

RESEARCH PAPER

# Veterans' Perceptions of Benefits and Important Program Components of a Therapeutic Fly-Fishing Program

Jessie L. Bennett  
Marieke Van Puymbroeck  
Jennifer A. Piatt  
Robert J. Rydell

## Abstract

While evidence is emerging for therapeutic recreation programs for veterans with combat-related disabilities, minimal research has been done to understand participants' perceptions of these programs. The intent of this study was to examine the perceptions of veterans with combat-related disabilities following participation in a therapeutic fly-fishing program. Six focus group discussions were conducted and the constant comparison method of analysis was used to discover the two primary themes of Perceived Benefits and Important Program Components. Based on these findings, implications for therapeutic recreation practice are included.

## Keywords

*combat-related disabilities; constant comparison method; fly-fishing; therapeutic recreation; veterans*

---

**Jessie L. Bennett** is an assistant professor in the Department of Recreation Management and Policy at the University of New Hampshire. **Marieke Van Puymbroeck** is an associate professor and coordinator, recreational therapy, at Clemson University. **Jennifer A. Piatt** is an assistant professor in Recreation, Park, and Tourism Studies at Indiana University. **Robert J. Rydell** is assistant professor in the Department of Psychological and Brain Sciences at Indiana University. Please send correspondence to [Jessie.Bennett@unh.edu](mailto:Jessie.Bennett@unh.edu)

Returning veterans from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are more likely to have combat-related disabilities of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), visual impairments, and/or amputations, compared to previous wars (Fischer, 2010). These psychological and physical disabilities often affect veterans' functioning and quality of life (Epstein, Heinemann, & McFarland, 2010; Schnurr, Lunney, Bovin, & Marx, 2009). Therapeutic recreation programs are being developed throughout the country for returning OIF/OEF veterans with combat-related disabilities (Warrior Transition Command, 2010). These programs are reporting positive outcomes such as reduced symptoms of PTSD and depression and increased coping skills and positive emotions (Bennett, Lundberg, Zabriskie, & Eggett, 2014; Dustin, Bricker, Arave, Wall, & Wendt, 2011; Lundberg, Bennett, & Smith, 2011; Vella, Milligan, & Bennett, 2013). Additional research is warranted, however, for recreational therapists to understand how the veterans with combat-related disabilities perceive these experiences and understand what components are important so that therapeutic interventions can be implemented. Therefore, the purpose of this study was to examine the perceptions of OIF/OEF veterans with combat-related disabilities regarding the benefits and important components of a therapeutic fly-fishing program.

### **Veterans with Combat-Related Disabilities**

The number of injured United States service members is steadily increasing as the Global War on Terror (GWOT) continues, thus affecting the overall well-being of our society. The two main conflicts in the GWOT were OIF and OEF. These conflicts have been called two of the most

physically and psychologically harmful conflicts compared to previous wars (Aranson, 2005; Warden, 2006), and the use of improvised explosive devices has led to increased numbers of serious physical injuries (Tanielian & Jaycox, 2008; Weisskopf, 2007; Zoroya, 2007). Fortunately, advances in military medical procedures and body armor allow more troops to survive injuries than in the past (Friedman, 2006; Gawande, 2004; Warden, 2006). Thus, even though it is positive more troops are surviving and returning home to their families (9 out of 10 survive their first injury; Meagher, 2007), with psychological injuries (e.g., posttraumatic stress disorder (PTSD), depression, anxiety), and the number of severe physical injuries (e.g., amputations, visual impairment, hearing loss, traumatic brain injury) has increased. In addition, being physically wounded in war increases the risk of experiencing symptoms of PTSD, depression, and/or anxiety (Hoge et al., 2004; Klein, Caspi, & Gil, 2003).

Physical and psychological combat-related disabilities often negatively affect veterans' quality of life (Epstein et al., 2010; Schnurr et al., 2009). PTSD, the most common psychological diagnosis among veterans, is defined as experiencing significant impairments in areas of psychological functioning for more than one month after a traumatic event (American Psychiatric Association, 2000). PTSD is persistently experienced in three clusters of symptoms: re-experiencing; avoidance/emotional numbing; and hyper-arousal (American Psychiatric Association, 2000). Re-experiencing symptoms occur when the individual relives the traumatic event in flashbacks, nightmares, or feels like the event is re-occurring. Avoidance/emotional numbing symptoms occur when the individual avoids people, places, and activities that

reminds him or her of the traumatic event and includes feelings of detachment or numbing of emotion (Schiraldi, 2009). Hyper-arousal symptoms occur when the individual has difficulty falling asleep, experiences hyper-vigilance, and/or an exaggerated startle response (Schiraldi, 2009).

Veterans with physical and psychological disabilities may feel like they are permanently damaged, ineffective, hopeless, constantly being threatened, become hostile toward others, and/or withdrawn from social settings (American Psychiatric Association, 2000; McCarroll et al., 2008). Symptoms of physical and psychological disabilities may cause impairments in physical, social, emotional, and cognitive functioning, and negatively influence family life and occupational stability (Evans, McHugh, Hopwood, & Watt, 2003; Franklin, 2010; Schiraldi, 2009). Troops returning home with combat-related disabilities need effective therapies to help them recover and experience overall quality of life.

### **Therapeutic Recreation for Veterans**

Recently, more therapeutic recreation programs are being developed for veterans with combat-related disabilities to help improve their functioning and quality of life (Dustin et al., 2011; Hawkins, Cory, & Crowe, 2011; Mowatt & Bennett, 2011; Wilder et al., 2011). Generally, these programs are developed to assist veterans and their families cope with symptoms related to disabilities and improve functioning. Researchers have found that therapeutic recreation programs facilitated in outdoor environments help reduce the negative symptoms of combat-related disabilities and increase positive outcomes. More specifically, when these programs are theory-based, participants experience reduced

symptoms of depression, PTSD, negative emotions, and anxiety (Bennett & Lundberg, 2010; Dustin et al., 2011; Lundberg et al., 2011; Vella et al., 2013). Other positive outcomes of theory-based therapeutic recreation programs were increased social supports, coping skills, positive emotions, and marital satisfaction (Hyer, Boyd, Scurfield, Smith, & Burke, 1996; Lundberg et al., 2011; Ragsdale, Cox, Finn, & Eisler, 1996).

One successful therapeutic recreation program for veterans with combat-related disabilities is therapeutic fly-fishing (TFF). Reductions in PTSD symptoms, depression symptoms, anxiety, negative mood states, and increases in leisure satisfaction and sleep quality have been attributed to participation in the TFF program (Bennett, Van Puymbroeck, Piatt, & Rydell, in review; Mowatt & Bennett, 2011; Vella et al., 2013). Due to the repeated positive findings from this program, TFF participants were chosen to participate in focus groups in order to provide insight into the experience of participating in TFF.

### **Methods**

The TFF program lasted four days, with two days of fly-fishing on rivers in Utah, Idaho, or Wyoming. There were six TFF trips, with 4 to 7 participants on each trip. When the participants arrived on day one, staff members transported the participants from the airport to the program site, either a house or a campsite. On the first night, staff briefed participants about the program and all ate dinner. The staff built a campfire, and games were made available (e.g., horseshoes, bean bag toss, etc.). On the morning of days two and three, a yoga instructor, trained to work with veterans, instructed breathing and stretching techniques for 30-45 minutes.

Each fly-fishing excursion was guided by professional fly-fishing guides and facilitated from drift boats. There were three people per drift boat (the guide and two participants). The guides instructed the participants how to fly fish while on the river. The participants would fly fish for about four hours in the morning, break for lunch on the side of the river, and then fly fish for four more hours in the afternoon. The participants would then be taken back to the campsite. No activities were planned for the evenings, aside from dinner, which was prepared by the staff. On day four, the participants had breakfast and then were taken to the airport for their flights home. The TFF program provided all the meals, transportation, professional guides, and camping equipment (if necessary) free of charge to the participants. This program was funded by private donations and grants.

### **Procedures**

Approval for the collection of data and analysis procedures were obtained from the university's Institutional Review Board by the authors of this study. Each study participant provided written consent to participate in a focus group and to be digitally recorded.

Four of the focus groups were conducted with all veterans, and two focus groups were conducted with veterans that participated with their significant others. The focus group approach was chosen because this approach allows for opinions or perceptions to be gathered in a non-threatening group setting (Krueger & Casey, 2009). The focus groups were conducted on the last night of the participants' TFF experience, around the campfire or the kitchen table. A semi-structured interview design was chosen to allow the focus groups to flow in a natural

progression and provide some direction to obtain information pertaining to the research questions. A list of broad questions and probing questions were developed based on clinical reasoning, the literature, and the first author's experience with the TFF program as a guide for the moderator to facilitate the discussion and to collect comparable data from all the focus groups (Krueger, 1998). For each focus group, the moderator started with general questions (e.g., Are there any aspects of this program, while you were here, that you did not expect?). Further probing questions were asked based on the participants' responses to stimulate additional thoughts from the group, helping to ensure the participants had opportunities to discuss their personal viewpoints (Krueger, 1998). The same person facilitated each focus group, allowing for consistency in how the focus groups were conducted. Each focus group lasted 45 to 90 minutes. The focus groups were digitally recorded and transcribed verbatim.

### **Data Analysis**

Before analysis took place, all participants and staff were given pseudonyms to protect identity. Based on the steps defined by Glaser and Strauss (1967) and further clarified by Boeije (2002) and Dye, Schatz, Rosenberg, and Coleman (2000), the focus group transcripts were analyzed using the constant comparison method. According to Boeije, the first step in the constant comparison method is comparison within a single focus group. Therefore, the process of open coding was done with focus group one, a group of four male veterans. This transcript was broken into segments and generally categorized, to sort the data into analyzable units. These units were initially coded both inductively, according to the themes that emerged from the data, and deductively,

from the a priori research questions (Dye et al., 2000). Once the units of data were coded for focus group one, units with similar codes were compared to each other to determine if the codes could be combined. This comparison allowed for codes to be refined and categories to start emerging (Boeije, 2002).

The second step was to compare focus groups within similar groups (i.e., people who share the same experience; Boeije, 2002). Therefore, the second and third focus groups, two groups of seven male veterans each, were analyzed by axial coding (i.e., connecting codes to each other through deductive and inductive thinking). This allowed for a systematic comparison of the focus groups leading to further refinement of themes and the discovery of other themes. The third step was to compare focus groups of different groups (i.e., people who had the same experience but may have a different perspective; Boeije, 2002) to allow for triangulation of the data. Therefore, three other focus groups were compared to the first three focus groups to look for similarities and differences in themes (i.e., triangulation of the data). The three other focus groups used for triangulation of the data consisted of two focus groups with veterans who participated with their significant others and one focus group with all female veterans. The fourth step was to refine the patterns and categories that had emerged from the first three steps into overall themes (Dye et al., 2000). This step involved several refinement stages to discover the underlying pattern in the data.

## Results

### Participants

Twenty-eight veterans participated in six focus groups. Study participants were

recruited from veterans who participated in the TFF program during the summer of 2011. All of the TFF participants agreed to engage in the focus groups. The veterans included 20 men and eight women who served in one or more conflicts in the War on Terror in the Army ( $n = 18$ ), Marine Corps ( $n = 5$ ), Navy ( $n = 1$ ), Air Force ( $n = 1$ ), or National Guard ( $n = 1$ ). The veterans' ages ranged from 22 to 50 years old. Disabilities represented within this sample population included PTSD ( $n = 28$ ), TBI ( $n = 10$ ), hearing impairments ( $n = 7$ ), and/or visual impairments ( $n = 1$ ), with 11 of the veterans having two or more of these disabilities co-morbidly.

The constant comparison analysis of the focus groups resulted in the identification of the two primary themes of Perceived Benefits and Important Program Components. The refinement of these primary themes revealed two subthemes pertaining to the Perceived Benefits (Successful Experience and Reconnection) from participating in the program, and three subthemes pertaining to the Important Program Components (Physical Setting, Atmosphere, and Staff).

### Perceived Benefits of a Therapeutic Fly-Fishing Program

In discussing the benefits of TFF with the veterans, the subthemes of Successful Experience and Reconnection emerged. These subthemes were clearly described by the veterans and emerged consistently throughout the various focus groups.

**Characteristics of a successful experience.** The characteristics of having a Successful Experience provided the participants with an opportunity to develop skills that could influence their lives. These skills were gained from learning a new activity and gaining over-all confidence. While learning the new activities, many of the participants commented they

were able to better deal with their disabilities' symptoms through the Successful Experience having the characteristics of distraction, concentration, relaxing, and overcoming challenges and fears. As the participants gained more confidence, they reported they felt "normal," gained a more positive outlook on life, and re-examined their lives.

Most participants had never fly-fished or tied flies prior to their TFF trip, and most of the participants commented about how fly-fishing and fly-tying required concentration to become proficient at these activities. This characteristic of a Successful Experience, concentration, distracted them from other stress in their lives and their disabilities' symptoms. A veteran explained while he was fly-fishing, he had "the feelings of complete peace. Because I have not felt that feeling in a long, long time. And I felt that on the water." Another veteran explained while he was tying flies, "Once we started into it, you know, you're focused. And it's another thing that keeps your mind off of the negative stuff that's going on in your head. I love fly-tying."

Several participants also commented they could use their TFF experience to remind them how to relax and what relaxation felt like. As one veteran explained, "I know that I can go and go fishing and it's gonna help me. It's gonna help me. It's gonna take my mind off of everything that's going on."

Another characteristic of a Successful Experience was the participants overcoming challenges presented by participating in the TFF program; and, allowing some participants to overcome their fears. A veteran commented just getting to the program was a challenge:

It's just kind of hard, cause I isolate a lot at home. I just stay inside my house and take care of

my daughter and don't really go nowhere and don't do anything. So to kind of get away and come out here and face the fears- I had a fear about the airport, you know, I just don't do good with all the people and the airport, and just that whole situation.

As identified above, having a Successful Experience taught them new skills to deal with their disabilities' symptoms and provided them with more confidence. One veteran explained, "It's always awesome to catch fish on the flies that you tied. I caught one today and I was just stoked, man."

Many participants also described how they were able to feel normal again, have a more positive outlook, and re-examine their lives. A veteran explained how the characteristics of this Successful Experience helps veterans find normal by saying, "It's getting you closer than probably anything else that any of us could do. I know that's the case with me. You're never gonna find normal, but it's pretty damn close here." Another veteran's description develops this idea by saying, "it expands our horizons and we're more than just a hurting person. There is hope...I just feel normal inside." Along with feeling more normal, many participants discussed having a more positive outlook and re-examining their lives. For example, a veteran who was talking about the negativity in his and other veterans' lives explained:

This is really nice to break that up and understand that there's a lot of good people out here. There's a lot of things to learn. There's a lot of things to do that are fun and enjoyable, that are positive. So that's really good to know.

Another veteran further explained how this new experience allowed him to have a more positive outlook and re-examine his life, “You know, finding something new that I can go out and do. Find positive things to do to carry on when I go home...So it opens up a new avenue of trying something new and moving on from there.”

Thus, the characteristics of a Successful Experience of learning new activities allowed the participants to gain confidence. These new activities provided a way for the participants to deal with the symptoms of their disabilities through distraction, focus, relaxation, and overcoming challenges and fears. One veteran sums up how a newly gained confidence would impact his life:

Something else I can take back from this trip is confidence and knowing that I can actually do something. It's just like baby steps, you know. A little bit of confidence here, a little bit there and a little bit and then you really think that you can take control of your life again and actually do positive things and be more positive on your outlook. So that's something else I can take from this is confidence. I had never been fly-fishing and I caught 10 the first day.

The participants were able to gain confidence and a more positive outlook, feel normal, and re-examine their lives by participating in a Successful Experience. Along with the Successful Experience, the veterans explained a second Perceived Benefit.

**Reconnection.** The second sub-theme of the Perceived Benefits for a TFF program that emerged from the data was Reconnection. The participants com-

mented extensively on being around other people who had similar backgrounds to whom they could relate. One veteran explained, “It was nice, too, all four of us are OIF veterans...I thought that was real cool for all of us to be in the same theatre and see the same environment and same shit.” Similarly, another veteran explained, “it is good...to meet other veterans who have been through the same stuff and be able to openly talk about it and not be shy. Cause before there was no one to talk to you, you know.” In addition, this experience provided the participants with social supports by giving the participants a group of individuals with whom they could reliably compare themselves and with whom they could be comfortable opening up. As one veteran described,

Earlier we had the open, honest conversation where it was talking about those things that piss me off and anger me, and the ups and downs and the fights that we have to fight in the outside world. And that was okay...here we didn't have to explain any of it. You're just accepted. It feels good.

Another veteran explained the importance of being around other veterans as a way “to see that I'm not the only one like that, [it] helps me because it brings me to a point to where I can deal with it myself and say I'm not crazy.” The participants also enjoyed the camaraderie among everyone on the trip. Described by one veteran as, “we're talking about the camaraderie between us four, it's like if one of us didn't have something...we're all like ‘Hey, I got this if you need anything. If you ain't got this, I've got you.’ That's good stuff.”

Overall, the participants were able to reconnect with the military culture, other people, and nature. Relating to the

reconnection to the military culture one veteran said:

It's been a couple years since I've been around veterans in this kind of atmosphere and so it's kind of nice just shootin (sic) the shit with other veterans and actually remembering all the good times that the service gave to me, gave to us.

The participants were able to reconnect to people because "we're all in the same culture. And when you reconnect with that, outside of that setting in kind of a more relaxed setting makes it a lot of fun." Participants also commented on the reconnection with nature many of them have not had since their time in the military. One veteran explained this reconnection to nature as:

I think for some of us this is kind of like our element, you know. We enjoy being in this kind of element [nature] and a lot of us remember some of those times when you're out in the field and you had a good time, but at the same time you're like "man, I wish we didn't have to do this, this, and that" when we were out there. This is kind of one of those things. You take all the good stuff about being out in the field and you kind of roll it all into one.

Therefore, the subtheme of Reconnection identifies that the participants' did reconnect with other veterans who had similar backgrounds. From this reconnection they described benefits of engaging in the TFF such as building social supports, developing camaraderie through the military culture, and being in nature.

## Important Program Components

The participants' responses to the second research question, what are the components perceived to be important to the TFF program, revealed three sub-themes of Important Program Components: Physical Setting, Atmosphere, and Staff.

**Physical setting.** One of the first aspects of the program mentioned in each of the focus groups was the Physical Setting. Almost every participant commented on how the environment was beautiful or peaceful. A veteran described the Physical Setting by saying, "I didn't expect it to be this beautiful...It really blew my mind when I got up here and just the beauty of the place and everything. The nature of the place." It was also more than just seeing the physical environment. The sound of the river and nature provided the participants with something to focus on and a sense of peace. As one participant stated,

That's the thing about being out in the area where we were at, just the surroundings. Talking about that creek- that took me to bed every night and I slept the last two nights the best I've slept in a long time and I didn't even have to use medicine. That's freakin amazing. Usually I'm up all night and as soon as I got in the sleeping bag (snap). Listening to the surroundings and the creek and just everything. I was in my own little world and it was peaceful. You cannot buy the peace of mind. There's no price tag you can put on peace of mind, that's the way it was.

In addition, the Physical Setting helped the veterans relax. One veteran described it as "being in an environment that

was just breathtaking. If you didn't want to relax, it made you relax. Just the mountains, seeing the snow on the mountain caps, seeing buffalo."

The veterans also commented about the physical acts of camping, being able to sit around a campfire and participating in yoga. Most participants, who were camping, had not expected to go camping but found camping to be a positive part of the TFF program. Participants mentioned the campfire as a place for people to gather. As stated by one participant "sitting out by a fire, outside with this all around us is just where it's at. It just brings everybody together".

Similar to camping, the veterans did not expect the breathing and stretching techniques to be a part of the program. They found it to be a positive component of the TFF program that took place at their campsite and asked for more to be added to the program. One veteran explained,

I would like to see more stretching poses and that kind of stuff in the yoga. And maybe expand the breathing and yoga stuff a little bit more. I think it really does help people a lot. It's a great stress reliever.

The participants commented on having a small group of veterans (4 to 7) per trip and the dogs as a part of the program setting. Several veterans had been to other programs and liked being in a smaller group (i.e., 4 to 6 participants). A veteran stated, "I expected more veterans. I expected it a bigger group. So when I found out...there's four of us, I was happy." Many veterans also enjoyed having the dogs around and found it comforting.

Finally, the participants commented on the logistics. All of the logistics for

the participants were organized by the TFF program. For the most part, the participants appreciated having the TFF program arrange logistics for transportation, scheduling of activities, and food. This perception was exemplified by the following participant's comment,

This is different from most [trips] because we always worry about where we're going to be and how much money we're spending, you know, how we're going to get there or whatever, and it's just kind of, it's a lot of stress.

However, some participants mentioned more information about the staff, other participants, and the schedule was needed at the beginning of their trip. One logistical component of the TFF program that seemed to surprise the participants was the lack of cell phone service. At first, some participants were annoyed they would not be able to use their phone: "Back home I'm on that cell phone constantly. At first I was like, "Dang! We ain't gonna have no service?" Then, after being without a cell phone for a couple of days, "You know that's a damn good thing we ain't gonna have no service...because that would have been a huge distraction and that's a blessing that we didn't have service, cause you know, I would be sitting there stressed out." Therefore, the Physical Setting components of the program the participants believed to be important were a beautiful environment, camping, campfire, yoga, small group size, dogs, and organized logistics with limited cell phone service.

**Atmosphere.** One of the most mentioned perceptions about the program was how relaxing the program was for the participants. This perception of being able to relax seemed to stem from the feeling

all of their needs were being catered to by the staff during their trip. With all of their needs taken care of, an Atmosphere was created where the veterans were able to unwind. As one participant stated, "I'm so used to doing things myself. He's [a fly-fishing guide] just like, 'Give it to me,' and I'm just sittin' there, my feet up. He's fixin' whatever I screwed up again." So, the second subtheme pertaining to program components that was discovered from the data was the importance of the program's Atmosphere.

Another perception of the Atmosphere was a comfortable, "family-like" environment. The participants commented how easy the transition was into the program. For example, one participant noted "the overall atmosphere here. It's welcoming. The awkwardness is not there." Also, the veterans appreciated being in an environment where they would not be judged for the way they acted or what they said because everyone understood military culture and disabilities. The veterans can find this in more traditional settings, but they liked that the TFF program was more informal treatment in which they were not forced to participate. For example, a veteran stated, "yeah, there was no specific talk about PTSD in the program and I thought that that was really good. You were just focusing on trying to make people better rather than focusing on the problem itself."

The veterans also commented on emotions experienced during the program. Most veterans commented they had fun or enjoyed themselves during the TFF program. One veteran described the emotions with the program's atmosphere as

I have loved the amount of humor that I have experienced here. Like the banter and the hu-

mor, I mean, this is heavy stuff, but there is so much humor, I think I have just cracked up the whole time I've been here.

There were also several other comments pertaining to laughing and how infrequently laughing happens. A veteran described her laughing like this, "I haven't laughed this much in a long time, with complete strangers. It was always give and take. Just having good old fun. Good old fun. That's what I'll remember."

Along with the other perceptions of the Atmosphere, the participants commented on how they never felt pressured. They did not feel pressure to be somewhere or do something. They had time to relax and enjoy the experience instead of worrying about rushing to the next activity. As one veteran explained, "there's no pressure here. None. I don't think I've ever had that. No pressure."

The final perception of the Atmosphere on which one of the participants commented was "the focus and inclusion of veterans and veteran's issues." The participants appreciated how the entire program was centered on the veterans and their needs. A veteran summed up the Atmosphere by saying,

We were able to not worry about whatever problems or whatever things were stressing us out. Just have a carefree attitude. When we were able to laugh, it was a genuine laugh, not just something just for the moment so that people know we were just participating or just listening to what they were saying. It was real. It was real and it was relaxation. It was not being afraid to express ourselves or show ourselves in front of the individuals that we were dealing with today,

yesterday, day before that. It was comfortable. I mean, outside of the word comfortable, I can't think of another, it was comfortable.

Thus, the Important Components of the Atmosphere for these participants were defined as a relaxed, family-like environment, opportunities to experience positive emotions, no pressure, and programming focused on the veteran.

**Staff.** The final subtheme the participants commented on was the Staff. There were several characteristics of the Staff the participants believed were important and supported or diminished the program's Atmosphere. One of the main characteristics the veterans commented on was the genuine care displayed for the veterans. This care was apparent to the veterans by the staff's willingness to help the veterans and cater to their needs. A conversation between three veterans exemplified this:

Veteran 1: A lot of times you'll come across groups of people and you're going through the administrators or whatever. A lot of times you're expecting them to be helpful but they're the total opposite. But with all y'all it's like you ask a question, BOOM you're all on it. It wasn't no turn your back to us and let us wait for a while. The VA's big with that- sit there and wait, you know.

Veteran 2: You ask something and you got your direct answer right back.

Veteran 3: Or it's like "Well I don't know, let me go check." And you literally get an answer in five minutes or something. It's nice.

Other Staff characteristics the participants commented on were their welcoming nature, patience, and easygoingness. These characteristics helped to support and create the Atmosphere described above. The Staff displayed a welcoming or inviting nature to the participants. A veteran described his first impression of the Staff as:

I felt immediately that I was part of a family or friends—that we'd been together for so long already. And I just met you guys not even two minutes and I had that feeling like 'Wow, these people are really special.' You guys embraced us as soon as we walked in here. I mean, no ice whatsoever. Right in, beautiful. I think you guys have a big heart and it really shows. It shows like you guys really care for these guys here, and lady.

The staffs' patience also allowed for the participants to relax and not feel pressured to perform a certain way. The easygoingness of the staff also helped create a more informal setting so the veterans felt more comfortable around everyone. In addition, another characteristic of the Staff the participants described as helping to make the Atmosphere more comfortable was some of the staff being veterans. One veteran explained how having staff who were veterans created better guides by saying, "I wasn't expecting guys who'd been through the trials and tribulations... you're now leading and guiding. And so to have guys that are and were, you completely understand at every level."

Finally, the participants described the importance of having trained staff. Comments from the veterans included the use of professional guides, staff who understand military culture and disabili-

ties, and staff who could provide positive experiences. Most of the veterans commented on their fly-fishing guide's ability to teach fly-fishing in a way the veterans could understand, which resulted in the veterans learning how to catch fish. With some of the fly-fishing guides being veterans, they were able to understand military culture and disabilities. A veteran described how his guide (also a veteran) was able to work with him while he was getting frustrated:

I was getting so damn fed up I was ready to just call it quits. I was ready to jump into the damn lake, swim to the side, freakin' hike all back to camp. But Ted was like, 'Dude, calm down, Man.' I've been around people where I was being taught, I would get upset and they'll start getting all fidgety and they'll just get mad because I'm getting upset. And Ted was just like 'Dude, man, we don't like grumpy. We don't handle grumpiness here.' You know, just cutting up, jokes.

There were only a few negative comments made about the staff. These comments pertained to the importance of having trained staff. Few instances occurred where staff or people associated with staff were perceived as untrained because of their actions. Therefore according to the participants, staff are an Important Component to a therapeutic fly-fishing program that should have the characteristics of genuine caring, welcoming, patience, easygoing, include veterans as employees, and be well-trained.

In summary, the findings from the focus groups provided two subthemes for the Perceived Benefits of a TFF program that included Successful Experience and

Reconnection. In addition, the focus group data provided three subthemes related to Important Components of a therapeutic recreation program, Physical Setting; Atmosphere; and Staff. These elements should be included in future therapeutic fly-fishing programs for veterans. One veteran stated this well by saying:

The combination of being out here with veterans, being out here with people that care, being out there camping, meditation, some stretching, fly-fishing, out there on the boat, sittin (sic) down, having lunch, dinner, campfire, just the whole works. The combination of everything is what puts it over the top and makes it such a memorable, awesome experience to carry on. This is something none of us are gonna forget.

## Discussion

The purpose of this study was to gain an understanding of combat-related disabled veterans' perceptions of the benefits and important components of a therapeutic fly-fishing program. Through the constant comparison method, this study found Successful Experience and Reconnection were the two major outcomes related to perceived benefits of participation in a therapeutic fly-fishing program for veterans with combat-related disabilities. Also, the Physical Setting, Atmosphere, and Staff are Important Components of a therapeutic fly-fishing program for veterans with combat-related disabilities. These findings provide recreation therapists with an increased understanding of how veterans perceive therapeutic recreation programs, specifically outdoor

related programs, and what veterans' feel are the outcomes of participation.

According to the veterans in this study, providing a Successful Experience through the characteristics of gaining a new skill, distraction, focus, relaxation, and overcoming challenges and fears allowed these veterans to gain confidence, have a more positive outlook on life, feel normal, and re-examine their life. The Successful Experience finding from this study seems to relate to the concept of the four functions of recreation for people who have experienced a negative life event (Kleiber, Hutchinson, & Williams, 2002). These four functions are: (a) distraction; (b) gain optimism about the future; (c) facilitate the reconstruction of a life story; and (d) help with personal transformation or posttraumatic growth (Kleiber et al., 2002). The TFF program allowed the veterans in this study to be distracted from their negative emotions or symptoms (Iwasaki, 2001; Iwasaki & Mannell, 2000; Kleiber et al., 2002; Kleiber, Reel, & Hutchinson, 2008). Distracting them from negative feelings through an activity like fly-fishing that requires focus, gave them temporary relief, the ability to relax, and to feel "normal" (Folkman & Moskowitz, 2000). The TFF program not only distracted the veterans, but also taught them the skills of fly-fishing and fly tying, building confidence in their abilities again. When individuals regain confidence in their abilities, also known as competence, it can help them have a more positive outlook, re-examine their life and motivate them to pursue other life goals (Deci & Ryan, 2000; Kleiber et al., 2002). These veterans can take the lessons they learned at the TFF program and apply them at home to improve their lives (Bennett et al., in review; Brock & Kleiber, 1994).

Reconnection, the other benefit the veterans in this program discussed, related to the veterans reconnecting with other veterans who had similar backgrounds, building social supports, camaraderie, and reconnecting with the military culture and nature. The veterans in this study discussed how the TFF program allowed them to reconnect with other veterans who had similar backgrounds. This allowed them to have peers they could more positively compare to themselves. Comparing oneself to others is a common social phenomenon (Killgore et al., 2008). The TFF program provided the veterans with a small group of people who had similar experiences they could consciously or unconsciously compare themselves to with a more positive outcome (Festinger, 1954). Another benefit of reconnecting to other veterans with similar backgrounds is they could be more open with these peers than non-veteran peers (Sherman, Blevins, Kirchner, Ridener, & Jackson, 2008). Other research in this area found veterans had better relationships with other veterans than non-veteran peers, and veterans see their veteran peer relationships as essential to their recovery (Laffaye, Cavella, Drescher, & Rosen, 2008). In addition, combat veterans, as were all the veterans in this study, typically do not want to talk about their traumatic combat experiences with their family or non-veteran friends (Hoge et al., 2008). The veterans in this study discussed how veterans who have similar experiences could provide a type of emotional support or social support they are unable to find in other people (Laffaye et al., 2008). Researchers agree social supports for veterans with combat-related disabilities can reduce the symptoms of combat-related disabilities (i.e., Markowitz, 2010; Markowitz, Milrod, Bleiberg, & Marshall, 2009; Ozer, Best,

Lipsey, & Weiss, 2003; Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009). In addition to social supports, the veterans in this study discussed how they were able to reconnect to the military culture in a positive way. Veterans who have had traumatic combat experiences may have difficulty remembering the positive side of being in the military, as did many of the veterans in this study (Ainspan & Penk, 2008). The TFF program, however, allowed the veterans to talk about and remember not only the negative but also the positive experiences they had while in the military. Along with the TFF program reminding the veterans about good military experiences, it reminded them about their love of being outdoors or in nature. Most military personnel enjoy the outdoors, but when they return home with an injury it may be difficult either to physically or emotionally enjoy the outdoors. This program allowed them to reconnect with nature and the outdoors similar to the way they did before their injury (Dustin et al., 2011). The benefits of Reconnection and Successful Experience could be established as the Important Components of the TFF program.

The Physical Setting of the TFF program, an Important Component the veterans described, may have allowed the veterans to reconnect with other veterans and nature. This reconnection occurred by being set in a beautiful natural environment where the veterans were camping with a small group of similar veterans, sitting around a campfire, interacting with dogs, having limited distraction from cell phones, not having to worry about the logistics of organizing a trip like the TFF program, and learning yoga. This beautiful natural environment could have a positive impact on the veteran's well-being (Kaplan & Kaplan, 1989; ). Researchers in several different

fields (e.g., biology, environmental psychology, leisure studies, etc.) have examined the relationship between humans and the natural environment and concluded people are dependent on nature not only for shelter, food, and water, but also psychological and emotional needs (Abraham, Sommerhalder, & Abel, 2010; Burls, 2007). In addition, experiencing nature during a therapeutic intervention can foster both physical and mental well-being (Abraham et al., 2010; Sneep, 2007). Therefore, not only have the veterans in this study implied the importance of a beautiful natural environment, but researchers have also determined natural environments can be used to promote well-being (Abraham et al., 2010). By immersing the veterans in a natural environment, it allows them to have an escape from everyday stressors so they can relax and enjoy the experience (Howe-Murphy & Charbonneau, 1987). Along with the natural environment, researchers have found the use of animals, such as dogs, can also promote physical and mental health (Walsh, 2009). The final Physical Setting component the veterans discussed was the yoga sessions. Yoga was included in the Physical Setting because it was a program component that occurred at the campsite and the veterans asked for yoga to be used more throughout the program. Yoga has become a widely used therapy among VA PTSD treatment programs as a part of treatment to help veterans manage their symptoms (Libby, Reddy, Pilver, & Desai, 2012) and yoga, breathing techniques, and/or mindfulness training have been found to reduce symptoms for veterans with PTSD (Carter & Byrne, 2004). The veterans in this study described the Physical Setting as an Important Component of a TFF program that is supported by previous research.

The next Important Component of a TFF program the veterans discussed was the Atmosphere. These veterans commented on how the Atmosphere of a relaxed, family-like setting allowed them to experience positive emotions in a pressure free environment that was focused exclusively on the veterans. Leisure researchers have discussed how recreation experiences can create an environment that distracts individuals from negative emotions so they can enjoy the experience and feel positive emotions (Bennett, Lundberg, & Smith, 2009; Iwasaki, 2001; Kleiber et al., 2002; Kleiber et al., 2008). One study conducted with 219 veterans diagnosed with PTSD who participated in an outdoor adventure program found the veterans had increased positive feelings, were able to enjoy life again, and experienced decreased negative emotions (Hyer et al., 1996). The TFF program created an Atmosphere where the veterans could enjoy the recreation activities of fly-fishing and camping distracting them from the negative emotions they were feeling associated with their disabilities' symptoms. This Atmosphere was created mostly by the TFF program staff, hence the final Important Component was the Staff.

The veterans in this study discussed how the characteristics of the Staff helped to create the Atmosphere. These characteristics were genuinely caring for the participants, welcoming attitude, patience, easygoing, well trained, and some of them also being veterans. The Staff could be the most influential Important Component of a program because the Staff can create an inviting Atmosphere (Lundberg, 2007). Researchers have found the staff in various types of programs can play a primary role in either hindering or helping the recovery process of the

participants (Lundberg, 2007; Onken, Craig, Ridgway, Ralph, & Cook, 2007; Taniguchi, Widmer, Duerden, & Draper, 2009).

### **Limitations and Future Research**

Although there were several significant findings from this research study, several limitations were present. One limitation was the focus groups were conducted on the last night of the program; therefore, only the participants' retrospective perceptions of the impacts of the program were assessed. Also, the focus group discussion may have influenced the long-term impacts of the program because research has found debriefing or discussing an experience helps to internalize the impacts of an experience (Harwell & Brookover, 1997). Future research should consider interviewing the participants after they have returned home for a given period of time (e.g., three or six months) to evaluate the long-term impacts of participation in the program and what components of the program the veterans felt were most influential.

Future research should also consider quantitatively evaluating the participants' perception of the Important Components of Physical Setting, Atmosphere, and Staff and the programs ability to elicit Successful Experience and Reconnection. This could provide more support for the link for these subthemes existing in other types of therapeutic recreation programs beyond fly-fishing. A mixed-methods approach could be undertaken to provide quantitative support for the qualitative findings and vice versa.

### **Implications for Therapeutic Recreation**

Recreation therapists can use the findings from this study to plan and implement similar therapeutic recreation programs for veterans with com-

bat-related disabilities. If a therapeutic fly-fishing program intentionally plans for the Physical Setting and Atmosphere described above and has knowledgeable, trained Staff, then this program could have similar outcomes of Successful Experience and Reconnection. RTs can use these findings to justify the need for more therapeutic recreation programs for veterans with combat-related disabilities.

Also, the findings from this study could be used to develop a research-based service delivery model for therapeutic recreation programs specifically for veterans with combat-related disabilities. By using these findings to implement programs with intended outcomes, therapeutic recreation professionals can help to promote evidence-based practice in the therapeutic recreation field.

## References

- Abraham, A., Sommerhalder, K., & Abel, T. (2010). Landscape and well-being: A scoping study on the health-promoting impact of outdoor environments. *International Journal of Public Health, 55*, 59–69.
- Ainspan, N. D., & Penk, W. (2008). *Returning wars' wounded, injured, and ill: A reference handbook*. Westport, CT: Praeger Security International.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC: Author.
- Aronson, R. (Writer). (2005). The soldier's heart [Television series episode]. In M. Sullivan (Producer): *Frontline*. Boston, MA: WGBH.
- Bennett, J. L., Lundberg, N., Zabriskie, R., & Eggett, D. (2014). Addressing posttraumatic stress among Iraq and Afghanistan veterans and significant others: An intervention utilizing sport and recreation. *Therapeutic Recreation Journal, 48*(1), 74–93.
- Bennett, J. L., & Lundberg, N. R. (2010). Addressing posttraumatic stress among Iraq and Afghanistan veterans and their significant others: An intervention utilizing sports and recreation. Paper presented at the 2010 American Therapeutic Recreation Association Research Institute, Spokane, WA.
- Bennett, J. L., Lundberg, N. R., & Smith, S. (2009). Outcomes related to adaptive sport participation among veterans returning from combat with acquired disability. Paper presented at the 2009 Annual Conference of the American Therapeutic Recreation Association, Minneapolis, MN.
- Bennett, J. L., Van Puymbroeck, M., Piatt, J. A., & Rydell, R. J. (in review). Outcomes of a therapeutic fly-fishing program for veterans with disabilities. *Journal of Disability and Rehabilitation*.
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality & Quantity, 36*(4), 391–409.
- Brock, S. C., & Kleiber, D. A. (1994). Narratives in medicine: The stories of elite college athletes' career ending injuries. *Qualitative Health Research, 4*, 411–430.
- Burls, A. (2007). People and green spaces: Promoting public health and mental well-being through ecotherapy. *Journal of Public Mental Health, 6*(3), 24–39.
- Carter, J., & Byrne, G. (2004). A two-year study of the use of yoga in a series of pilot studies as an adjunct to ordinary psychiatric treatment in a group of Vietnam War veterans suffering from post-traumatic stress disorder. Retrieved from <http://www.Therapywithyoga.com>
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*, 227–268.
- Dustin, D., Bricker, N., Arave, J., Wall, W., & Wendt, G. (2011). The promise of river running as a therapeutic medium for veterans coping with post-traumatic stress disorder. *Therapeutic Recreation Journal, 45*(4), 326–340.
- Dye, J. F., Schatz, I. M., Rosenberg, B. A., & Coleman, S. T. (2000). Constant comparison method: A kaleidoscope of data. *The Qualitative Report, 4*(1/2). Retrieved from <http://www.nova.edu/ssss/QR/QR4-1/dye.html>

- Epstein, R. A., Heinemann, A. W., & McFarland, L. V. (2010). Quality of life for veterans and servicemembers with major traumatic limb loss from Vietnam and OIF/OEF conflicts. *The Journal of Rehabilitation Research and Development*, 47(4), 373.
- Evans, L., McHugh, T., Hopwood, M., & Watt, C. (2003). Chronic posttraumatic stress disorder and family functioning of Vietnam veterans and their partners. *Australian and New Zealand Journal of Psychiatry*, 37, 765–772.
- Festinger, L. A. (1954). The theory of social comparison processes. *Human Relations*, 7, 117–140.
- Fischer, H. (2010). *U.S. military casualty statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom* (pp. 1–8). Washington, DC: Congressional Research Service.
- Folkman, S., & Moskowitz, J. T. (2000). Stress, positive emotion and coping. *Current Directions in Psychological Science*, 9, 115–118.
- Franklin, K. (2010). The impact of deployment and psychological well-being on family relationships: A secondary analysis of Air Force Community Assessment Data. Unpublished doctoral dissertation. Virginia Commonwealth University. Baltimore, MD.
- Friedman, M. J. (2006). Posttraumatic stress disorder among military returnees from Afghanistan and Iraq. *The American Journal of Psychiatry*, 163(4), 586–592.
- Gawande, A. (2004). Casualties of war: Military care for the wounded from Iraq and Afghanistan. *New England Journal of Medicine*, 352, 2471–2475.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Harwell, R., & Brookover, B. (1997). BBM Approach to Outdoor Recreation Programming. Paper presented at the International Conference on Outdoor Recreation and Education, Merida, Mexico.
- Hawkins, B. L., Cory, A. L., & Crowe, B. M. (2011). Effects of participation in a paralympic military sports camp on injured service members: Implications for therapeutic recreation. *Therapeutic Recreation Journal*, 45(4), 309–325.
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351(1), 13–22.
- Hoge, C. W., McGurk, D., Thomas, J. L., Cox, A. L., Engel, C. C., & Castro, C. A. (2008). Mild traumatic brain injury in U.S. soldiers returning from Iraq. *New England Journal of Medicine*, 358, 453–463.
- Howe-Murphy, R., & Charbonneau, B. G. (1987). *Therapeutic recreation intervention: An ecological perspective*. Englewood Cliffs, NJ: Prentice-Hall.
- Hyer, L., Boyd, S., Scurfield, R., Smith, D., & Burke, J. (1996). Effects of outward bound experience as an adjunct to inpatient PTSD treatment of war veterans. *Journal of Clinical Psychology*, 52(3), 263–278.
- Iwasaki, Y. (2001). Contributions of leisure to coping with daily hassles in university students' lives. *Canadian Journal of Behavioural Science*, 32(2), 128–141.
- Iwasaki, Y., & Mannell, R. C. (2000). Hierarchical dimensions of leisure stress-coping. *Leisure Sciences*, 22, 163–181.
- Kaplan, R., & Kaplan, S. (1989). *The experience of nature: A psychological perspective*. Cambridge, UK: Cambridge University Press.
- Kaplan, S. (1995). The restorative benefits of nature: Toward an integrative framework. *Journal of Environmental Psychology*, 15, 169–182.
- Killgore, W., Cotting, D., Thomas, J., Cox, A., McGurk, D., Vo, A. H., . . . Hoge, C. W. (2008). Post-combat invincibility: Violent combat experiences are associated with increased risk-taking propensity following deployment. *Journal of Psychiatric Research*, 42(13), 1112–1121.
- Kleiber, D. A., Hutchinson, S. L., & Williams, R. (2002). Leisure as a resource in transcending negative life events: Self-protection, self-restoration, and personal transformation. *Leisure Sciences*, 24, 219–235.
- Kleiber, D. A., Reel, H. A., & Hutchinson, S. L. (2008). When distress gives way to possibility: The relevance of leisure in adjustment to disability. *NeuroRehabilitation*, 23, 321–328.

- Klein, E., Caspi, Y., & Gil, S. (2003). The relationship between memory of the traumatic event and PTSD: Evidence from studies of traumatic brain injury. *Canadian Journal of Psychiatry, 48*, 28–33.
- Krueger, R. A. (1998). *Moderating focus groups* (Vol. 4). Thousand Oaks, CA: Sage Publications, Inc.
- Krueger, R. A., & Casey, M. A. (2009). *Focus groups: A practical guide for applied research*. Thousand Oaks, CA: Sage.
- Laffaye, C., Cavella, S., Drescher, K., & Rosen, C. (2008). Relationships among PTSD symptoms, social support, and support source in veterans with chronic PTSD. *Journal of Traumatic Stress, 21*(4), 394–401.
- Libby, D. J., Reddy, F., Pilver, C. E., & Desai, R. A. (2012). Issues in yoga therapy: The use of yoga in specialized VA PTSD treatment programs. *International Journal of Yoga Therapy, 22*, 79–87.
- Lundberg, N. R. (2007). Creating motivational climates: What motivates people to enjoy park and recreation facilities? *Parks & Recreation, 42*(1), 22–26.
- Lundberg, N. R., Bennett, J. L., & Smith, S. (2011). Outcomes of adaptive sports and recreation participation among veterans returning from combat with acquired disability. *Therapeutic Recreation Journal, 45*(2), 105–120.
- Markowitz, J. C. (2010). IPT and PTSD. *Depression and Anxiety, 27*(10), 879–881.
- Markowitz, J. C., Milrod, B., Bleiberg, K., & Marshall, R. D. (2009). Interpersonal factors in understanding and treating posttraumatic stress disorder. *Journal of Psychiatric Practice, 15*(2), 133–140.
- McCarroll, J., Castro, S., Nelson, E., Fan, Z., Evans, P., & Rivera, A. (2008). Characteristics of domestic violence incidents reported at the scene by volunteer victim advocates. *Military Medicine, 172*(9), 865–870.
- Meagher, I. (2007). The war list: OEF/OIF statistics Retrieved from [http://www.ptsdcombat.com/documents/ptsdcombat\\_war-list\\_oef-oif-statistics.pdf](http://www.ptsdcombat.com/documents/ptsdcombat_war-list_oef-oif-statistics.pdf)
- Mowatt, R. A., & Bennett, J. L. (2011). War narratives: Veteran stories, PTSD effects and therapeutic fly-fishing. *Therapeutic Recreation Journal, 45*(4), 286–308.
- Onken, S., Craig, C., Ridgway, P., Ralph, R., & Cook, J. (2007). An Analysis of the Definitions and Elements of Recovery: A Review of the Literature. *Psychiatric Rehabilitation Journal, 31*(1), 9–22. doi: 10.2975/31.1.2007.9.22
- Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin, 129*(1), 52–73. doi: 10.1037/0033-2909.129.1.52
- Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C., & Southwick, S. M. (2009). Psychological resilience and postdeployment social support protect against traumatic stress and depressive symptoms in soldiers returning from Operations Enduring Freedom and Iraqi Freedom. *Depression and Anxiety, 26*(8), 745–751.
- Ragsdale, K., Cox, R., Finn, P., & Eisler, R. (1996). Effectiveness of short-term specialized inpatient treatment for war-related posttraumatic stress disorder: A role for adventure-based counseling and psychodrama. *Journal of Traumatic Stress, 9*(2), 269–283.
- Schiraldi, G. (2009). *The post-traumatic stress disorder sourcebook* (2nd ed.). New York, NY: McGraw-Hill.
- Schnurr, P. P., Lunney, C. A., Bovin, M. J., & Marx, B. P. (2009). Posttraumatic stress disorder and quality of life: Extension of findings to veterans of the wars in Iraq and Afghanistan. *Clinical Psychology Review, 29*(8), 727–735.
- Sherman, M. D., Blevins, D., Kirchner, J., Ridener, L., & Jackson, T. (2008). Key factors involved in engaging significant others in the treatment of Vietnam veterans with PTSD. *Professional Psychology: Research and Practice, 39*(4), 443–450.
- Sneep, J. (2007). Ecopsychology: An introduction and Christian critique. *Journal of Psychology and Christianity, 26*(2), 166–175.
- Tanielian, T., & Jaycox, L. H. (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Retrieved from [http://www.rand.org/pubs/monographs/2008/RAND\\_MG720.pdf](http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf)

- Taniguchi, S., Widmer, M., Duerden, M., & Draper, C. (2009). The attributes of effective field staff in wilderness programs: Changing youths' perspectives of being 'cool'. *Therapeutic Recreation Journal*, 43, 11-26.
- Vella, E. J., Milligan, B., & Bennett, J. L. (2013). Participation in outdoor recreation program predicts improved psychosocial well-being among veterans with post-traumatic stress disorder: A pilot study. *Military Medicine*, 178(3), 254-260.
- Walsh, F. (2009). Human-animal bonds I: The relational significance of companion animals. *Family Process*, 48(4), 462-480.
- Warden, D. (2006). Military TBI during the Iraq and Afghanistan Wars. *Journal of Head Trauma Rehabilitation*, 21(5), 398-402.
- Warrior Transition Command. (2010). Retreats and recreational services Retrieved from <http://www.aw2.army.mil/supporters/recreation.html>
- Weisskopf, M. (2007). A grim milestone: 500 amputees. Retrieved from <http://www.time.com/time/nation/article/0,8599,1580531,00.html>
- Wilder, A., Craig, P. J., Sable, J. R., Gravink, J., Carr, C., & Frye, J. (2011). The PATH-way home: Promoting access, transition, and health for veterans with disabilities. *Therapeutic Recreation Journal*, 45(4), 268-285.
- Zoroya, G. (2007, November 14). Blinded by war: Injuries send troops into darkness. *USA Today*. Retrieved from [http://www.usatoday.com/news/military/2007-11-13-eyeinjuries\\_N.htm](http://www.usatoday.com/news/military/2007-11-13-eyeinjuries_N.htm)