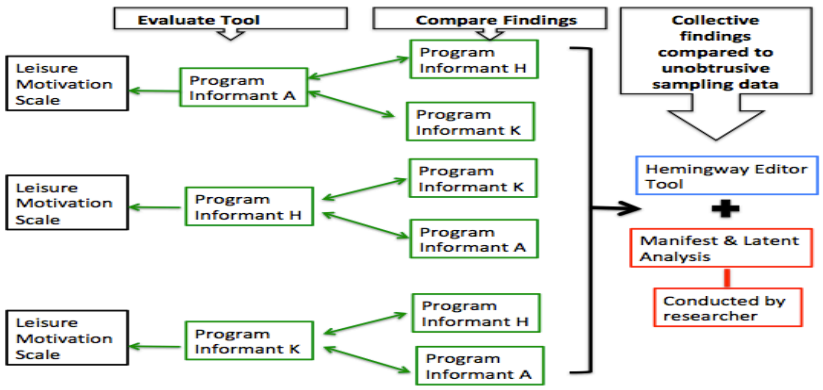

Figure 4. 6 LMS Triangulation of Data

At first glance the tool looks organized and spaced out, allowing forty-eight statements, directions, likert-scale and information section to fit on one page. However, through latent analysis patterns came to light, and every six statements that were spaced out, seemed to serve a greater purpose. I found that every six statements had an overarching theme, and the statements were very similar to one another. Informant K also analyzed this, stating statements 1-6 are similar and should have fewer statements, to increase clarity. In addition, he believed statements 9-12 are similar, statement 13, 15, 18 are similar, statement 19, 23 and 24 are similar, statement 26, 27 and 30 are similar,

statement 32, 33, and 34 are similar, statement 37, 39, 40, 41 and 42 are similar and statement 43, 44, 45, and 47 are similar. Informant A found statement 8 (To expand my knowledge) and 9 (To discover new things), and 32 (To be active) and 35 (To use my physical abilities) to be similar. Lastly, Informant H stated statement 10 (To be creative) and 12 (To use my imagination) are similar.

In addition to similar statements, there were many words that may be difficult to understand. During the manifest and latent analysis, I proposed the words, *seldom* and *somewhat* are similar in definition and may pose a challenge for participants to identify the difference. Hemingway editor identified the word *seldom* as reading at a grade 7 level. All program informants highlighted the word "seldom" presented in the directions statement and in the likert scale, value "2" descriptor as being difficult to understand. They did not know how to define the word *seldom*. Other words that I identified during the latent analysis stage as difficult were, "basic grooming needs', "stimulation", "hustle and bustle", "reveal", "competent", "mastering" and "to unstructure my time". Informant's found the following words and phrases difficult to comprehend, "basic grooming needs", "hustle and bustle of daily activities", "stimulation", "to be good in doing them", the difference between "discover and expand", "engage", "unstructured", "mastering", "shape physically" and "competent".

Therefore, the language used should be appropriate and easily understood by all targeted populations. Informant H stated, "I rather see everyday language people use on the street, rather than big words." Informant H went on and said, "…nobody is going to say those big words. Only scientists are going to say those big words." The informants recognized words mentioned in the tool, however, when asked what they thought the statements meant after completing the tool, they all had a different interpretation of

certain phrases and different definitions of the terminology used. All informants made suggestions to how they would change the language of the tool and concluded that using simpler and more direct terminology is "better for everyone completing the tool".

Program Informants: Informant's Experience of Assessments

Before the informants evaluated the assessment tools, they participated in an activity. On chart paper, the word assessment was written. The informants were asked to write down words, phrases, emotions, stories and experiences in regards to the word assessment. Informant's responses were analyzed individually, and then those findings were compared to each informant to identify any similarities.

The way language is communicated and perceived is an important social function that can foster either a positive or negative social identity. The findings were analyzed through a stigma lens, seeing that the informants that experience assessment processes are stigmatized by society and compared to social norm. The language used within society constructs a person's social identity and the language used in assessment tools reinforces these constructs. Three main themes from Coleman Brown's approach to stigma were confirmed from the data analysis, (1) fear, (2) stereotyping and (3) social control. In addition to these themes are subthemes that intertwine through each main theme, social identity and inferior-superior relationship. (Appendix H) reveals the analytic process (see Appendix E) to review journal/memo-notes to affirm thought-process.

Fear and Stereotyping

Fear elicits an emotional response, especially when people come face to face with the unknown, unpredictable and the unexpected (Coleman Brown, 2013). During the process of cross-analyzing each informant there are many examples that portray the theme fear. Fear was depicted in two ways: fear experienced by informants and fear experienced towards informants. Informant A has this impression that people don't care about him or that they only see what they want to see. He shared experience with a therapist, "I understood their questions but I didn't care." His attitude can be explained by the "why try" effect. This theory explains how self-stigma affects an individual's self-esteem leading to a "why try" response (Corrigan, Larson & Ruesch, 2009). When individuals live with stigma and live in the shadow of stereotypes, they may avoid situations where they feel they may be publically disrespected or humiliated, adding to low self-esteem and feeling unmotivated to tackle life goals or accomplish aspirations (Corrigan, Larson & Ruesch, 2009). This is related to the emotion of fear, for he believes practitioners are only "helping" him because it is their job and that they already "know" him without actually "getting to know him." Informant A expresses the feeling of being labeled by his performance, attitude and behavior, whereas informant H and K express the feeling of being defined by their [dis] ability.

Informant H experienced an overwhelming sensation of fear, when reflecting on the question, "What do you think people think when they look at you for the first time?" The informant expresses, "I think they think I am stupid… not smart … because I am special needs. They look at me differently…like not normal." Informant K's response to that question, "that there is something they need to assess…like they see me there like

maybe something's wrong." Informant K went on and shared that practitioners, "… go off of what they've heard." The reactions all three informants experienced could stem from the fear of not wanting people to judge and label them as incapable.

Informants have adopted the emotion of fear: Fear that people judge and categorize them before getting to know them. This is also an example of *stereotyping*. Creating labels that put people into boxes can have a negative effect on adolescents. The leisure motivation scale analyzed depicts stereotyping by categorizing statements into themes, expressing different character types. Informants displayed many negative effects such as self-stigma, resistance to 'professional help' and lack of self-esteem. Wilson & Linville (1985) as cited in Good, Aronson & Inzlicht (2003) argues that the vicious cycle of stereotypes lead to poor performance and self- blame. It is important to note that these informants believe practitioners along with people in society judge and act upon their "beliefs" about adolescents experiencing [dis] ability and mental health challenges. Even if Recreational Therapists do not stereotype their clients, it is important to note that some clients believe they do, affecting assessment results. Comments like "I think they don't think I know, but I understand", "… like sometimes they be like due to his Autism then blah blah blah…" or "they go off what they heard" tell a story of this informant's experience. These comments could be due to the deficit approach to assessment tools and the "need" to understand what needs to be "fixed". Therefore, [dis] ability and mental health challenges that individual's experience creates an invisible label that practitioners may use to assist them when trying to piece behavior and actions together. Therefore, self-administered tools like the leisure motivation scale and social empowerment and trust scale may result in (1) inconsistent responses (2) different interpretations (3) difficulty for clients to convey their true feelings and emotions.

This fear of judgment experienced by the study's informants led to them internalizing their emotions. Informant A repeatedly communicated, "I don't talk to them", keeping emotions bottled up, conveying that he doesn't feel people will understand what he is going through. Informant H expressed, "I wouldn't want people that feel like me to feel like this." Informant K stated, "I think they don't think I know, but I understand." The informants expressed anger, sadness, annoyance and hopelessness. These emotions and reactions to "authority" or "professionals in the field" is important to note because it shows how our assumptions can cause distress to the client we work with, leading to closed off behavior, and possibly influencing the way they respond to assessment questions. The informants feel judged and not heard. Stereotypes are constructed by society and reinforce the emotion of fear when interacting with those with [dis] ability, typically fear towards "dealing" or "coming in contact" with this group that has been labeled as "troublemakers", "unpredictable", and "lesser". This group can act and behave unexpectedly, so practitioners and others in society must shift their behavior to keep control or power.

Social Control and Stereotyping

Stigmatized and non-stigmatized individuals are seen through a lens of social relationship that is divided into inferior and superior (Coleman Brown, 2013). This relationship is portrayed within the data, making it a subtheme of social control. It is important to understand this power struggle because it can tell us a lot about stereotyping. Society sees what it wants to see, therefore stereotyping can become automatic. When we want to perceive something as "different" or "similar" we are controlling who is privileged to share the power and who is not. The data depicts all three informants being suppressed by social control.

Informant A shares an experience with a therapist, “I went. I sat down in their chair. They said hello to me, I said hi. They said are you ready to talk. I said no. I said I came here because I was forced, I am not saying a damn word to you. And we sat there for two hours.” The way the informant describes this experience seems very robotic. As if it’s an assembly line, you go in and then get out. Informant K expresses, “they go off of what they’ve heard…due to his Autism…” and informant H shares that assessments scare him, “because I don’t know what people think.” Each informant has taken on the inferior role and the practitioner has taken on the superior role and holds the power and control. Informants accept this process and hold this belief of being judged by their [dis] ability.

Anney (2014) found that sharing assessment feedback with clients contributes to assessment utility, reducing client defensiveness. This enhances assessment protocol and influences assessment results. Informant K and H have said that they have never been shown the results or have had a practitioner explain what their results mean. When asked if they are interested in the meaning of their results, they all showed interest. Informant K expressed “… kind of like they are trying to keep something from me, but, yet I feel happy that I did the test…” This informant feels that he is being left out of the process for a reason, making him suspicious of the importance and outcome of the process. Because informants are inferior to the societal norms, they are excluded from the process. This assessment protocol reflects a deficit base approach. If a practitioner administers a social model approach to assessment protocol by taking the time to explain the assessment tool’s purpose, results and client’s goals, this can increase client’s willingness to participate in completing assessment tools. Informant H also claims that he wants to be a part of the process so he can learn more about himself, for his family and to better

himself. If clients feel heard, and have a positive connection to the process, this may lead to more reliable assessment results.

Lastly, when asked if informant A would be interested in assessment results he communicated, “I don’t care, it didn’t really bother me.” This conveys a lack of interest that could possibly be tied to his identity. Informant A doesn’t need to know his results because he expects that they will be negative. Coleman Brown (2013) states that stigmatized individuals are “not encouraged to grow, to have aspirations or to be successful” (p. 8). This is visible when Informant A expresses his responses. The informant says that he usually receives marks of 75 or higher, however, continues to be viewed as a “trouble maker” or someone that needs “help”. Per Coleman Brown (2013), there are two common ways in which non-stigmatized individuals convey a sense of “fundamental inferiority” to those experiencing stigma: social rejection/ isolation and lowered expectations. Symbolic interactionism approach compares the stigmatized role to those of a doctor or teacher, in which we act in a certain way, changing our identity to better “match” the environment and those within it. The expectation of role changing to meet the needs of society is known as stereotyping. This can influence how informants or participants in general respond to assessment questions, altering their results, depicting a less than authentic picture of who they are and their intentions. Also, it affects the way someone may view himself or herself leading to an identity crisis. When assessment tools reflect medical model language or display stereotypical responses, this contributes to client’s belief that they need to be “fixed” and self-stigma. In addition we can presume that participants who have accepted society’s view and have adopted societal expectations can complete an assessment based off their newly formed identity, one that devalues itself.

Practitioner Informant's Findings

Assessment tool Experiences Findings

A focus group was conducted with a group of twenty-six RT practitioners. The practitioners were asked to get into small groups, discuss and write down challenges they faced while administering assessment tools. After completing the task they were asked to post the sticky notes on chart paper. I facilitated an open discussion, allowing practitioners to share their responses, add to others responses and share experiences within their field of study. Although the practitioners came from different TR settings, they all faced the same challenges when administering assessment tools. Findings highlighted five main challenges practitioners experience when administering standardized assessment tools, (1) Inconsistent, (2) Language Barriers, (3) Relevance, (4) Accessibility, (5) Perspective. These challenges have created barriers that impact assessment results and question assessment utility.

Inconsistent

The findings revealed four main components that lead to assessment tools being inconsistent (1) time/duration (2) responses (3) terminology.

(1) Inconsistent time/duration

Practitioners voiced concern about the amount of time needed to administer assessment tools and duration of assessment tools that are not appropriate for certain target populations. Practitioners claim, "takes too long to administer", "take too long to score", "takes too long to interpret" and/or some assessment tool's "time frame is not appropriate". Time is a factor that can influence a client's response. Self-administered tools that have "too many" questions can impact how authentic the responses are due to a decline in "attention span", and willingness to "participate" in completing the tool.

Therefore, practitioners would like to see standardized tools that meet the needs and are appropriate for the intended users.

(2) Inconsistent Responses

Practitioners raised the question, whom should we assess and collect information from? The client? Family? Other practitioners? Although assessment tools are designed to assess clients, practitioners have found they are left with more questions to fully understand a client's performance, behavior, attitude, and interests. Therefore, assessment tools are not always helpful because they have to search for more information elsewhere due to various interpretations of client's responses. Practitioners state that tools have "abstract-thinking" that may not represent client's way of thinking. Another practitioner claim, "answers are not reflective of certain actions/behaviors… some of the responses." External factors (environment and staff) or internal (assessment questions/layout, response choices) contribute to these inconsistencies. This can result in RT having different interpretations of client's behavior and interpreting score meanings.

(3) Inconsistent terminology

Terminologies present in assessment tools are also inconsistent. There are various definitions used throughout different assessment tools, showing the different points of views professionals have on TR terminology. Practitioners pointed out that the terms used can confuse clients, resulting in inconsistent or untrustworthy responses.

Triangulation of Data Analysis

This section displays a triangulation of data that reveals "inconsistencies", "language barriers" and "irrelevance". The pattern of inconsistencies was also found during latent analysis and program informant findings. Latent analysis findings examined similar statements. If you eliminate the common statements out of the forty-eight

statements, you are left with twenty-nine statements that not only shorten the delivery time, but the possible confusion a client may experience. Practitioners also mentioned that time and the way statements are structured can affect assessment tool results. Therefore, consistency is important to ensure clarity within the tool. The program informants and myself, during latent analysis, suggested the words chosen for the similar statements should be consistent to prevent trickery or different interpretations. In addition, program informants could identify similar statements, however would assign different values. This feedback shows how the phrasing of some statements can be ambiguous. Overall findings from latent analysis, program informants and practitioner informants found that the wording used in assessment tools were up to interpretation, affecting assessment results.

Language Barriers

Language poses another challenge within assessment tools. Practitioners claim standardized tools as having "inconsistent responses from clients", a "human bias" and experience the "wrong interpretation". The language used is not accessible, relatable and requires "abstract- thinking". The language used leaves clients to interpret what is being asked, however is the language used representative to how client's speak? In addition, tools have a set cognitive ability that is required for clients to undergo the assessment – many tools do not measure those that use different ways of communicating or those who experience low cognitive function. Practitioners stated that assessment tools are "not appropriate", "not culturally relevant", have "literacy" barriers, the language used is "often medical" and "there are not many tools available for certain target populations" therefore, finding a tool that meets client's needs is a challenge in of itself.

Relevance

Language is an important factor that influences whether a client will understand what is being asked of them. Questions and statements that are written in a way that is not relevant to a certain population can pose complications. Having relevant questions provides clients with the opportunity to create a connection find meaning in the assessment and reflect on their life situations. Practitioners believe this is due to many tools being "outdated" and "socially irrelevant". If there is a misrepresentation of the client caused by outdated questions that means the results will not have rich data for practitioners to work from. This question how valid and reliable these tools are.

Triangulation of Data Analysis

Findings from latent analysis, program informants, practitioner informants and Hemingway editor tool all found that the language used in assessment tools is found to pose barriers for those on the receiving end. Practitioners claim the language used in assessment tools have the "wrong interpretation", "human bias", use "often medical" language or medical model approach and "there are not many tools available for certain target populations". Practitioners also claim that assessment tools have "abstract thinking." A comment from informant H, "…nobody is going to say those big words" backs up this claim. Hemingway editor found eight suggestions that focus on rewording statements and using alternative words in the leisure motivation scale (LMS) and six suggestions for the social empowerment and trust scale (SET). Latent analysis findings highlighted terms like "leisure", "leisure activities", "basic grooming needs", "unstructured my time" and "stimulation" to be challenging to understand or may not be relatable to certain populations. Practitioners also found relevance and difficult terminology/ language used as top challenges faced in assessment tools. Program

informants confirmed these challenges when highlighting words and phrases that they didn't understand and needed clarification. They believed they knew the terms used, however they knew them because they've heard the word/phrase before, not because they understood the meaning. Program informants also had different interpretations of certain statements. If a client thinks they understand a statement, however their interpretation does not match the intended meaning, how are practitioners to know? This circles back to the challenge of time. Practitioners do not have the time to go through each statement with every client they serve to ensure their interpretation is correct. Latent analysis found multiple interpretations of statements present in both LMS and SET tools evaluated, and these interpretations were shared with the program informants.

Accessibility barrier

Practitioners voiced their concerns regarding accessibility barriers that prevent some clients from participating in assessments tools due to cognitive requirements or not being able to find the "*right fit or match".* Practitioners use the phrases, "not accurate", "not suitable", and "not appropriate". Tools have requirements that tell a practitioner whether a client can be assessed using the tool. This can be challenging because those with "low cognitive function" or have complex profiles are omitted from being assessed using these standardized tests. After reviewing comments made by practitioners their concerns highlighted the lack of assessment tools for certain populations. Some comments stated there was a "lack of assessments in long term care homes", there are "no standardized tests appropriate for population: developmental disabilities and mental health" or "persons with developmental disabilities" and they found that "tools are not for clients who have verbal communication challenges". Therefore, [dis] ability was not the only population that had trouble finding the "right tool". Seeing that practitioners have

noticed a gap within assessment tool and individuals with developmental [dis] ability, reinforces a need to shine a spotlight on this research.

Perspective

It seems like some practitioner's battle with the question, who are the assessment tools for? After conducting a manifest and latent analysis, I too have this question. However, this question should be looked at it from a different perspective. We all know the purpose of these tools are to gather data that we can then use towards planning and implementing intervention plans, however, if you look at the tool itself- who is it targeting/ who is it for? The way the selected tools are presented, the language used, make you want to raise an eyebrow. Therefore assessment utility is on trial. Also, practitioners want to know whom do we turn to, to gather authentic, rich data? "Clients?" "Family?" Who will represent the client authentically? If the family does complete portions of the tool will those responses differ if the client filled it out? Quantitative structure- use of likert scales can limit clients by not allowing them to reflect or expand on their responses. Maybe there is more to be heard? If there is, how are we supposed to know that?

Case-Study Findings

During the TRO workshop, I asked practitioners to complete the CERT-psych tool (The Comprehensive Evaluation in Recreation Therapy- Pysch/behavioral) developed by Parker, Ellison, Kirby and Short. This tool is one of the oldest functionally based standardized assessment tools in the TR field and widely used today. It was chosen because it is not a self-administered test, rather it requires practitioners to observe and report client's behavior. Although practitioners are not physically observing participants, they will be observing behavior through a case study of informant A's profile (see Appendix P: Case Study: CERT/Psych Scale). The goal of this activity was evaluation whether observational assessment tools can also pose a challenge. My hypothesis was that even though practitioners are observing the same profile, they would have different interpretations. Client description was broken into sections that matched the CERT-psych tool sections: general, individual performance, and group performance. The practitioners were to complete each section of the tool simultaneously. A case-study was chosen because the it did not get ethics approval, and having twenty-six practitioners observe three clients may influence a change in behavior, results in skewed results. I also completed the tool using the same case study. Therefore, practitioners compared their results with one another and my results.

The findings speak for themselves. The average number of responses that were the same as my response was 8.7 out of 25 statements. After analyzing the results of each tool (figure 4.7) one can see that the characters assigned vary from person to person. This does not deem practitioner's incapable of observation, rather depicts the implications of interpretation.

Figure 4. 7 Case Study CERT/Psych Tool Results

Looking at figure 4.7 one can identify two highlighter colors, orange and yellow. Yellow represents my response to each statement and orange represents the responses that were completed incorrectly, therefore voided from the analyzed results. The data were gathered by tallying up how many practitioners assigned what value to each statement. An example from the case study states, "Client is resistant to attend programs offered. After some persuasion client attends some programs, however depending on the day client will delay participation." This statement described the statement attendance in the tool. If you look at the word *resistant*, an interpretation can be that this client does not want to attend, therefore will not attend. Another interpretation can be that the client does not want to attend the program however, will feel like they have no choice, resulting in their attendance. The tool offers 5 choices: "(0) attends", "(1) attended, but late or left early", "(2) absent occasionally without cause", "(3) rarely attends" and "(4) refuses or never attends". Looking at the practitioner's responses, one can see that they had different interpretations of this client's behavior. Nine practitioners reported "(1) attended, but late or left early", ten reported "(2) absent occasionally without cause", eight reported, "(3) rarely attends" and I reported that client "(2) absent occasionally without cause". Although this example is subjective and can change when observed in real time, it was chosen because it was a simple observation. As a practitioner, we write down what we see and make judgments based on our knowledge of how "well we know our clients", however, we are not mind readers. A client's motivation, driving factor or thought process stems from deep within and it is up to the client to show how much they allow us to see. Therefore, it is important to member check to ensure what we observe truly represents our client's true behavior.

Additional Findings

During the focus group there were additional topics that were discussed that did not have a direct relation to the study, however the findings indirectly correlates to the challenges faced with assessment tools/ protocol (see Appendix Q: Challenges faced by Recreational Therapist) (1) practitioners' beliefs about Assessment tool utility (2) Who we serve? (3) Inconsistent protocol.

Utility of Assessment Tools per TR Practitioners

Assessment is the foundation or *at the roots* of the Therapeutic Recreation process. The focus is to build rapport and gather information from the client to understand client's strengths, interests and areas in which they need to improve on. From this data practitioners can then create goals, plan and implement intervention plans. Practitioners present at the 2019 TRO conference that attended my session provided feedback on the utility and importance of assessment tools Figure 4.9 is a visual representation of practitioner's collective responses. The findings depict how TR professionals are on the *same page* about the importance and utility of assessment tools. Standardized instruments with established validity and reliability and are created for a specific purpose/population are preferred. One practitioner expressed "I prefer to use standardized tests if appropriate ones exists". Others agreed. This is important to note because practitioners would trust using tools that are "evidence bases", "reliable", "valid" and are "standardized" over-using something they must create. Another practitioner mentions that assessment tools are a "picture-based leisure scope by old". Even though there are assessment tools available for practitioners to use, they are out dated.

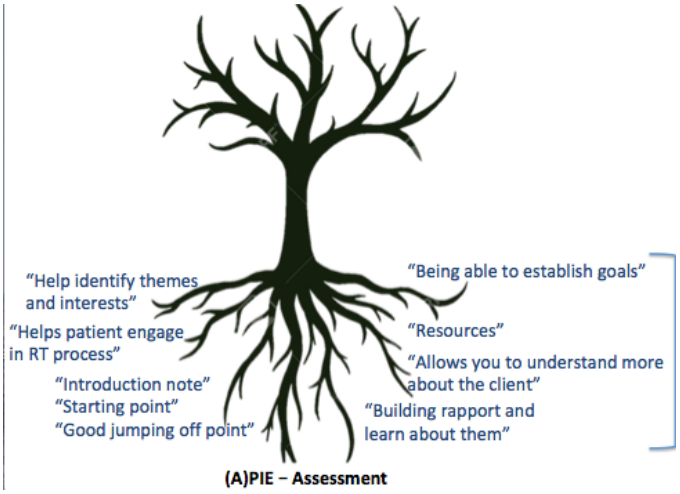

Figure 4. 8 Assessment Tools' Utility

Assessment tools are important to TR services for they allow practitioners to view client's changes (social, physical, cognitive and emotional/behavioral) by assessing them before and after intervention plans. Practitioners expressed the benefits of assessment outcomes as being a "validation", "see changes", "can measure pre-post", "able to measure apples to apples", "justifies our treatment plans", and "being able to re-assess and have evidence of improvement or challenges/no improvement". These changes validate our services and show our clients, as well as other health care professionals, the impact leisure intervention plans can have on client's quality of life.

Who do we serve?

Practitioners should be aware of the diverse populations the TR practice serves. This is extremely important for them to be aware of this diversity because it ensures all populations that fall within our wheelhouse are being served to the best of our ability. TRO (Therapeutic Recreation of Ontario) states that Recreation Therapists work with a variety of populations, however, it doesn't explicitly state a list of populations we serve- why is that? The aim is to spread awareness of our services so that the public knows whether our services can benefit them or their loved ones. It is important to clarify who

we serve to expand the field of Therapeutic Recreation, to increase awareness of who we are and what we do. This awareness and clarification defines our field. In addition, knowing how diverse the field of TR is can help researchers highlight populations who have been left behind. The following comments from practitioners show this gap, targeting assessment tools, "tools are not for clients who have verbal communication challenges", "lack of assessments in long term care homes" and "there are not many tools available for certain target populations." During the focus group, I asked the practitioners to write down populations and settings they believed to be within our practice and those outside our practice. Figure 4.8 reveal these results.

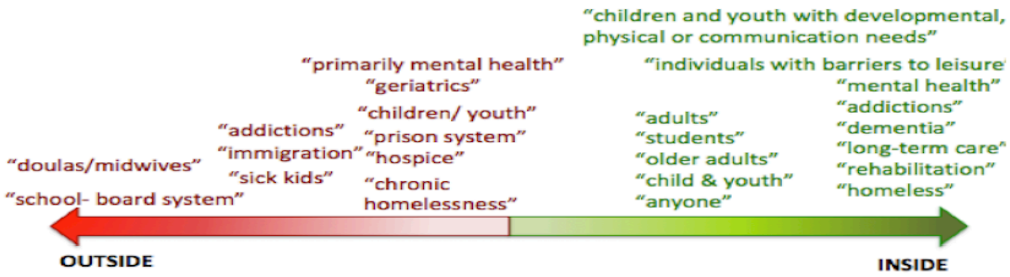

Figure 4. 9 Who Do We Serve?

This visual representation shows the discrepancies within the field where some practitioners believe a certain target population is inside our field of practice where others believe the opposite. Populations that had the most discrepancies were, addictions, children/youth, mental health, geriatrics, and the homeless. It is my assumptions that those working in a facility that only serves a certain population i.e. geriatrics or those who are young to the field of TR are unaware of this diversity. Those with many years of experience and have moved around the field view TR as serving a diversity of populations. It is important to educate those entering the workforce the variety of populations we serve to ensure consistency, awareness and promote growth. In addition

to promoting awareness to those entering the field, it is important to promote awareness to ensure assessment tools target the diverse populations practitioners serve.

Inconsistent Protocol

Lastly, practitioners raised concern of assessment protocol being a challenge to administering assessment tools. Assessment tools are needed to baseline clients and it is important for practitioners to uphold a standard; however, practitioners stated, "answers are not reflective of certain actions/behaviors… some of the responses", this statement reflects the challenges faced and root cause to move away from assessment protocol to implement assessment tools. Practitioners claim assessment protocols are not throughout the facilities and implemented by RT. Some practitioners use standardized tools, some create their own, others depend on interviews and casual conversations to gain the information they need. "50-90 years of age use standardized tests; however, we would rather make it a conversation interview and give tea." If practitioners that work with geriatrics all feel this way, then their assessment protocol should reflect this. Having multiple options of standardized tools that practitioners can chose from that target population that are both representative and appropriate and paired with a conversation type strategy is vital. Moving away from assessment protocol, means moving away from using standardized tools. If challenging elements within assessment tools are solved, this can persuade practitioners to uphold assessment protocol. Furthermore, practitioners must recognize and be aware of their own biases, stereotypes, and assumptions. If a practitioner is not aware, this will cause a domino effect starting with carrying out assessment protocol that is filled with prejudice or judgment against a client, the client will sense this judgment that will then affect assessment tool results.

Chapter V - DISCUSSION

Main Findings

Assessment tool utility was evaluated through two self-administered tools and one observation-based tool. The study explored challenges faced by Recreational Therapists when implementing assessment tools and barriers TR assessment tools pose for participants experiencing [dis] ability. Results derived from manifest and latent analysis, and analysis of data from youth program informants and TR practitioner informants have been consistent and conclusive. The three major findings that affect assessment tool implementation are (1) "inappropriate" (2) language barriers (3) indirect impact of assessment protocol.

"Inappropriate"

As much research literature, has demonstrated, some standardized tests used today are inappropriate and do not represent the intended users. Manifest and latent analysis results confirmed the literature, finding that many tools were created before the year 2000, resulting in out-dated tools being used in the field presently. Practitioners also stated that assessment tools are "not appropriate" due to the tools being "outdated". Out-dated tools can influence how clients are represented, how practitioners interpret results and assessment protocols (King, 2013). When assessment tools do not serve their purpose, they cannot successfully meet the needs of clients, therefore impacting the quality of intervention plans and influencing client's quality of life. Dixon (1993) claimed that there are not many TR assessment tools that have been published that measure variables and concepts that are relatable to our services. TR practitioner informants have confirmed this, for they felt that assessment tools are "socially irrelevant". When the statements embedded in assessment tool are not relevant,

participants are unable to relate and find meaning, impacting their willingness to provide authentic responses.

During the latent analysis, the 5-point likert scale responses were either positive or negative, and did not provide a 'middle ground' response. Program informants admitted to choosing a value of '3' when they did not know how to response to a statement. TR practitioners stated that they observed statements in assessment tools they administer, "…are not reflective of certain actions/behaviors… some of the responses" and they experience "inconsistent responses from clients". Two common elements most assessment tools have are "forced answers" and statements that are "open to interpretations" (Wruk & Hebert, 2003). The statements lack relatedness and are socially constructed in a manner that influences our perception of reality. This reality is the acceptance of binary, in which we are forced to accept that an answer is black or white, yes or no, positive or negative. Although there are five choices to respond with, it is a forced choice because the participant must respond with only those five choices. "A forced choice is no choice" (Wruk & Hebert, 2003). Secondly, the choices are general to ensure it can be relatable to all participants; however, the words or statements chosen are open to interpretation by the user (Wruk & Hebert, 2003). Program informants confirmed this notion. Informant A commented, "some people would think that's true but not everybody." This is one example from a program informant recognizing the statements used are up to interpretation.

In addition, therapeutic recreation serves a diversity of clients; however, assessment tools do not reflect this. Many clients experience barriers to participate fully in assessment tools, in regards to completing self-administered tools, tools with specific

cognitive requirements or trying to find a tool where the questions and statements are relatable and represent the client's needs. The Saturday S.N.A.P program, that target youth with complex [dis] ability profiles were exempted from this study because they didn't meet the tool's requirements from the "big red book". During the focus group practitioners experienced this challenge. They stated there are "no standardized tests appropriate for population: developmental disabilities and mental health" or "persons with developmental disabilities" and they found that "tools are not for clients who have verbal communication challenges".

Pedlar, Hornibrook & Haasen (2001) found that scales were often confusing, time consuming and inappropriate, causing practitioners to move away from collecting numerical results and continued to ask clients to respond to the statements. However, the study, like the findings in this study, found some statements ambiguous. Practitioner informants rely on assessment tools for guidance and a good "starting point". I suggest that researchers should consider modifying assessment tools to incorporate relevant statements, be mindful of the descriptive words and/or consider visual analogue scales for those experiencing [dis] ability/ communicate differently.

Lastly, Coleman Brown (2013) makes a great point on normalcy being defined by those without a stigma, therefore affecting how those with stigma view normality. Normality becomes a goal for stigmatized individuals forced upon them by those without stigma; therefore, these individuals begin to realize that the definition of normalcy cannot be achieved unless they live without stigma. The literature states that assessment tools in therapeutic recreation are primarily created through a deficit- based approach (Anderson & Heyne, 2013) that focuses on the client's problems or diagnoses. Manifest and latent

analysis as well as practitioner informants found the language and terminology used matched medical language, confirming this. Barr & Bracchitta (2015) found that people viewed developmental [dis] abilities more negatively than those with physical [dis] abilities because of language barriers. Adolescents face challenges of stigma and judgment within society that linger in the back of their heads when they are put into a situation of assessment. Program informants shared multiple experiences where they felt practitioners and people in society judge them because of their [dis] ability. Informant K shared that he feels practitioners look at him and think "that there is something they need to assess…like they see me there like maybe something's wrong." This constant worry is stuck to them like a shadow that influences the way they respond to assessment statements. When participants read the assessment directions and purpose and see medical language, this can spark negative emotions. Informant H shared that he can't read, and that it made him sad, however, was grateful that I would read out the tool. Shortly after he shared a story that he feels people look at him and think he is stupid. Without people exchanging words with him, his anxiety and insecurities take over.

The medical model (deficit-based approach) was applied in the "treatment and functional improvement components of our service delivery models" (Robertson & Long (2008, p. 59) such as the Leisure Ability Model, that is still used today. It wasn't until Carruthers & Hood who created and proposed the Leisure and Well-Being Model (LWM) that more practitioners were open to identifying well-being as the desired outcome of TR services (Hood & Carruthers, 2016). This new approach aims towards highlighting and celebrating the client's strengths. The LWM takes on a social model of disability as recommended by the World Health Organization (WHO) (Carter & Van Andel, 2019). Within this social model we have built the foundation of Therapeutic Recreation, tending

to our clients through a person-centered, strength- based approach. However, many standardized tools were made under the medical model framework rendering these existing tools outdated. Moreover, not having many standardized tests that follow strength-based perspective or language, one can claim that we are not practicing what we preach, when it comes to assessment tools.

Language Barriers

Language and social functioning abilities are influenced by how adolescents interact within society and culture specific settings. Two main themes of how assessment tool's utility is affected by language barriers (1) interpretations resulted by language (2) stereotypes within language.

> "I rather see everyday language people use on the street, rather than big words."
> - Informant H

Practitioner informant's experiences of administering standardized tools corroborated this notion by saying they felt assessment tools were "abstract-thinking." Manifest and latent analysis and the Hemingway editor found that language was one of the biggest barriers to completing the tools authentically. The way the statements were constructed in a way that lead practitioners to assume or even generalize results' meanings due to "inconsistent responses from clients." Informants claim that language used within the Leisure Motivation Scale and Social Empowerment and Trust Scale did not reflect or resonate with them and were difficult to comprehend. Therefore, if both clients and practitioners have a difficult time interpreting what the tools are asking, this points a finger at how the statements are written. Statements should be simple, direct and clear; however, they are not.

Secondly, stereotypes are embedded with assessment tools language that impacts the interpretation of data. When practitioners learn the label of their client (ie. at-risk,

adolescent, [dis] ability, developmental [dis] ability etc.) there is plenty of literature that provides background about this person even before you get to know them. When a practitioner learns, their client has a developmental [dis] ability, they may have noted stereotypes on behavior, language and what interventions are beneficial. Some stereotypes may include, unintelligent, violent, immature, unable to understand their feelings and/or not capable of doing things themselves (Wood & Freeth, 2016). Program informants have expressed, "I think they think I am stupid… not smart … because I am special needs. They look at me differently…like not normal" … "That there is something they need to assess…like they see me there like maybe something's wrong." Informant K went on and shared that practitioners, "… go off of what they've heard." This fear could be a reality for some. Pedlar, Hornibrook & Haasen (2001) found responsiveness in language included whether practitioners validated client's experiences or not. This study's findings showed how some practitioners were compelled to collect certain information from the assessment. Not being aware of these experiences or rejecting that they exist, a practitioner may take what is written on paper as truth, affecting goals and intervention plans. This can be a result of assessment processing and/or the language used in standardized assessments that leave practitioners to question how to interpret client's responses. Practitioner informants admitted that assessment tools have language barriers, "human bias" and that they experience "wrong interpretation". Lastly, manifest and latent analysis and the Hemingway editor found words and phrases chosen for similar statements were difficult to define. Therefore, assessment tools should be updated, and incorporate language that is relevant to clients, and move away from "trickery" to improve authentic responses.

Indirect Impact of Assessment Protocol

Assessment process was an additional challenge that RT practitioners claim to face due to assessment tools being inappropriate and 'social construction' that influences the way practitioners interprets client's responses. It comes to no surprise that an assessment tool creates categories that result in individuals taking the test to be placed into boxes. This was examined and confirmed through manifest and latent analysis. Categorizing behavior and preferences creates generalizations that lead to the development of social identity. Social identity stems from "anticipating stigma" (Major & Schmader, 2018) where people feel that they are what someone or in this case something (the tool) tells them. In some ways, psychological profiling can be useful; however, there can be negative implications. During the adolescence phase, identity development is at the forefront of this stage in life, where high-risk individuals are more vulnerable than others when targeted. Research on social identity has highlighted the implications of social identity that threatens an individual's performance and behavior and has a negative impact on their health (Major & Schmader, 2018). This is one root cause of where stigma festers. The purpose of an assessment tool is to gather information and develop rapport with an individual to better serve their needs. However, language is demonstrated as being a barrier due to the tools being outdated and having poor statement structure. Both clients and practitioners experience challenges interpreting statements. Moreover, practitioners are left to use their judgment and assumptions, moving them away from administering assessment tools.

There are many individuals that create a perception of themselves as inferiors and accept this "position", known as self-stigma. This circles back to the root cause of this negative perception, where "social services operate as agents of social control." Social

control or the perceived notion of social control stems from assessment protocol and a practitioner's TR philosophy. If practitioners follow solely a medical model approach and do not incorporate some elements of the social model, clients will continue to be excluded from the process, thus impacting assessment results. When clients are excluded from the process, they do not form a connection with the process and view the process as something they are forced to go through. Informant A is resistant to the process whereas informant H and K go through the motions. Informant K expressed "it's part of the process… nothing will change the way people view Autism." Consequently, it is important to (1) revisit the framework guiding assessment tools (2) ensure the provision of relevant and meaningful choice (3) practitioners need to be aware of their own culture, value and beliefs. This culture will become ingrained in their practice and impact those they serve.

When adolescents experiencing [dis] ability and/or mental health challenges complete a standardized assessment tool they are subjected to stigma through assessment protocol and language used within the tools. Practitioners claim that assessment is important because it gathers information needed for client goals and intervention plans; however, obtaining this information can be difficult. Pedlar, Hornibrook & Haasen (2001) suggested to switch up the order in assessment protocol, by eliminating assessment tools as the first exchange and focus on getting to know the person. Understanding the client first and adapting the way practitioners administer and interpret results can bring them one step closer to gathering authentic data.

When comparing informant's responses, one can see that they struggle with identity, stereotypes and knowing where they stand in the hierarchical system. Those living without stigma maintain social control and power over those experiencing

stigmatization. Therefore, stigmatization occurs most effectively when social control is imposed. Stigma continues to pose a social issue, seeing that society is constructed in such a way that controls certain populations, ensuring that power is not easily exchanged. If we focus on Informant A's experience with "authoritative figures", we can conclude that the informant becomes passive and internalizes his emotion. He lacks trust in the system and feels that those whose job it is to "help" are only doing it because it's their "job".

In addition, those who are stigmatized often become "dependent, passive, helpless and childlike" (Coleman Brown, 2013, p.8) because they are taking on this role or identity that is expected from society. This creates social rejection or avoidance, forcing people to limit or adjust their relationships to those stigmatized. This creates barriers to leisure opportunities and experiences, especially for children and youth because their peers "ban" them from social activities (Coleman Brown, 2013). This is important to note as a recreational therapist because this can give us insight into how adolescents respond to assessment tools that measure leisure skills, leisure satisfaction, barriers, social skills and participation. This allows us to understand why scores may be low, or why intrinsic motivation is lacking.

Limitations

Program Informants

This study identified challenging elements within the chosen assessment tools. In addition, informants shared experiences of challenges they face living with stigma. Looking back, I would have liked to include more elements to the interview process that I believe would result in rich data. Of course, this would mean I would have had to break up the sessions into three 1-hour time slots, to ensure the clients are focused and engaged. The first hour session, that was conducted in this study, I would leave as is, however for the second hour session I would give the informants an opportunity to modify or create elements within an assessment tool by (1) asking informants to reword statements they did not believe to be relatable or were difficult to understand (2) provide different assessment tools for them to identify what layout and pieces they found clear and appropriate (3) I would take those suggestions and create "their" assessment tool and then give their tool to the other informants to provide feedback on during the third session.

Practitioner Informants

This study identified challenges practitioners face when administering assessment tools and elements within the tools that pose barriers for clients. However, time was a factor that limited results. During the TRO conference, I was only given an hour, however, if given more time or arranged a place where practitioners could meet for longer would have been beneficial. After analyzing the results, I have follow up questions. These follow up questions, would turn into another project however, I am left wondering (1) what assessment tools do they use currently (2) what does their assessment process look like (3) has their facility created a tool and how is has that changed the way they collect data (4) if they were to create a tool for their targeted populations what

elements must be included (5) what experiences have their clients faced in regards to administering assessment tools or participating in assessment process.

Recommendations for Future Studies

1. Understand different TR settings assessment protocol/processes

It is my assumption based on some of the practitioner's responses from this study that assessment protocol varies from setting to setting. Some facilities require practitioners to administer standardized tests and some do not. Future researchers could explore different settings and (1) understand how standardized tests fit within their setting (2) understand what works and doesn't work in those settings. Standardized tests are just one piece to the assessment process. They cannot provide information needed about behavior, knowledge, attitudes, skills and abilities alone. Therefore, understanding specific processes implemented in each setting can provide practitioners across each setting with a baseline or foundation to gather valid and realistic information. Maybe through this discovery, standardized tests are not ideal in some settings or there are some facilities that have created an assessment tool that other settings or facilities can benefit from. Furthermore, assessment protocol should be the same across similar settings, and learning what that protocol looks like is the first step in operating from the same baseline. This is vital for the field, for it will earn credibility and respect within their profession and organization.

2. **Modifying or taking a different approach to standardized test development**

Historically assessment tools have been created with a medical model approach (Anderson & Heyne, 2013), and many are still used today; however, there is a growing emphasis on the strength-based approach to assessment tools (Graybeal, 2001). Based on this study's findings, assessment tools that were evaluated fell short because they didn't focus on how the receiver viewed life from their perspective, thus deeming it not relatable, inappropriate and outdated. The strength-based approach provides insight on how to identify and gain information on client's strengths, aspirations and a holistic portrayal of skills, abilities and knowledge (Anderson & Heyne, 2013). Strength-based assessment tools are one piece to solving this issue. By combining the 'good' from both the deficit-based and strength-based approach to create or modify existing tools can be beneficial. Manifest and latent analysis as well as program informants found that the likert-scale could be difficult for some audiences; however, that isn't to say we must scrap it. Researching new alternatives such as implementing a multiple-choice method or visual analogue scale or even researching and collaborating with allied health fields on what works for them and implementing it within our field can be the next step to finding a solution.

Secondly, the traditional language and content used in current assessment tools needs adapting to emphasize client's language. "Experience suggests, however, that it is not only possible to use the traditional format in a different way, but to initiate change at the agency level" (Graybeal, 2001, p.8). Therefore, an increase in advocacy for positive assessment practice is vital to promote this kind of change. In attempts to changing traditional language and content I recommend getting clients involved through a participatory action research approach. Allowing target populations to assist in creating

assessment tools by providing examples of statement writing from their perspective and learning what is important to them (what they think practitioners should know or ask to learn more). This can promote awareness of our services, create a client-researcher-therapist team that may lead to enhanced meaning to services and eliminate stigma/stereotypes within tools.

3. Enhance assessment education within TR curriculum

Updating which standardized assessments practitioners use currently can be beneficial. By identifying which tools are used in each setting along with a general knowledge of assessment process can prepare new graduate therapists for the field. The curriculum should be updated to reflect what research has found about assessment process and standardized tests. In doing so students will learn which tools are currently used and how to properly administer them. In addition, the current curriculum teaches students about assessment tools with the help of the "big red book"; however, these tools are outdated, and many do not have any current use. Increasing awareness of existing assessment tools that target different populations within the curriculum is important. Limited awareness of standardized tests in field impacts future practitioners.

Overall Recommendations

The goal was to understand both professional's and target population's experiences when administering or receiving assessment tools to suggest how future researchers can modify or create new tools that are accurately representative of persons experiencing [dis] abilities. The findings in this research project have created a foundation for researchers and practitioners to implement elements that are relatable, concise and clear. The following are my recommendations on how future researchers and practitioners can revise assessment tools to better meet the needs of their target population.

Likert Scale

During the one-on-one interviews with the program informants, the Likert scale created a barrier that caused informants to respond inaccurately, unintentionally. At first glance, I took the results as face value, until going through each statement with each informant, asking what they thought the statement meant, and the reasoning for their assigned value. I noticed a definite pattern. If the informants didn't know how to answer the statement, they chose the middle ground- assigning a 3 out the 5-point Likert scale. Informant K claimed he assigned a 3 because he didn't know how to answer or "didn't want to answer the question". This was apparent in the Social Empowerment and Trust tool because the value of 3, had a description "uncertain". This does not serve a purpose and does not assist practitioners when deciphering the meaning of this response.

Additionally, the informants would often mix up the assigned numerical value with the meaning of the statements. Therefore, I believe the Likert-scale is not problematic, it is the descriptive characters (never true, seldom true, somewhat true, often true, always true) that caused confusion. This was more present in the Leisure Motivation scale, for the descriptors are a bit tricky for this population. Therefore, my recommendations are to use other descriptive words that are easier to understand and for the value of 3 (middle ground) to have an option that is both positive and negative. By giving clients an option allowing them to express that this statement has both a negative and positive emotion for them is important because nothing in life is black and white. There will be times that being in a calm atmosphere (statement 37- LMS tool) may bring about a negative and positive reaction depending on the day. This information is important for practitioners to note and understand, so they can use this in other situations that may arise. Lastly, I

believe it can be beneficial to replace the numerical values with emotion icons. This can help clients with language barriers express how they feel visually.

Language

Lastly, language barriers contributed to the main findings regarding assessment tools. Using the Hemingway Editor tool and the help of the target population it would be beneficial to rewrite statements for better clarity and understanding. This would not alter the validity of the tool since the statements would have the same meaning; however, it would use synonyms that are easy to understand. For an example, in the LMS tool the statement "to seek stimulation" can be rewritten as "to find joy".

Assessment tools are written with a medical model approach; however, the practice follows a social model. This is not to say that assessment tools should be constructed with solely a social model approach. The medical model holds merit and value, however, so does the social model. Therefore, I suggest combining elements of both models, for there are strengths both approaches have that can benefit the clients we serve. Furthermore, it would be beneficial for researchers to invite assessment tool recipients (clients/ target population) to rewrite statements, and figure out which elements of different self-administered tests best represents their needs and is easy to understand and administer, to improve clarity and construction of the tools.

Conclusion

Burlingame & Blaschko (2010) state that a "systematic and accurate assessment process is essential in providing the basis for an individualized, comprehensive treatment plan" (p. 74) and assessment tools are a necessary component within the TR process (Anderson & Heyne, 2012). Considering assessment tools are a standard of practice, it is important to explore the issues surrounding assessment tools for those experiencing [dis]

abilities to ensure practitioners are implementing quality intervention plans that can enhance quality of life.

Kemeny, Hutchins & Cooke (2016) conducted a survey of practicing RTS to determine the current status of assessment in TR practice across multiple settings and found out of the frequently used tools, there was a reduction of usage when targeting those with developmental [dis] abilities. Jensen-Doss & Hawley (2010) have found that many practitioners believe using standardized tests is impractical and that they would rather use their own judgment. Throughout the literature, there was a gap that explained what specific elements were causing practitioners to stray from using standardized tests, and the perspective of those on the other end- those receiving the tools. In the world of research, it is important for researchers and professionals within the field to come together and collaborate to pinpoint gaps within literature as well as challenges within the field. This allows for theory and practice to come together in harmony and positively affect any challenges faced. By evaluating standardized assessment tools, we can assess the transferability to practice (Hemingway et al., 2014).

This study evaluated selected TR assessment tools to analyze their utility for practitioners and participants. The following sub questions were explored (1) what are the challenges faced by Recreational Therapists when implementing assessment tools? (2) What aspects of TR assessment tools are challenging to participant's experiencing [dis] abilities? Three therapeutic recreation standardized assessment tools stood trial and were evaluated by myself, practitioner informants and youth program informants. Findings from three main sources confirmed what the literature had to say about issues

surrounding assessment tools and consolidated each informant's individual experience about the challenges faced.

Contributions

There is a gap in literature, as research does not explore what specific elements were causing practitioners to stray away from using assessment tools. Additionally, the literature focused solely on assessment tools and the practitioner's outcome. Therefore, the literature has stated there is a need for assessment tool revision; however, it has not given recommendations or identified the barriers faced. Overall, I think of my research as a one stop shop, because you can understand the perspectives of all those involved in the process- the tools, practitioners and recipients. Through manifest and latent analysis future researchers and practitioners can identify which words and/or phrases and how the layout of the tools can cause barriers for this population. TR practitioners have provided feedback that not only touches upon how tools are inconsistent, pose language barriers, are irrelevant to the target population, are not accessible to the target populations and are up to interpretations, but also, shed light on assessment processes/protocols that may also cause a barrier. Lastly, program informants not only provided feedback on elements of assessment tools but shared stories about their feelings towards assessment process and being analyzed. This allows for practitioners to reflect on their positionality as a therapist and provides them with a perspective of what their clients may be going through.

This thesis is a gateway for professionals and future researchers to begin the second phase of addressing this issue and create new or update existing standardized assessment tools to better meet the needs of the populations we serve. Standardized tools should focus on the product of learning rather than going through the motions of the process.

“Traditional standardized assessment follows the child’s cognitive performance to the port of failure in independent functioning (Poehner, 2008, p. 16)”. This statement resonates with this study because as practitioners we are assessing an individual’s performance, whether that is physical, social or cognitive. However, we are comparing these performances to societal norm. It is important for standardized assessment tools to reflect individual’s differences and their implications for instruction. Recreational therapists serve many populations; therefore, assessment tools should reflect not only the multitude of populations but also the language used within each population. Therefore, there is a need for standardized tests to adopt a new perspective that “measures” an individual’s performance based on what they are capable of, uses language that is easily understood and consists of questions that are both relatable and meaningful to each population.

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Appendices

Appendix A: Ethics Clearance

Brock University
Research Ethics Office
Tel: 905-688-5550 ext. 3035
Email: reb@brocku.ca

Social Science Research Ethics Board

Certificate of Ethics Clearance for Human Participant Research

DATE: 2/13/2019

PRINCIPAL INVESTIGATOR: CONNOLLY, Maureen - Kinesiology

FILE: 18-011 - CONNOLLY

TYPE: Masters Thesis/Project STUDENT: Jessica Salvagna
SUPERVISOR: Maureen Connolly

TITLE: Evaluation of Assessment Tools for Persons Experiencing [Dis]abilities

ETHICS CLEARANCE GRANTED

Type of Clearance: NEW Expiry Date: 2/1/2020

The Brock University Social Science Research Ethics Board has reviewed the above named research proposal and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement. Clearance granted from 2/13/2019 to 2/1/2020.

The Tri-Council Policy Statement requires that ongoing research be monitored by, at a minimum, an annual report. Should your project extend beyond the expiry date, you are required to submit a Renewal form before 2/1/2020. Continued clearance is contingent on timely submission of reports.

To comply with the Tri-Council Policy Statement, you must also submit a final report upon completion of your project. All report forms can be found on the Research Ethics web page at http://www.brocku.ca/research/policies-and-forms/research-forms.

In addition, throughout your research, you must report promptly to the REB:

a) Changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
b) All adverse and/or unanticipated experiences or events that may have real or potential unfavourable implications for participants;
c) New information that may adversely affect the safety of the participants or the conduct of the study;
d) Any changes in your source of funding or new funding to a previously unfunded project.

We wish you success with your research.

Approved: Lynn Dempsey

Lynn Dempsey, Chair
Social Science Research Ethics Board

Robert Steinbauer, Chair
Social Science Research Ethics Board

Note: Brock University is accountable for the research carried out in its own jurisdiction or under its auspices and may refuse certain research even though the REB has found it ethically acceptable.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of research at that site.

Appendix B: Informants Consent Forms

Date: February 14, 2019
Project Title: Evaluating assessment tools for persons experiencing [dis]abilities

Principal Investigator (PI): Dr. Maureen Connolly (Supervisor)
Department of Applied Health Science

LETTER OF INVITATION

My name is Jessica Salvagna. I am a second-year Masters student at Brock University that has help facilitated the C.H.A.R.M program (for two years) for your child. I am inviting your child to participant in a research study that I am conducting. The purpose of this study is to understand how effective assessment tools in the Therapeutic Recreation field are for transition-aged youth and persons experiencing [dis]abilities.

WHAT'S INVOLVED
During the C.H.A.R.M program your child is taught fundamental skills that can be transferred to other aspects of their lives. In my study, I will be combining the tasks asked of them from my study into the C.H.A.R.M program to ensure they will not be missing out of the benefits of the program.

If granted permission this is an outline of the tasks your child will be involved in:

- I will be asking your child to become a partner in my study. Instead of me assessing them, I want them to assess and evaluate two assessment tools in the Therapeutic Recreation field and provide feedback. The feedback that I am looking for is if it was easy to complete, if they understood what was asked, and their overall experience while "testing out" the assessment.
- The two assessment tools they will be assessing are: Leisure Motivation scale and Social Empowerment and Trust scale.
- The Leisure motivation scale focuses on what makes someone motivated to participate in recreation activities. I will ask them to fill out (but not score) the assessment tool and talk about their experience in a group interview.
- The Social Empowerment and Trust scale focuses on changes in attitude and skills after being in a program. I will again ask them to fill out (but not score) the assessment tool and talk about their experience in a group interview.

POTENTIAL BENEFITS AND RISKS
- This study has the potential to enhance the health field and improve assessment tools to ensure they represent all populations.
- This research project will address a gap in research and has the potential to shine light on assessment tools not being well represented for all populations.
- Brings awareness to assessment tools that say they are accurate however, may be problematic and may cause a barrier to appropriate and quality intervention programs.
- There can be a risk of emotional stress of the thought of how assessment tools are demeaning their capabilities or may feel embarrassed if your child does not understand the terminology used during the interview.

→ I will create a safe place where no judgment will take place, and will provide you child with the option to choose where to have the interview.

CONFIDENTIALITY

All information you or your child provide is considered confidential; your child's name will not be included or, in any other way, associated with the data presented in the study. Furthermore, because our interest is in the average responses of the entire group of participants, your child will not be identified individually in any written reports of this research. The information your child provides will be kept confidential. Their name will not appear in any thesis or report resulting from this study; however, anonymous quotations may be used.

Data collected during this study will be stored only on the researcher's private computer. Data will be kept for 5 years after publication, after which time, the final destruction/disposal of data will occur. Access to this data will be restricted to anyone that is not directly involved in the research.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. Your child may decline to answer any questions or participate in any component of the study. Furthermore, if your child may decide to withdraw from this study at any time, they may do so without any penalty or loss of benefits to which you are entitled (participating in the C.H.A.R.M or S.N.A.P program). If your child has decided to withdraw from the study they will continue the program as scheduled. Those who wish to participate will be separated from those who have withdrawn to provide feedback in a more private location ("snack room"). *Your decision to allow your child to participate, not or withdraw will not impact their child's experience/care in the* C.H.A.R.M or S.N.A.P *program.*

PUBLICATION OF RESULTS

Results of this study will be published in professional journals and presented at conferences. Feedback about this study will be available at any time at your request. You may contact the researcher Jessica Salvagna directly via email if you have any further concerns or questions.

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this study or require further information, please contact Dr. Maureen Connolly, or Jessica Salvagna using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University (File name) If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project. Please keep a copy of this form for your records.

CONSENT FORM

I agree for my child _____ to participate in this study described above. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that my child can withdraw at any time during the study. *Your decision to allow your child to participate, not or withdraw will not impact their child's experience/care in C.H.A.R.M* or S.N.A.P program.

Name of Guardian: _____ Signature: _____

Date: _____

Appendix C: Recreational Therapist Consent Forms

Date: May 31, 2019
Project Title: Evaluating assessment tools for persons experiencing [dis]abilities

Principal Investigator (PI): Dr. Maureen Connolly (Supervisor)
Department of Applied Health Science

LETTER OF INVITATION

My name is Jessica Salvagna. I am conducting a study that will aim to evaluate Therapeutic Recreation assessment tools for persons experiencing [dis]abilities. I am inviting you to provide feedback on your experience and thoughts about administering TR assessment tools for persons experiencing [dis]abilities.

WHAT'S INVOLVED

- Participants will follow a case study and fill out CERT/PSYCH tools (with permission, this will be collected, compared with other participant's and my own results).
- Participants will discuss and note pros and cons of assessment tools and their overall experience (This will be displayed through chart paper & sticky note activity).

POTENTIAL BENEFITS AND RISKS

- This study has the potential to enhance the health field and improve assessment tools to ensure they represent all populations.
- This research project will address a gap in research and has the potential to shine light on assessment tools not being well represented for all populations.
- Brings awareness to assessment tools that say they are accurate however, may be problematic and may cause a barrier to appropriate and quality intervention programs.
- There is no risk to your participation.

CONFIDENTIALITY

All information you provide is considered confidential; your name will not be included or, in any other way, associated with the data presented in the study. Furthermore, because our interest is in the average responses of all three TR professionals you will not be identified individually in any written reports of this research. The information you provide will be kept confidential. Your name will not appear in any thesis or report resulting from this study; however, anonymous quotations may be used.

Data collected during this study will be stored only on the researcher's private computer. Data will be kept for 5 years after publication and after which time, the final destruction/disposal of data will occur. Access to this data will be restricted to anyone that is not directly involved in the research.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you wish, you may decline, and your feedback package (CERT/PSYCH tool results) will not be included in the study.

PUBLICATION OF RESULTS

Results of this study will be published in professional journals and presented at conferences. Feedback about this study will be available at any time at your request. You may contact the researcher Jessica Salvagna directly via email if you have any further concerns or questions.

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this study or require further information, please contact Dr. Maureen Connolly, or Jessica Salvagna using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University (File name) If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project. Please keep a copy of this form for your records.

CONSENT FORM

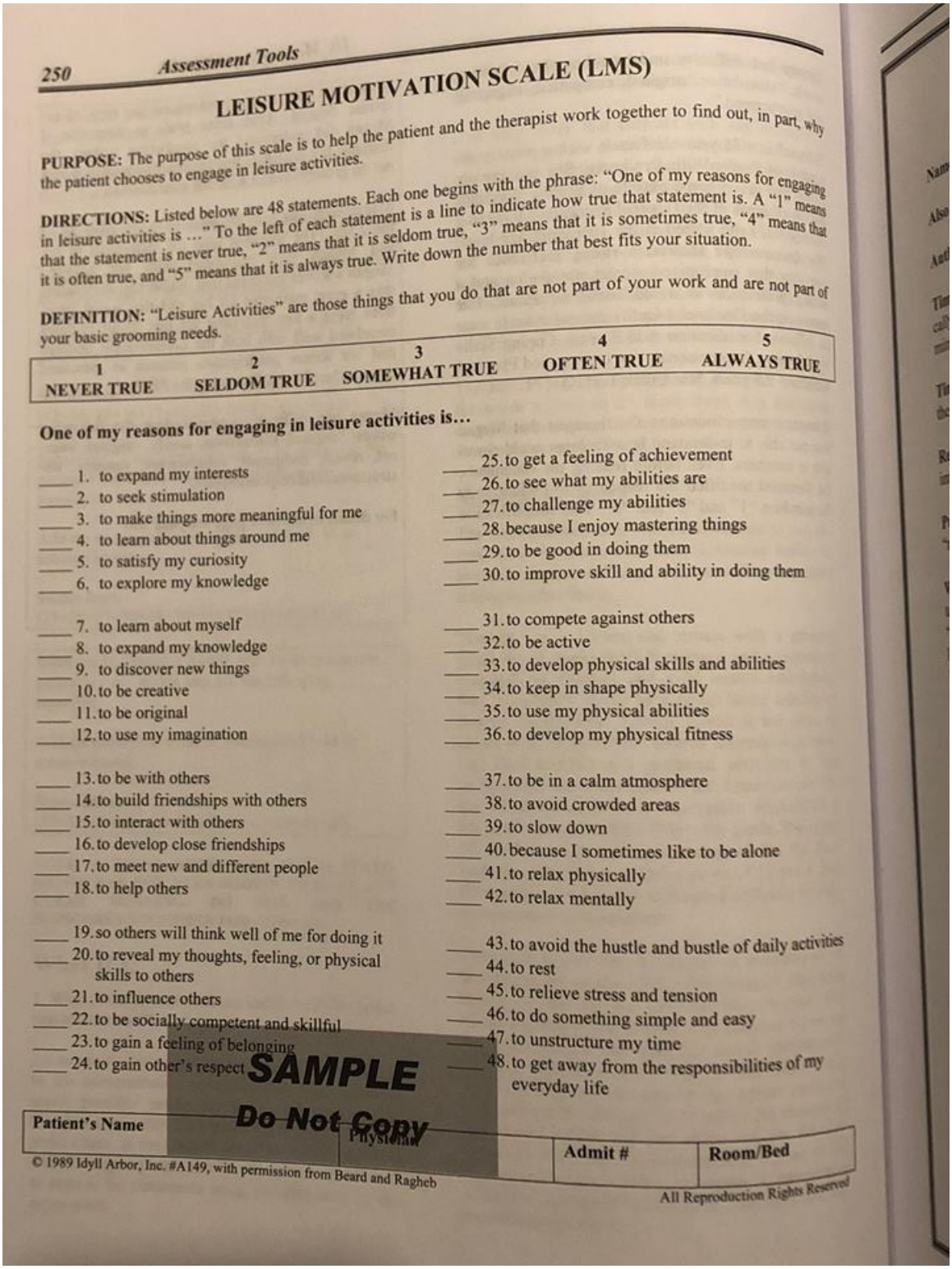
I agree to participate in this study described above. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that I can withdraw at any time during the study.

Name:_____Signature: _____

Date: _____

Appendix D: Assessment Tools

Leisure Motivation Scale



250 *Assessment Tools*

LEISURE MOTIVATION SCALE (LMS)

PURPOSE: The purpose of this scale is to help the patient and the therapist work together to find out, in part, why the patient chooses to engage in leisure activities.

DIRECTIONS: Listed below are 48 statements. Each one begins with the phrase: "One of my reasons for engaging in leisure activities is …" To the left of each statement is a line to indicate how true that statement is. A "1" means that the statement is never true, "2" means that it is seldom true, "3" means that it is sometimes true, "4" means that it is often true, and "5" means that it is always true. Write down the number that best fits your situation.

DEFINITION: "Leisure Activities" are those things that you do that are not part of your work and are not part of your basic grooming needs.

1 NEVER TRUE	2 SELDOM TRUE	3 SOMEWHAT TRUE	4 OFTEN TRUE	5 ALWAYS TRUE

One of my reasons for engaging in leisure activities is…

____ 1. to expand my interests
____ 2. to seek stimulation
____ 3. to make things more meaningful for me
____ 4. to learn about things around me
____ 5. to satisfy my curiosity
____ 6. to explore my knowledge

____ 7. to learn about myself
____ 8. to expand my knowledge
____ 9. to discover new things
____ 10. to be creative
____ 11. to be original
____ 12. to use my imagination

____ 13. to be with others
____ 14. to build friendships with others
____ 15. to interact with others
____ 16. to develop close friendships
____ 17. to meet new and different people
____ 18. to help others

____ 19. so others will think well of me for doing it
____ 20. to reveal my thoughts, feeling, or physical skills to others
____ 21. to influence others
____ 22. to be socially competent and skillful
____ 23. to gain a feeling of belonging
____ 24. to gain other's respect

____ 25. to get a feeling of achievement
____ 26. to see what my abilities are
____ 27. to challenge my abilities
____ 28. because I enjoy mastering things
____ 29. to be good in doing them
____ 30. to improve skill and ability in doing them

____ 31. to compete against others
____ 32. to be active
____ 33. to develop physical skills and abilities
____ 34. to keep in shape physically
____ 35. to use my physical abilities
____ 36. to develop my physical fitness

____ 37. to be in a calm atmosphere
____ 38. to avoid crowded areas
____ 39. to slow down
____ 40. because I sometimes like to be alone
____ 41. to relax physically
____ 42. to relax mentally

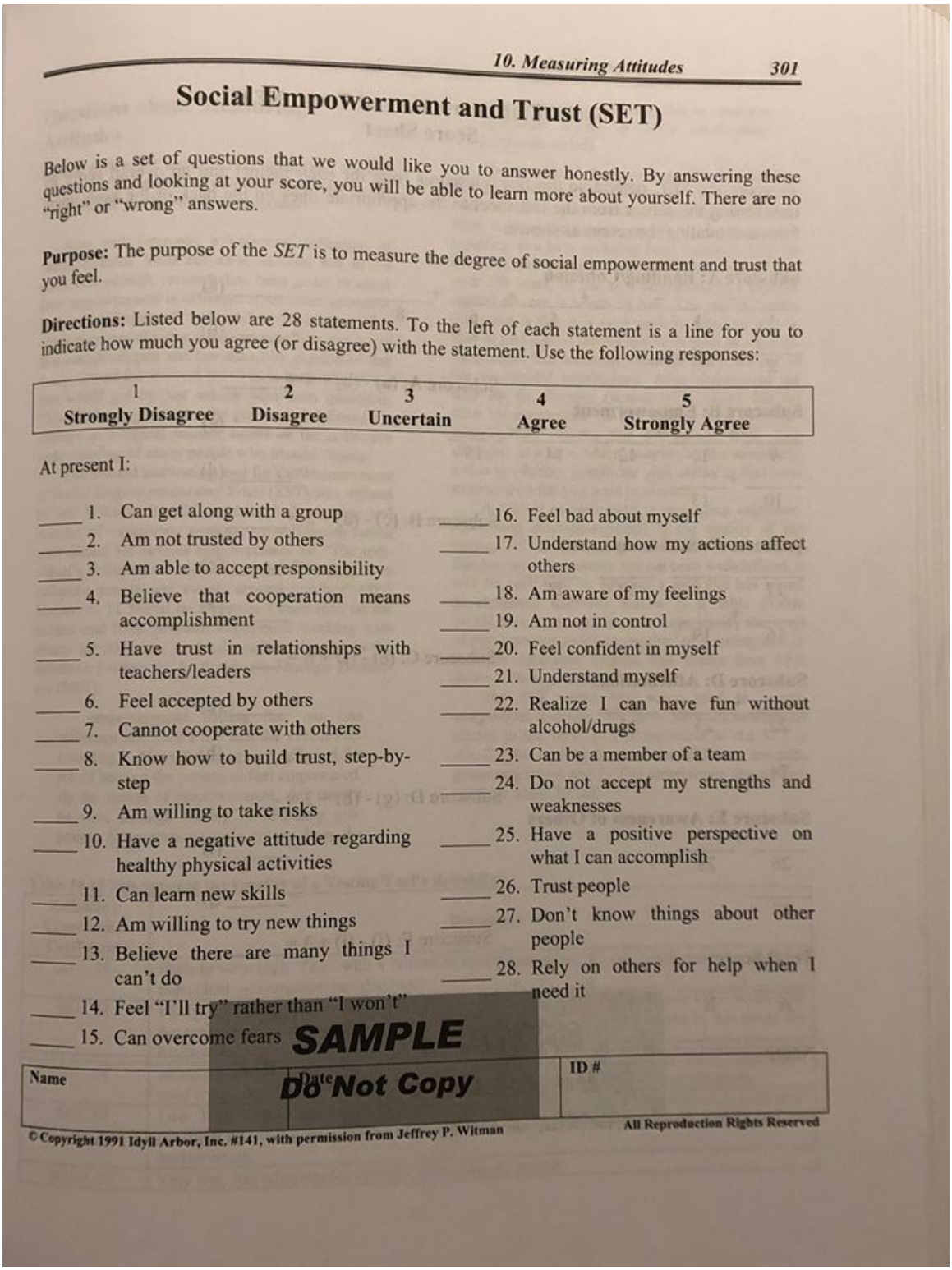
____ 43. to avoid the hustle and bustle of daily activities
____ 44. to rest
____ 45. to relieve stress and tension
____ 46. to do something simple and easy
____ 47. to unstructure my time
____ 48. to get away from the responsibilities of my everyday life

SAMPLE
Do Not Copy

Patient's Name	Physician	Admit #	Room/Bed

Appendix D: Assessment Tools

Social Empowerment and Trust Scale



Social Empowerment and Trust (SET)

Below is a set of questions that we would like you to answer honestly. By answering these questions and looking at your score, you will be able to learn more about yourself. There are no "right" or "wrong" answers.

Purpose: The purpose of the *SET* is to measure the degree of social empowerment and trust that you feel.

Directions: Listed below are 28 statements. To the left of each statement is a line for you to indicate how much you agree (or disagree) with the statement. Use the following responses:

1	2	3	4	5
Strongly Disagree	**Disagree**	**Uncertain**	**Agree**	**Strongly Agree**

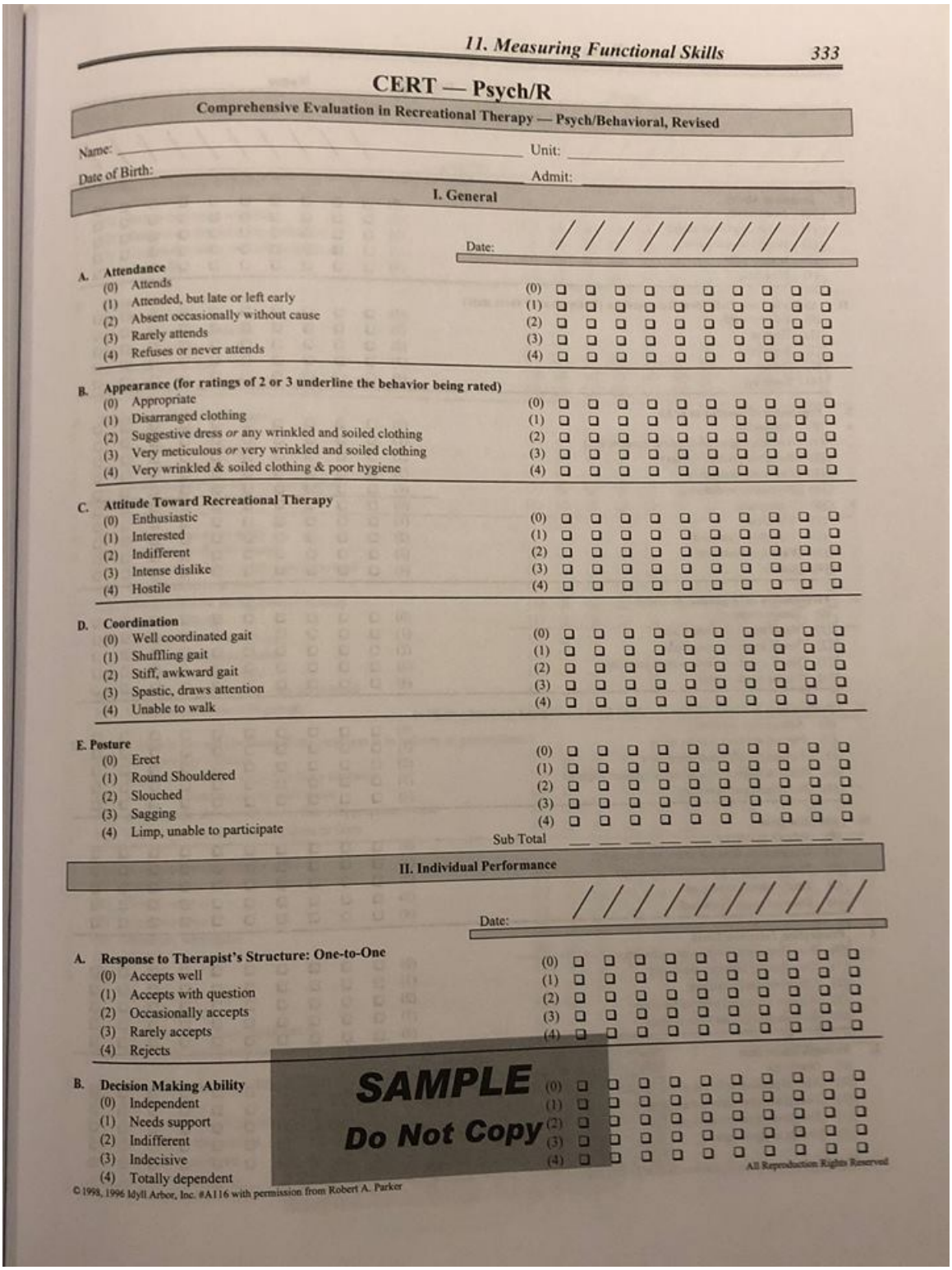
At present I:

____ 1. Can get along with a group
____ 2. Am not trusted by others
____ 3. Am able to accept responsibility
____ 4. Believe that cooperation means accomplishment
____ 5. Have trust in relationships with teachers/leaders
____ 6. Feel accepted by others
____ 7. Cannot cooperate with others
____ 8. Know how to build trust, step-by-step
____ 9. Am willing to take risks
____ 10. Have a negative attitude regarding healthy physical activities
____ 11. Can learn new skills
____ 12. Am willing to try new things
____ 13. Believe there are many things I can't do
____ 14. Feel "I'll try" rather than "I won't"
____ 15. Can overcome fears
____ 16. Feel bad about myself
____ 17. Understand how my actions affect others
____ 18. Am aware of my feelings
____ 19. Am not in control
____ 20. Feel confident in myself
____ 21. Understand myself
____ 22. Realize I can have fun without alcohol/drugs
____ 23. Can be a member of a team
____ 24. Do not accept my strengths and weaknesses
____ 25. Have a positive perspective on what I can accomplish
____ 26. Trust people
____ 27. Don't know things about other people
____ 28. Rely on others for help when I need it

Name	Date	ID #

Appendix D: Assessment Tools

Comprehensive Evaluation in Recreational Therapy (CERT)- Psych/Behavioral Scale



11. Measuring Functional Skills 333

CERT — Psych/R

Comprehensive Evaluation in Recreational Therapy — Psych/Behavioral, Revised

Name: _____ Unit: _____

Date of Birth: _____ Admit: _____

I. General

Date: / / / / / / / / / /

A. Attendance
(0) Attends
(1) Attended, but late or left early
(2) Absent occasionally without cause
(3) Rarely attends
(4) Refuses or never attends

B. Appearance (for ratings of 2 or 3 underline the behavior being rated)
(0) Appropriate
(1) Disarranged clothing
(2) Suggestive dress *or* any wrinkled and soiled clothing
(3) Very meticulous *or* very wrinkled and soiled clothing
(4) Very wrinkled & soiled clothing & poor hygiene

C. Attitude Toward Recreational Therapy
(0) Enthusiastic
(1) Interested
(2) Indifferent
(3) Intense dislike
(4) Hostile

D. Coordination
(0) Well coordinated gait
(1) Shuffling gait
(2) Stiff, awkward gait
(3) Spastic, draws attention
(4) Unable to walk

E. Posture
(0) Erect
(1) Round Shouldered
(2) Slouched
(3) Sagging
(4) Limp, unable to participate

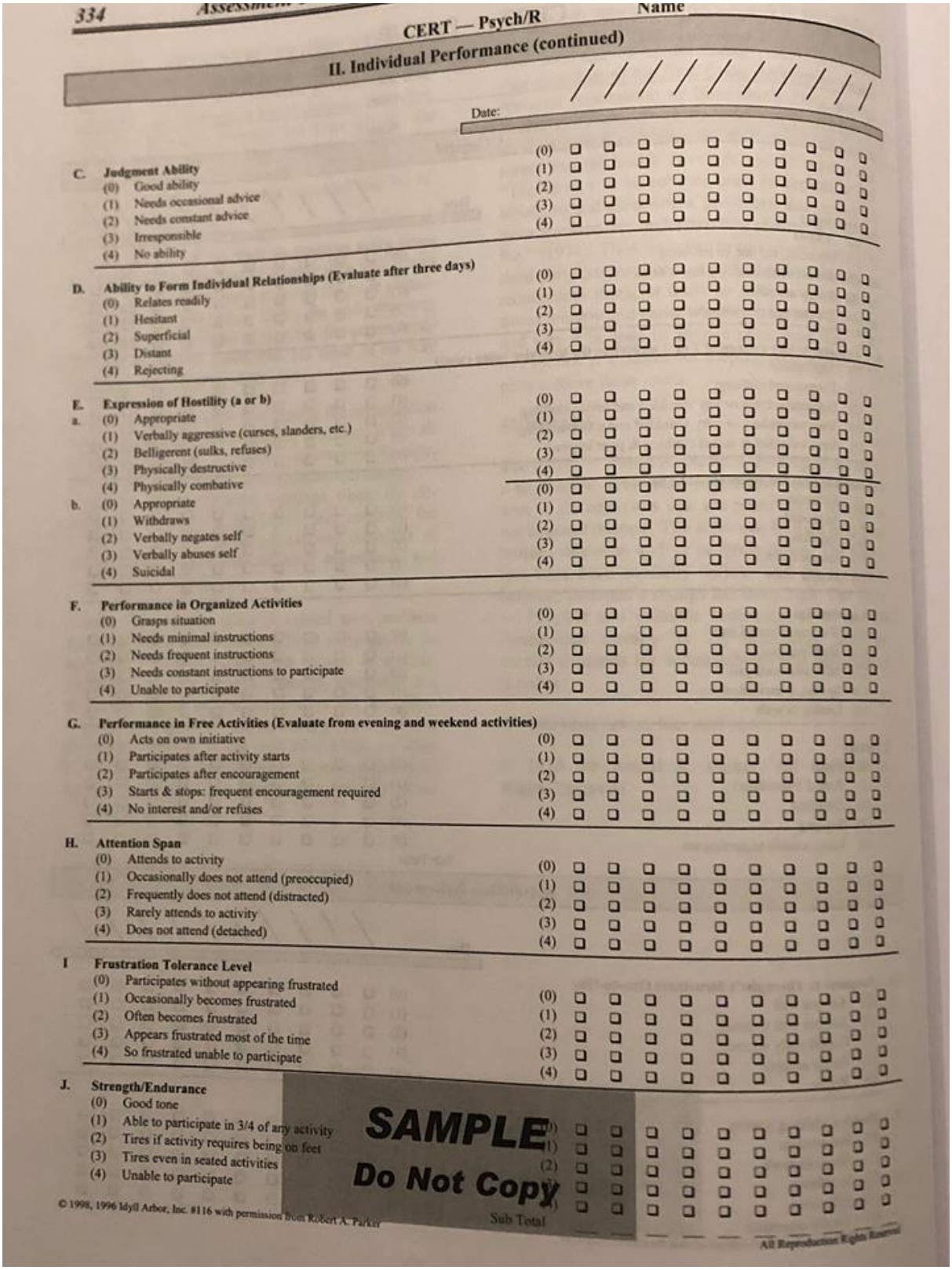
Sub Total

II. Individual Performance

Date: / / / / / / / / / /

A. Response to Therapist's Structure: One-to-One
(0) Accepts well
(1) Accepts with question
(2) Occasionally accepts
(3) Rarely accepts
(4) Rejects

B. Decision Making Ability
(0) Independent
(1) Needs support
(2) Indifferent
(3) Indecisive
(4) Totally dependent



334 Assessment

CERT — Psych/R Name

II. Individual Performance (continued)

Date: / / / / / / / / / /

C. **Judgment Ability**
(0) Good ability
(1) Needs occasional advice
(2) Needs constant advice
(3) Irresponsible
(4) No ability

D. **Ability to Form Individual Relationships (Evaluate after three days)**
(0) Relates readily
(1) Hesitant
(2) Superficial
(3) Distant
(4) Rejecting

E. **Expression of Hostility (a or b)**
a. (0) Appropriate
(1) Verbally aggressive (curses, slanders, etc.)
(2) Belligerent (sulks, refuses)
(3) Physically destructive
(4) Physically combative

b. (0) Appropriate
(1) Withdraws
(2) Verbally negates self
(3) Verbally abuses self
(4) Suicidal

F. **Performance in Organized Activities**
(0) Grasps situation
(1) Needs minimal instructions
(2) Needs frequent instructions
(3) Needs constant instructions to participate
(4) Unable to participate

G. **Performance in Free Activities (Evaluate from evening and weekend activities)**
(0) Acts on own initiative
(1) Participates after activity starts
(2) Participates after encouragement
(3) Starts & stops: frequent encouragement required
(4) No interest and/or refuses

H. **Attention Span**
(0) Attends to activity
(1) Occasionally does not attend (preoccupied)
(2) Frequently does not attend (distracted)
(3) Rarely attends to activity
(4) Does not attend (detached)

I **Frustration Tolerance Level**
(0) Participates without appearing frustrated
(1) Occasionally becomes frustrated
(2) Often becomes frustrated
(3) Appears frustrated most of the time
(4) So frustrated unable to participate

J. **Strength/Endurance**
(0) Good tone
(1) Able to participate in 3/4 of any activity
(2) Tires if activity requires being on feet
(3) Tires even in seated activities
(4) Unable to participate

SAMPLE
Do Not Copy

Sub Total

CERT — Psych/R Name

III. Group Performance

Date: / / / / / / / / / /

A. Memory for Group Activities
(0) Good recall
(1) Remembers most activities
(2) Remembers few activities (selective)
(3) Confused, seldom remembers activities
(4) No recall

B. Response to Group Structure
(0) Accepts well
(1) Accepts with questions
(2) Rarely accepts
(3) Rejects structure
(4) Rejects structure & becomes hostile

C. Leadership Ability in Groups
(0) Can be a leader
(1) A leader if encouraged
(2) Co-leader ability
(3) Some leadership with constant support
(4) No ability

D. Group Conversation (a or b)
a. (0) Converses well with groups
(1) Converses well but sometimes is too loud
(2) Overly talkative at times
(3) Overly talkative during most of activity
(4) Incessant talking

b. (0) Converses well with groups
(1) Converses only occasionally
(2) Converses but is guarded
(3) Attempts to converse but appears to block
(4) Unable to converse with groups

E. Sexual Role in Group (Indicate if the problem is in actions or perceptions.)
(0) Meets society's norms
(1) Inappropriate dress, speech or body language
(2) Poor understanding of personal space
(3) Inappropriate physical contact or fear of appropriate contact
(4) Unable to control sexual impulses or fears

F. Style of Group Interaction (a or b)
a. (0) Assertive
(1) Tries to control
(2) Argumentative
(3) Dominant interrupter
(4) Hostile

b. (0) Assertive
(1) Assertive with support
(2) Only sits quietly
(3) Detaches from group, participates
(4) Withdraws from group and participation

G. Handles Conflict in Group When Indirectly Involved
(0) Handles well
(1) Sometimes will not get involved
(2) Personalizes the conflict
(3) Rarely gets involved
(4) Ignores or runs away

CERT — Psych/R Name _____

III. Group Performance (continued)

Date: / / / / / / / / / /

H. Handles Conflict in Group When Directly Involved (a or b) (Evaluate only when situation occurs)

a.
- (0) Handles well
- (1) Verbally defensive
- (2) Verbally aggressive
- (3) Becomes physically agitated
- (4) Becomes physically abusive

b.
- (0) Handles well
- (1) Apologetic
- (2) Self-depreciating
- (3) Withdraws, but continues in activity
- (4) Withdraws from activity

I. Competition in Group (a or b)

a.
- (0) Sufficient
- (1) Occasionally is aggressive
- (2) Often overcompetitive
- (3) Must always win
- (4) Lies or breaks rules to win

b.
- (0) Sufficient
- (1) Tries, but occasionally gives up
- (2) Tries, but often gives up
- (3) Doesn't try to win
- (4) Doesn't care/refuses to participate

J. Attitude Toward Group Decisions
- (0) Follows group decisions
- (1) Accepts most of time
- (2) Hesitant
- (3) Resists
- (4) Rejects

Sub Total ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Scoring

Suggested Scoring Range

	Outstanding	Good	Functional	Problematic
General	0–1	2–3	4–5	6–20
Individual	0–1	2–5	6–10	11–40
Group	0–1	2–5	6–10	11–40

Date	/	/	/	/	/	/	/	/	/	/
General										
Individual										
Group										
Overall										
Staff										

Summary/Recommendations

Appendix E: Journal/Memo-notes of the Informants

Informant A: Leisure Motivation Scale (LMS)

Statements that were unclear:

- Grooming needs
- To seek stimulation
- To avoid the hustle and bustle of daily activities
- To be good in doing them (asked- to be good at doing what?)

Misinterpretations:

- To seek stimulation → fulfillment
- To influence others → peer pressure

Memo Notes:

- While being asked questions, there was a bit of resistance to *expand responses*
  Why doesn't he want to elaborate? (Lack of effort, lack of motivation)
- Avoids talking to his therapist or anyone of authority: he has a **passive attitude**. It seems that he has **accepted his "position**" as **inferior to authority**, and is just going through the system. He can predict each process ie. Interviews with his therapist and will in turn not respond.
- He mentions, they are "**only there for the money**"- as if he feels it's just their job to ask him questions, not that they want answers for his sake
- Seems like he will rebel when they "pry" into his life- maybe he doesn't want to feel judged, feel that they won't understand or feel they won't care
- Informant found majority of the statements easy to understand however didn't find they were relatable. Comparing this statement with informant's results, I can conclude that informant said statements were not relatable because informant's results were low scoring showing informant is not motivated. Therefore, this correlates with it not being relatable for informant does not believe the statements are "true"/ "relatable" in HIS life.
- Informant has a good understanding of word definitions.
  → For those who do not have a good vocabulary, why not use the same words throughout each statement to keep consistency/clarity.

Informant H: Leisure Motivation Scale (LMS)

Statements/words that were unclear:

- Grooming needs
- To seek stimulation
- To avoid the hustle and bustle of daily activities
- Engage
- Seldom
- So others will think well of me for doing it
- To be socially competent and skillful
- To gain a feeling of belonging
- To gain a feeling of belonging
- To be in a calm atmosphere
- To unstructured my time

Memo-Notes:

- Informant is illiterate, therefore adaptions had to be made (reading statements). Informant was stuck on certain words (didn't know the meaning, or statements were unclear).
- Language was the biggest barrier to understanding certain statements however informant was initially overwhelmed by the sight of numbers. After being asked if he would change the tool, he said that he would rather the number values than to talk to someone.
  → Does the informant often feel uncomfortable talking to people? ("higher power?")
  → Does this relate to "how people view him?"

Informant K: (SET)

Memo-Notes:

- **Purpose:** Felt that the sentence what cut short- prevented full understanding
  - That feel (insert) something
- **Directions:** Felt that the sentence what cut short- prevented full understanding
  - Insert: below to answer the statements.
- Didn't understand what the word "uncertain" meant- rated scale descriptor
- Present- didn't understand
- 24. Do not accept my strengths and weaknesses → didn't understand "need to break it up"

Informant K: (LMS)

Memo-Notes:

- Informant seemed confident, relaxed (like he was experienced)

→ Informant has experience: being a part of research, being assessed

- Informant is detailed oriented (started correcting grammar and didn't want to move on to the next statement until he expressed his frustration with the language chosen)
- After completing the tool, informant expressed it was too long and could be shortened
- Expressed there were many similar statements
- Informant began going through the tool and showed me the similarities

Statements/words that were unclear:

- Grooming needs
- Seldom
- To seek stimulation
- To learn about things around me
- Reveal → change it to "discover"
- To be socially **competent** and skillful
- Mastering
- To be good in doing them – "doing what?"
- To avoid the hustle and bustle of daily activities
- To unstructured my time

Journal:

- Experienced many assessments throughout his life shows that the informant is confident in knowing and accepting the process. During the chart exercise "word association" informant understand the meaning and importance of assessments saying things like "assisting of someone/something", "brain test", "test being in public", "having a discussion with a group".
- *Due to his [dis] ability he feels that he is judged and his values and thoughts are not being considered during the assessment process.*
- *Comments like "I think they don't think I know, but I understand", "like sometimes they feels like sometimes they be like due to his Autism then blah blah blah…" or "they go off of what they heard" tell a story of this informant's experience.*
- *These comments could be due to the deficit approach to assessment tools and the "need" to understand what "needs" to be "fixed".*
- The informant was very open about his experience and had a critical view to the assessment tool. While going through the tools the informant was honest about what he didn't understand and would question why certain questions were present in the tool.

Appendix F: Informant Interview Guide

First Session: *Leisure Motivation Scale*

How do you think people view you once they look at you or meet you for the first time? Explain.

- This could be teachers, other parents, therapists

Today we are going to look at an assessment tool that looks at how motivated someone is to participate in recreation and leisure activities. Before we get into it I want to talk about assessment tools.

PRE-ASSESSMENT

On this **chart paper** is the word assessment. I want you to write down words that come to mind when I say assessment or test. These words can define the word; or describe how you feel about the word.

Q: Where and what were you assessed on?

- Write down where and what they were assessed on
- Did you know you were being assessed?
- Did the person assessing/testing you share their results with you?
  → Did you agree with the results?
- How did that experience make you feel?

Assessment tools are used to understand someone's ability or skills when doing something.

GOAL:

Our **goal** for today is for you to give me feedback on what you think about an assessment tool that therapeutic recreationist use to assess teens like yourselves about their motivation. A therapeutic recreationist is someone that uses recreation programs to increase certain skills.

ACTIVITY:

In front of you is one assessment tool used in the field of TR. This assessment tool is self-administered, which means that the professional would want you to complete it yourself. What I want you to do is read through the sheet and fill out the questions. I want you to take your time completing it. It isn't a race to see how fast you can complete it nor is there any right or wrong answers.

If you don't know a word or don't understand the statement I want you to highlight it in yellow. After highlighting, just skip it and keep going.

I will observe participants while they complete the tool. I will note any difficulties or questions they may ask. I will be recording the focus group session.

DEFRIEF

Q: How did you feel filling out the assessment tool?

Q: What questions were unclear or irrelevant?

Q: What did you like about the tool? What did you dislike about the tool?

Q: What would you change about this tool?

If participants are having a hard time expressing their experience, we will go through each question together and talk about their reaction to each question. See if anything triggers a response.

ACTIVITY 2:

Participants will go through each statement.

1. Highlight statements or words that were unclear (discuss reason behind highlighting)
2. Provide feedback on each statement/ tool as a whole

Q: What would you change about this tool?

Go through each statement line for line. – Was the statement clear or unclear? Relatable or not relatable? Discuss statement meaning (check response to identify statement clarity)

Second Session: *Social Empowerment and Trust*

Today's we are going to look at an assessment tool that looks at how you view your involvement in the CHARM program. This tool shows any changes in someone's attitude or skills after they have participated in a program. I am not assessing the changes in your attitude or skills, that is not the point of this session. I want you to go through the tool and fill it out honestly like you did with the last assessment tool. I will not be scoring your results I am just interested in how you felt while completing the tool.

Q: How did you feel filling out the assessment tool?

Q: What questions were unclear or irrelevant?

Q: What did you like about the tool? What did you dislike about the tool?

Q: What would you change about this tool?

If participants are having a hard time expressing their experience, we will go through each question together and talk about their reaction to each question. See if anything triggers a response.

Questions about the tool:

1. What does cooperation mean?
2. What does building trust step by step mean?
3. What are some examples of healthy physical activities?

Go through each statement line for line. – Was the statement clear or unclear? Relatable or not relatable? Discuss statement meaning (check response to identify statement clarity

Appendix G: Recreation Therapist Interview Guide

Activity 1:
On a sticky note, please write down target populations that you believe are inside and outside our scope of practice.

Discussion:
- Allow practitioners to elaborate on responses

Q. What are your thoughts about assessment tools?
Q. What are the pros and cons of assessment tools?
Q. Do you find assessment tools practical in your workplace? Explain.
Q: Have you faced any challenges while assessing your clients? What were they?

Case Study:
Practitioners will be given a case study of a client that I would encounter in the C.H.A.R.M program. The objective is to read the case study, assess the client's behavior and fill out the CERT/Psych assessment tool.

Discussion:
- Go through each statement
- I will provide my response to each statement and give practitioners the opportunity to compare their results to my own and other practitioners in the room.

Q. What does this tell us? What can we gather from this activity?
Q: After reviewing the other two results and comparing them to your own results what were your final thoughts?

Appendix H: Data Analysis: Informants Transcripts Compared

Sub-Themes –Social identity and inferior/superior relationship
Themes- Fear, social control and stereotyping

Transcript	Open Coding: In Vivo/ Descriptive	Sub theme	Selective Codes: Emotions/Interpretations (Themes)
"First Impressions" ***Informant A:*** I: …"just another student" …"sometimes they're like if it's School involved and sometimes some of the teachers see your **files** and stuff like that so you know so **they know what they're getting into."** I: "Sometimes yeah but I've had some teachers who like **single kids out** back on them and stuff like that." R. Has that happened to you? I. "Yeah but then I got the **teacher fired**." I: "**I don't talk** to them. **I don't talk to any of them. I don't talk** to therapist… **I don't talk to** nobody." I: "I just keep it **to myself."** I: "**I went. I sat down in their chair. They said hello to me, I said hi. They said are you ready to talk. I said no. I said I came here because I was forced, I am not saying a damn word to you. And we sat there for two hours."** **I: "**Yeah they tried to talk to me to try and get me to open up but **I don't tell no body nothing**." I: "**I understood their questions but I didn't care"** R: no? How did you feel about not seeing the results and just being tested on? "**I don't care. It didn't really bother me.**" ***Informant H:*** R.What do you think people think when they look in for the first time? I. **Confused.** I. When I meet strangers I think...i think they **think I am stupid… not smart.** I. Think im not smart because I am **special needs**. They look at me **differently, not like normal**. I don't know… it's just a feeling. I.Yeah… just a feeling. Just I look at them and I think they think I look **stupid.** I.If it is **strangers… I am not going to talk to them.**.. like, I am not going to see them again. But If it someone I care about what they think about me, like my **friends or my family** and I want to **say something**, I will say something. I.I know… oh yeah. I have a feeling that I	**Informant A:** Repeats "I don't talk to them" x4 Keeps emotions bottled up - Feeling that no one will understand what he is going through Keeping to himself working for him- "pretty damn good so far" - Relies on himself → Isolates himself, internalizes emotions, doesn't trust people, passive **" I've always gotten over 75% in all my classes." …. "good for you! That is something you should be really proud of." …"ehh…"** - Refusing the possibility of success - Lack of motivation - Stigma **Informant H** repeats that he feels people think he is "stupid" x 3 - Fear of what people think - Emotions of confusion, doubt, angry, sadness - "Different" not "normal" - "Special needs" - Judgment - Assumptions - Stereotypes **Emotions that are attached to being assessed are:** - **Scared** → not knowing what people think of informant "Because **I don't know what people think**. - **Happy**→ for his family • There is an assumption or belief that the results of an assessment tool are not for the person taking it but for their family? Could this be a cause of the medical model? That the client has no control of their process and should go through the required steps? Is this what we want for our clients? **"That there is something they need to assess."**	Informants Accepts position: **inferior to authority** **Plausible emotion of teacher:** Fearful of the unknown, unpredictability and unexpected actions/behavior to this population → Asserts superior position **Mono-method (assessment process)** - System approach - Interviews - Not client focused - Resistant to talk - Resistant to process - Leads to a lack of trust in the therapist - Not a part of the process - Mono-method (interview) - Informant H & K want to know their results **Social Identity:** - Informants feel they are being defined unjustly - When stigmatized they begin to believe in what they are told or how they believe people look or think of them **Inferior-Superior Relationship:** - Inferiority to those of social norm - Inferior to authoritative figures - Lack of control	**Fear** - Internalizing emotions - Isolates himself (informant A) - Fear of what people think →Power/control shift - Fear of judgment - Fear of being "different" - Do not want to stand out - Maintaining social structure - Inferior- superior relationship - Specialist in control **Stereotyping:** - Categorizing the trouble makers from the "good students" - Stigmatized by first impressions or "past history/behavior" Stigma occurs **Self-referencing:** looking up to "caregivers" that shape responses in a social context - Accepting the process - Accepting inferior role - Negative identity ***Social control:*** - Conveying the message that if they don't cooperate and follow their rules they won't be successful → ***Maintaining social structure*** - Teacher telling the mother how to raise her child. Defending her right that, that student is troublesome - Preconceived notion that the client must go through the recommended steps to enhance their wellbeing without being taught the importance/benefits for them - Specialist in control

feel the same way, yeah. **I wouldn't want people that feel like me to feel like this.** R: What do you think of when you think of tests? (We substituted the term assessment tool for tests to enhance the understanding of the definition of assessments) I: **Scared.** R: why does that make you scared? I: Because **I don't know what people think**. R: what else? I: **Happy** too. R: And why would you say happy? I: my family, **tools are for my family.** ***Informant K:*** I: **That there is something they need to assess.** R: Okay. Can you elaborate on that. I: Maybe like **they see me there like maybe something's wrong.** R: Okay and how do you feel when you think that? I:Sometimes I feel like if has to do with my Autism… well okay. R: okay. no big deal, like it's part of the process… I: yeah R: like you are use to it? I: yeah R: and you think that they feel that they already know you? I: **yeah they go off of what they've heard**. I:mmmm…. (long pause) **I think they just go off of what they know. Like sometimes feels like sometimes they be like due to his Autism then blah blah blah…** R: Like do they dumb things down? I: yeah a little bit. R: Okay and how does that make you feel? I**: I think they don't think I know, but I understand.** R:...and how does that make you feel? I: Annoyed	**"they see me there like maybe something's wrong."** - Practitioners are taking a deficit approach - This affects the client: belittling him, making him feel like "something's wrong" - Practitioner holds the power and control **"they go off of what they've heard**." **"I think they just go off of what they know. Like sometimes feels like sometimes they be like due to his Autism then blah blah blah…"** - Practitioner holds the power and control - Not client centered - Judgment or an assumption is made based on what they know, have "heard" - Autism becomes a LABEL - Marginalized - It's their job **"I think they don't think I know, but I understand."** - No resistance to authority - Acceptance - Part of the process		- Sense of feeling inferior - Being stigmatized - Social influence (taking a constructed version of who they are over asking them) - Not a lack of "care" however a lack of concern or value for client's input

Transcript	Selective Codes: Emotions/Interpretations	Sub theme	Themes
"Not seeing their results" ***Informant A:*** **"R: How did you feel about not seeing the results and just being tested on?** **I: I don't care. It didn't really bother me"** R: no? so it's just something that someone has to do in order to gain information or investigate further to get information right? I: **It's their job to know what they are doing. So.** ***Informant H:*** *R:* ...have they ever told you your results or said this is what it means? I: No. R: No? have you ever wondered what that meant? I: Yes. R: Yes? Why is that? I: I want to know what about me. R: You want to know or learn more about yourself? I: yes. ***Informant K:*** I: "…never heard of any results. Asked for them. Never got them." I: "… would ever want to know your results? Yes!"	- Lack of interest to know results - Lack of meaning? - Not apart of the process - **"Therapy" is done to the informant not with the informant** - Not in **control** I: **It's their job to know what they are doing. So.** - Acceptance of authority - Power of knowledge is superior - Sense of resignation (resigned to the process) **"…pisses me off…"** **"…it's only suppose to be like a walk in do a check my weight, height, give me a refill for my pills and send us on our way."** - Passive attitude - Anger towards authority - Accustomed to the medical model/way of treatment - "In and out" → assembly line - Avoiding social interaction with doctor Informant H: First impression of the assessment tool: **"All I see is numbers"** - Intimating **"**…**never heard of any results. Asked for them. Never got them."** "… **would ever want to know your results? Yes!"** **"**how do you feel, that you don't know your results? But knowing you did a test? "uh.. Kind of like they are **trying to keep something from me."** - Keeping the client out of the process - Client is in the dark - Deficit-based approach - Sense of frustration - Sense of keenness to learn, understand and be in the knowing	**Inferior/superior relationship** - Informants are suppressed by not being a part of their "process" - Prevent development, action or expression - "Outsider" to their process - Is it an assumption they won't understand what their results mean?	***Social control:*** - Convey the message to those living with stigma that they won't be successful; they are not encouraged to aspire nor are they encouraged to grow - They have been excluded from an important part of their development process, leaving them powerless - Lack of meaning and motivation

Appendix I: Manifest Analysis Leisure Motivation Scale

NOTE→ This tool is over 29 years' old

Print:

- Title is centered, bolded, large font size
- The word purpose, directions and definition is bolded and in catalogs
- Purpose, directions and definition takes up ¼ of the page
- Likert scale divides content
- The opening statement for the tool is bolded and followed by "…" indicating the following statements continues that opening phrase
- 24 statements in the left column, 24 statements in the right column
- Total of 48 items
- 33 lines
- Beside each statement there is a line, to indicate where the values go
- Under the statements there is box/chart for patient's name, physician, admit #, room/bed – these are all bolded
- Under the chart/box is the copyright identification: year, author → **1989, Idyll**
- Under this box is about 1/8 of an empty page (blank space)

Spacing:

- From the title to the first descriptive paragraph is singled space
- From the purpose to directions to definition is single spaced
- No space between directions and likert scale
- From likert scale to phrase "One of my reasons for engaging in leisure activities is…" and from phrase to 48 statements is each singled spaced
- Every 6 statements there is a space
- There is a space that divides the first and second set of 24 statements
- There is a double space between the 48 statements and the chart/box with participant's person information

Bolded:

- Title
- The word purpose, directions, definition
- The likert scale characteristics
- The opening phrase
- The chart/box section for participant's information

Font size:

- Title has the largest font size
- Likert scale and descriptor words (purpose, definition and directions) have the second largest font
- The opening phrase is the third largest font size
- Content (sentence describing purpose, definition, directions, 48 statements) are the same font size and the smallest font size

Content:

- The **purpose**: Who is this statement meant for? The therapist? It's a self-administered tool, why is the purpose directed at the therapist? Shouldn't it explain that "we want to know how motivated you to participate in leisure activities?"
- Tool is uni-dimensional → Only gives 5 possible responses
- Difficult language- language used should be understandable to all target populations
- Does not use everyday language. Example: "Grooming needs", "Hustle and bustle of daily activities", *difficult words*: stimulation, reveal, mastering and competent
- If this assessment tool is for therapeutic recreationist, why is the terminology for this tool following a medical model: patient, physician, admit #

Likert scale:

- Spacing of each character is unequal
- The spacing between each interval characteristics is NOT equal. 1 and 5 is farthest distance from the next value, 2 and 3 are closer distance than 3 and 4
  → This can be a possible bias of wanting the participant to choose the "strongly/disagree" responses
  - **Somewhat true**- can be problematic for some participants. For those with mental health challenges many of the statements can vary on the day/mood of the participants, and sometimes the participants feels both negative and positive responses
  - Plausible outcome of having 5 possible responses is that it provides a middle ground for participants and therefore an option to not answer the question truthfully
  - The word Seldom is quite difficult to understand the meaning for certain populations
  - *Seldom* and s*omewhat* can be interpreted as very close or similar, and *often* and *always* are very similar
  - **Seldom**: not often, rarely, once in a while
    Vs.
    Somewhat: a little bit, certain degree, moderate, slightly
  - **Often:** a lot, frequent, time and again
    Vs.
    Always- every time, consistent

Content: Statements

- Statements are spaced, as if they have been categorized

- **1-6: Intellectual**
- **7-12: Artsy/ creative**
- **13-18: Social in group, internal reward (wanting a relationship)**
- **19-24: Social for self, external reward (wanting to belong/look good)**
- **25-30: Achievers**
- **31-36: Competition/physical/ "athletes/jocks"**
- **37-42: "Yogi's"/shy**
- **43-48: "The runners"/escape life**

Appendix J: Plausible Interpretations of LMS Tool Statements

Statements that are in italics are my initial interpretations of the tool's statements.

Appendix K: Plausible interpretations of similar statements in LMS Tool

- 1. To expand my interests and 2. To seek stimulation
- 1. To expand my interests and 5. To satisfy my curiosity
- 4. to learn about things around me and 8. To expand my knowledge
- 1. To expand my interests and 9. To discover new things
- 10. To be creative and 12. To use my imagination
- 13. To be with others and 15. To interact with others
- 14. To build friendships with others and 16. To develop close friendships
- 15. To interact with others and 17. To meet new and different people
- 13. To be with others and 23. To gain a feeling of belonging
- 27. To challenge my abilities and 30. To improve skill and ability in doing them
- 32. To be active and 34. To keep in shape physically and 36. To develop my physical fitness
- 37. To be in a calm atmosphere and 38. To avoid crowded areas
- 39. To slow down and 41. to relax physically and 42. to relax mentally
- 40. Because I sometimes like to be alone and 43. To avoid the hustle and bustle of daily activities
- 41. to relax physically and 42. to relax mentally and 44. To rest
- 42. to relax mentally and 44. To rest and 45. To relieve stress and tension
- 47. To unstructure my time and 43. to avoid the hustle and bustle of daily activities
- 43. to avoid the hustle and bustle of daily activities and 48. To get away from the responsibilities of my everyday life
- 7. To learn about myself and 26. To see what my abilities are
- 24. To gain others respect and 19. So others will think well of me for doing it

Appendix L: Plausible themes within LMS Tool

Example1: Statement 13: "to be with others"

When you are with others you:
15. interact with others
17. meet new and different people
23. gain a feeling of belonging
24. gain other's respect

Statements 15,17,23,24 describe social interactions that an individual may experience and relate to.

Example 2: Statement 14: "to build friendships with others"

When you want to build friendships with others that sometimes lead to becoming **close friends (16. To develop close friendships)**

Note: This is an assumption that those who seek friendships want to build close bonds

Example 3: Statement 7: "to learn about myself"

If you are learning who you are you will also experience:

1. to expand my interests
5. to satisfy my curiosity
6. to explore my knowledge
26. to see what my abilities are

Example 4: Statement 27: "to challenge my abilities"

If you are challenging your abilities, you are:

30. to improve skill and abilities in doing them
If you are improving your skills and abilities, then your intention is:
29. to be good in doing them
28. because I enjoy mastering things

Example 5: Statement 32: "to be active"

When you are active there is an assumption that you are engaging in physical activity therefore these statements also apply to you:

- **34. To keep in shape physically**
- **35. To use my physical abilities**

For those who want to improve their physical fitness they will focus on:

- **36. To develop my physical fitness**
- **33. to develop physical skills and abilities**

Example 6: Statement 37: "to be in a calm atmosphere"

When you are in a calm place there is an assumption that you are trying to:

- **45. relieve stress and tension**
- **41. To relax physically**
- **42. To relax mentally**
- **44. To rest**
- **43. To avoid the hustle and bustle of daily activities**
- **48. To get away from the responsibilities**
- **40. Because I sometimes like to be alone**

Appendix M: Manifest Analysis: Social Empowerment and Trust Scale

NOTE→ This tool is **over 25 years' old**
Print:

- Title in the middle of the page, bolded and in large font
- Description of the goal
- Description of the purpose and directions (The word **purpose** and **directions** is bolded)
- A likert scale divides the descriptive writing (purpose and directions) and the statements (that must be answer with the rating scale) is cut off at ¼ of the page and is boxed and bolded
- Below the boxed likert scale is the phrase: "In present I"
- Below the phrase "At present I" → 28 statements
- Each statement is numbered and singled spaced
- To the left of each number/ statement is a line to insert likert value/characteristic
- Below the 28 statements is a chart/box for the participant's name, date and ID # - bolded
- Under this chart/box is text that has a copyright identification: year of publication, author

→ 1991 Idyll Arbor, Inc.

- Clustered together to fit on one page: descriptions are together and statements are together
- The likert scale is boxed off and divides the descriptions with the content (statements)
- The name, date and ID# that has been boxed off takes up a large portion of the page (bottom)
    - → The name/date/ID box is larger than the likert scale box
- Under this box is about 1/8 of an empty page (blank space)

Spacing:

- From the title to the first descriptive paragraph is double spacing
- From the description to purpose and purpose to directions is single spaced
- Space between directions and likert scale and likert scale to phrase "At present I"
- Space between phrase and statements
- Small space that divides the first 15 statements (on the left side of the page) from the 13 statements on the right side of the page

Bolded:

- Title
- The word purpose
- The word directions
- The likert scale

Font size:

- Title has the largest font size
- Likert scale and descriptor words has the second largest font
- Description and content are the same font size

Content:

- Statements are short
- 28 statements
- Two columns of statements: 1st column: 15 statements, 2nd column 13 statements
- There is an initial statement "At present I:" that continues the 28 statements
    - → If it is a continuation, why do all the statements begin with a capital letter?
    - → This detaches that initial statement with the rest of the statements
- First section of writing and directions are broken up however, they are all describing how to complete the tool
- Form is made up of 27 lines
- Binary response – black or white → agree or disagree → no choice for answering with both agree and disagree
- Tool is uni-dimensional → only gives 5 possible responses

- What is uncertain? What is the purpose of this? If the purpose is to find out more about yourself, how are the therapists assessing something the participant is uncertain about? What if they answer uncertain for majority of their responses?
  → Plausible outcome of having 5 possible responses is that it provides a middle ground for participants and therefore an option to not answer the question
- The spacing between each interval characteristics is NOT equal. 1 and 5 is farthest distance from the next value, 2 and 3 are closer distance than 3 and 4
  → This can be a possible bias of wanting the participant to choose the "strongly/disagree" responses

The Purpose of the Tool:

- Is to measure the degree of social empowerment and trust that someone feels
- The first description section mentions the goal is for the participant to "learn more about themselves" – in what way?

→ Learn more about themselves – *general understanding of who they are* **V.S** measuring social empowerment and trust – *understanding only these two aspects of themselves*

- No definition of social empowerment or trust

Note:
Social empowerment→ autonomy, self-confidence and act individually and collectively to change social relationships

- *Do the statements reflect this?*

How many statements with the word **trust:**

- 4/28

How many statements have a direct relation to **social empowerment:**

- **4,20,23,28** 4/28

→ The purpose of the tool is to gather data regarding social empowerment and trust however less than half of the statements do not represent the intended purpose

Appendix N: Social Empowerment and Trust Statement Interpreted Patterns

Patterns:

1. Social interactions/trust 2. Confidence/assertiveness 3. self-awareness

Social interactions/ Trust	Confidence/Assertiveness	Self-Awareness
Statement 1-7 Statement 8 (trust) Statement 17 Statement 23 Statement 28	Statement 9 Statement 13 Statement 14 Statement 15 Statement 16 Statement 20 Statement 22 Statement 24 Statement 28	Statement 3 Statement 9 Statement 10 Statement 11 Statement 12 Statement 13 Statement 14 Statement 15 Statement 16 Statement 18 Statement 19 Statement 20 Statement 21 Statement 22 Statement 24 Statement 27 (awareness of those around the individual) Statement 28

Appendix O: Social Empowerment and Trust Statements- Plausible Interpretations

Assessment Tool Statements	First Glance Responses	Plausible Interpretations
Statement 6: Feel accepted by others	In what way?	Different interpretations: • Sense of belonging • Free from judgment • They respect you
Statement 8: Know how to build trust, step by step	What does building trust step by step mean? What are those steps?	Are they assuming everyone knows what these steps are?
Statement 10: Have a negative attitude regarding healthy physical activities	What does this have to do with social empowerment and trust? • Healthy physical activities could mean something different to each age group and situation • What does a healthy physical activity look like?	• What does this have to do with social empowerment and trust? • Healthy physical activities could mean something different to each age group and situation • How do you know what their definition of healthy is • Ie. At-risk youth: running from the police can be a form of exercise
Statement 11: Can learn new skills Statement 12 Am willing to try new things	Everyone has the ability to learn new skills, the question is do they have the willingness to learn new skills (as stated statement 12) • This assumes that not everyone has the ability to learn new skills • Suggestion: Remove this statement	Assuming some individuals are not capable of learning new skills (can be looked at from a stigma lens)
Statement 13: Believe there are many things I can't do	This question needs to relate to something- ie. leisure. This statement is very vague.	Many people can agree with this statement. I would assume that those who are "perfectionist" or are keen on learning would say there are many things they can't do, but would be willing to try or learn. This question needs to be more specific. Unless the purpose is to measure confidence in what they can do, however, it isn't written that way
Statement 14: "Feel I'll try" rather than "I won't"	Awkward sentence should be reworded.	Feel this statement can be tricky for some populations to understand
Statement 16: Feel bad about myself	Feel bad about what?	• Feel bad about your actions, behaviors? • Can be interpreted differently by different age groups/ situations • Assumption: At-risk adolescents may interpret this as feeling guilty or not liking who they are I assume this statement is supposed to target confidence. If so it should be removed and keep statement 20: "I feel confident"
Statement 19: Am not in control	Control of what? This could look differently to the various target populations	How do RT know how their client interpreted this statement? Adolescents may feel like they are not in control because of the stage in their life. Finding their identity, dealing with puberty, maybe experiencing a lack of autonomy etc. This statement can be misleading and isn't specific to targeting client's root cause.

Statement 24: Do not accept my strengths and weaknesses	How can you accept or decline your strengths and weaknesses?	This statement is confusing. You can be **aware** of your strengths and weaknesses.
Statement 25: Have a positive perspective on what I can accomplish	The word: perspective may be difficult for younger clients. Suggestion: change to view	This statement may be confusing. Needs to be reworded. Having a positive perspective can lead to an awareness of what success looks like and what actions are directly related to be successful, however, this can be difficult to understand the meaning of this statement
Statement 27: Don't know things about other people	What kind of things? Who are they referring to? Friends? Family? Acquaintances?	Assuming many people can say they don't know things about a lot of people in their lives.
Statement 28: Rely on others for help when I need it	Will people be honest, and admit that they need help sometimes?	How do you know when you need to ask for help? What if some client's believe you don't need help or refuse help? Asking for help can be looked at as a sign of weakness.

Appendix P: Case Study: CERT/Psych Scale

General background:

- Client is a 15 y/o male with mental health challenges and no cognitive or physical [dis] ability.
- Client is resistant to attend programs offered. After some persuasion client attends some programs, however depending on the day client will delay participation.
- When attending the programs client strolls in. Has drooped posture, shuffles his feet and avoids eye contact. Client arrives in wrinkled yet fitted clothing.
- Client will not initiate greetings, however, will greet therapist when greeted. Client resists activity participation, however, will take part after time has passed.

Individual Performance:

- Client is impressionable, therefore will act out and resist participation when in large groups. When he part takes in activity with therapist he is more focused and follows instructions.
- Client is unreceptive to decision making, and feels more comfortable given instructions.
- Client relies on therapist to make connections, and provide a response to questions asked. When other participants offer their opinions, client is quick to criticize and comment. Client uses jokes and insults to add to conversation with other participants he feels inferior to, and is anxious to initiate in conversation with those he is unfamiliar with.
- One-on-one client can hold conversation, stays focused, however, often times references inappropriate and sensitive topics.

- Client participates when given instructions and is quick to understand the task at hand, however, needs some encouragement to engage in activities or will disengage.
- Client will not initiate in activities and will participate after some encouragement and direction. During the activity client is focused if interested, or will focus if re-directed. When participating in an activity client will try at least once. If client is enjoying the activity or feels it is simple, he will continue to participate without direction. If the task is difficult client will continue to participate, however, with reduced effort.
- When participating in an activity that requires stamina client is not physically fit however will participate with maximum effort (his goal is to be fit). When client begins to tires, he will break and will continue to participate. Client participates in majority of the activity.

Group Performance:

- During debrief client is able to make connections and participate in discussion questions. When asked to recall activities, he participated in previous sessions, client can only recall activities he enjoyed.
- Client needs structure to engage in activity and works well in small groups. Client prefers to be directed and is not comfortable taking initiative in a leadership role however, will assist and clarify instructions for new participants.
- Client will engage ingroup conversation, if put in a group with participants he does not feel inferior to.

- Client understands social boundaries and will only engage in inappropriate physical behavior if another participant engages first. When indirectly involved in conflict client will engage verbally (defensively) if he believes participant needs "assistance or support."
- When directly involved in conflict client will engage verbally (defensively) and depending on the outcome he will disengage but will continue activity once calmed down.

- Client engages in competitive activities and shows effort to win, however, when client believes he will not win effort is reduced yet, continues to participate. In-group, client is easy going, and does not display strong opinions. Therefore, client has a positive attitude towards group decision.

Appendix Q: Challenges faced by Recreational Therapist

Inductive coding (in vivo)	Focused coding	Selective coding
"Not consistent" "Different ones for different resident in long term care" "approx. 6" "Tools have poor protocols, not adequate training" "tools available to populations and sectors" "ambiguous definition" "abstract- thinking" "inconsistent responses from clients" "human bias" "wrong interpretation"	**Protocol** - Inconsistent baseline **Terminology** - Language - Definitions **Responses** - Interpretative - Multiple sources - What's authentic? **Time** - Length - Time frame - Attention span - Motivation to participate/part-take	**1.Inconsistent**
"Time constraints" "time constraints" "time frame" "length" "length of assessment" "time to interpret, summarize and score" "time to administer" "tool takes too long" "attention span" "participation"	**Words Used** - Miscommunication/lack of - Not culturally relevant - Literacy - Medical approach - Comprehension • From the client • From the Recreation Therapist - Interpretations	**2.Language Barriers**
"follow through with assess" "comprehension" "literacy" "lack of verbal communication skills" "not culturally relevant" "language barrier→ question may be interpreted wrong" "language used" "language is often medical"	**Ability** - Not accurate - Matching capability with tool - Lack of tools (for certain populations) - Not suitable - Not Appropriate **Outdated** - Reliability - Validation - Results are not meaningful - Relatable - Relevant	**3.Accessibility** **4.Relevance**

"Not accurate" "lack of assessments in long term care homes" "no standardized tests appropriate for population: developmental disabilities and mental health" "persons with developmental disabilities" "not suitable for many populations" "tools are not for clients who have verbal communication challenges" "finding one that fits well" "client's ability" "age vs. mental capacity" "relevance" "outdated" "outdated data" "tools are dated not relevant questions (not usable)" "socially relevant" "validity" "reliability" "results that are not meaningful or relevant" "All American" "who completes assessment client or family?" "tools are not strength based" "does not reflect-quantitative data"	**Aim** • At clients • At families - Lack of Canadian representation - Deficit approach Quantitative does not reflect Qualitative data	**5. Perspective**