

Practice Perspective

A Therapeutic Recreation Program For International Refugees in a Midwest Community

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According to the Administration for Children and Families (ACF) in 2004, over six million individuals left their country of origin to escape, death, persecution, and other traumatizing experiences (ACF, 2004a). As these individuals leave their countries of origin to seek a life elsewhere, they are forced to learn a new language, new rituals, new customs, and a new way of life. Community integration programs can assist individuals in adjusting to their new environment. This paper will describe a therapeutic recreation program that was developed to help refugees adjust to life in a moderately sized Midwest community. A university-based therapeutic recreation program utilized the therapeutic recreation process to meet the needs of refugees from multiple countries (e.g., Cuba, Vietnam, and Liberia). The program utilized multiple assessment methods and procedures before planning, implementing and evaluating the therapeutic recreation program.

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Introduction

People come to the United States (U.S.) for a variety of reasons. Often, immigrants come seeking a better life with a chance to prosper along with new and vibrant opportunities. Others refugees arrive seeking safety from persecution and danger. Therefore, the differences between refugees and immigrants are vast and must be further explored in order to understand their needs

The Center for Victims of Torture (n.d.) identified several differences between refugees and voluntary immigrants. Immigrants choose to leave their country while refugees are forced to leave in response to their survival. Immigrants are often engaged in a process of choosing where they will relocate, but refugees have no choice as to where they will end up. Therefore, immigrant resettlement is planned, while refugees are forced to flee quickly. Immigrants have the freedom to return to their country, but it is extremely dangerous for refugees to return. Refugees are constantly in the state of transition. According to the Immigration and Nationality Act (INA) the definition of a refugee is as follows:

any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (INA § 101(a)(42); 8 USC § 1101(a)(42)(a); US Citizen & Immigration Services, 1996).

In 2004, ten countries (Afghanistan, Sudan, Burundi, Democratic Republic of Congo, Soma-

lia, Palestine, Vietnam, Liberia, Iraq, and Azerbaijan) produced six million refugees. The majority of these refugees resettled in the United States, Australia, Canada, Sweden, Norway, Finland, Denmark, the Netherlands, United Kingdom, Ireland, Chile and Mexico (ACF, 2004b). Since 1975, the U.S. has resettled 2.4 million refugees. In 1980, the U.S. adopted the Refugee Act, which led to the establishment of the Federal Refugee Resettlement Program. The program was "to provide for the effective resettlement of refugees and to assist them to achieve economic self-sufficiency as quickly as possible after arrival in the U.S." (INA § 101(a)(42); 8 USC § 1101(a)(42)(a)).

In the U.S., three federal agencies play a key role in Federal Refugee Resettlement Program. These agencies include: the Immigration and Naturalization Service (INS), the Department of State (DOS), and the Department of Health and Human Services (HHS). Along with these federal agencies, Non-Governmental Organizations (NGOs), help to support incoming refugees in their process of resettlement. NGOs include mutual assistance associations, church groups, and local community volunteer services. A lengthy process that involves collaboration between all entities has been delineated in order to effectively meet the needs of refugees by the executive branch of the U.S. government.

Once a person has been identified by the DOS as a potential refugee, overseas processing begins (ACF, 2004c, 2004d). Initially, the DOS classifies each individual into a priority via interviews and documentation. The first priority is the most urgent and includes individuals in immediate danger due to "threats, persecution, women-at-risk, victims of torture, persons with physical or mental disabilities, and those in urgent need of medical care". The second priority is "groups of special concern". The third priority involves the close family members of people who are already in the U.S. Once the DOS finalizes the person's priority classification the refugee then undergoes an extensive medical examination.

Prior to arriving in the U.S., each refugee receives an "Overseas Cultural Orientation". This orientation prepares the refugee for cultural changes (ACF, 2004c, 2004d). Each refugee is given a "Welcome to the U.S." guidebook to orient him or her to his or her new lifestyle.

The DOS then funds transportation from the refugee camps to the U.S. in the form of a loan that must be repaid over time. Upon arriving in the U.S., the DOS places the refugees in a particular state where NGOs will continue to provide further assistance to the refugees during the first 90 days of arrival. Those without relatives in the U.S., however, receive six months of financial assistance. The NGOs help the refugees find sponsors (families, individuals, organizations) that will assist with pre-arrival resettlement planning, provide a reception upon arrival, supply basic needs support for 30 days, and offer a basic community orientation. The NGOs also assist the refugees with any basic healthcare needs, employment assistance, and other counseling/referral services.

Refugee Resettlement in a Small Mid-Western Community

Following the placement by the DOS, refugees are placed in a city or community. In a small Midwestern community, refugees are then put into the hands of one dominant NGO that provide more hands-on assistance in the resettlement process, including a cultural orientation, temporary housing, and a variety of resources. During the 2004–2005 academic year, the NGO approached an interdisciplinary group of healthcare students, professionals, and educators from three different universities. This group included the following disciplines: occupational therapy, pharmacy, nursing, and medicine. After several months, therapeutic recreation professionals joined the group to assist incoming refugees in acquiring health care services within their community. It was apparent to the NGO that as refugees resettled in this community, they were having difficul-

ties accessing health care due to cultural differences and language barriers; lack of awareness about over-the-counter drugs and the U.S. healthcare system; as well as transportation barriers. In response to these barriers, a team of pharmacy and medical students performed further assessments and procedures to access healthcare services. Therapeutic recreation students designed a program that addressed the concerns of transportation and cultural awareness. Therefore, the purpose of this paper is to describe how the university-based therapeutic recreation program assisted the local NGO in serving international refugees in resettlement into the community.

Systems Theory as a Theoretical Framework

The initial needs assessment was conducted by interdisciplinary group of healthcare students before therapeutic recreation joined the group. This needs assessment was performed through interviews and one-to-one interactions with the refugees and was based primarily on the systems theory models postulated by Neuman (1989) and Anderson and McFarlane (2000). Anderson and McFarlane's systems theory suggested that individuals exist within in a culture that involves several systems including the physical environment, education, safety and transportation, politics and government, health and social services, communication, economics, and recreation. These subsystems interact and are orchestrated by the individual in order to successfully navigate his or her life. If some subsystems are excluded, the individual's life will be lacking and necessary services will be ignored.

An initial interdisciplinary research team of educators did not include the field of therapeutic recreation but rather, included occupational therapy, pharmacy, nursing, and medicine. Although these researchers originally used this systems theory paradigm to help them understand the world that the refugees were living, they found their primary focus was limited to understanding the refugees health and social

service needs. It soon became evident that other systems such as: communication, transportation and education were affected.

By involving therapeutic recreation in the interdisciplinary team's venture, an effort made to expand the refugees' ability to locate and utilize community resources. For example, the therapeutic recreation students and professionals worked on life skills associated with money management, communication and public transportation awareness and knowledge, so that the refugees could more independently access and understand healthcare and social services.

The systems theory helped the interdisciplinary team to establish goals for programming and services, as well as address the refugees in a broader scope. Although, therapeutic recreation students and professionals realized that in order to treat the refugees holistically, meeting all the areas of the areas defined in the systems theory, they would first have to address the direct needs or barriers to accessing healthcare, social services, and even recreation opportunities. This realization is consistent with Maslow's hierarchy, which stated that direct needs or survival must be met before higher levels of living can be reached (1954). Thus, these two theories helped guide the therapeutic recreation students and professionals in the creation of a program that was developed for international refugees who were struggling with resettlement in their new community.

Therapeutic Recreation and Refugees in the U.S.

Minimal research has been conducted on the potential role of therapeutic recreation in helping refugees resettle into a new community. Some available research, however, reveals insights into the role of leisure in the lives of refugees. Wheat (2004) described a 2001 initiative, established by the City of Phoenix's adapted recreation services, to meet the needs of refugees resettling from Sudan. Traditionally, the adapted recreation service

program in the City of Phoenix focused on including individuals with special needs into their programs. While the majority of their programs focused on the inclusion of individuals with disabilities, Wheat reported that the program also assisted individuals who were homeless and others who were disadvantaged. In this situation, the adapted recreation service staff helped the Sudanese refugees establish a soccer team, a drumming program, and a dance troupe, as well as in taking three-day camping excursions. Wheat explained that as a result of the program, the participants felt empowered and thus, were more engaged and connected within their new community.

Russell and Stage (1996) examined the role of leisure in the lives of women from Sudan who were living in a refugee camp. They found that these women felt that leisure was a burden at this time in their lives due to the cultural, emotional, and psychological stresses they were trying to cope and adjust to. The women also felt they were under such pressure to care take of their children and help them to remain safe, that once again leisure and recreation was impossible and was viewed as a burden. Russell and Stage concluded that leisure was not a means of self-fulfillment or creative action for women in the Sudanese refugee camp.

Research has also provided information regarding the roles of friendship, leisure, and social support among children ages 11 to 14 who were refugees residing in London (Candappa & Igbiginie, 2003). They found that refugee children who participated in few recreation and leisure activities were less likely to receive the benefits of social interaction through play, resulting in few friendships outside close family members. These refugee children spent much of their time in worship, while compared to non-refugee children of the same age were more likely to listen to music, visit with friends and relatives, play instruments, window shop, hangout, and go to the cinema.

While not explicit in the articles, there appears to be some implications for leisure

education and friendship development programs for individuals who are refugees. It is also apparent in this literature that there is a need to help people who are refugees adjust to new lifestyles and surroundings by addressing more basic needs such as safety, security, trust, communication, and community awareness.

The Therapeutic Recreation Process

In the broadest sense, the profession of therapeutic recreation systematically utilizes recreation and leisure in order to help individuals overcome obstacles. Using the therapeutic recreation process of assessment, planning, implementation and evaluation, therapeutic recreation professionals can systematically identify client needs and implement programs based on these needs. According to Stumbo and Peterson (2004), this systemic approach assumes that therapeutic recreation programs are planned with a goal-oriented purpose and specific outcome measures in mind.

One specific purpose of therapeutic recreation involves helping individuals adjust to new lifestyles (Coyle, Kinney, Riley, & Shank, 1991). In therapeutic recreation, this typically occurs when a person first acquires an injury or trauma. Stumbo and Peterson (2004) suggested that the processes of functional intervention, leisure education, and recreation participation are the means by which therapeutic recreation professionals assist people through adjustment. According to the Stumbo and Peterson model, functional interventions services reduce those limitations that prevent an individual from increasing his or her leisure involvement. They further suggested that these limitations can be physical, mental, emotional, or social. Refugees may have limitations that fall into one or more of these categories. A second component involves leisure education, which includes the development of leisure awareness, social interaction skills, leisure resources, and leisure activity skills. The leisure resources component of this model addresses the knowledge and

utilization of activity opportunities, personal resources, family and home resources, community resources, state resources and national resources.

Community integration programs, such as those created by Armstrong and Lauzen (1994), work on the development and application of skills, socialization, problem solving and resource guidance. One purpose of the Armstrong and Lauzen program is to allow individuals to practice skills that they develop in the community. Although the Armstrong and Lauzen program was developed for individuals who have physical disabilities, a similar approach can be adopted with people seeking to adjust to new communities. For example, Russeneillo et al. (2002), demonstrated how therapeutic recreation can help a community adjust with the effects of a natural disaster. Several therapeutic recreation programs such as coping skills training can also help people adjust (Austin, 2004).

Needs and Ecological Assessments

As mentioned, this therapeutic recreation program for international refugees was based on the preliminary finding of a needs assessment conducted by an interdisciplinary group of healthcare professionals prior to the involvement of therapeutic recreation students and professionals. The results of this needs assessment indicated that the greatest barriers to accessing health care were lack of communication, transportation, and community resources. This needs assessment served as the impetus for the development of a therapeutic recreation program.

Once it was determined that a therapeutic recreation program would be developed for the refugees in the small Mid-western community, therapeutic recreation students and professionals initiated their own assessment procedures. First, one therapeutic recreation student conducted one-to-one visits with refugees for 90 days in order to develop a basic idea of the contents of the therapeutic recreation program.

The student reported her observations and experiences weekly to the other therapeutic recreation students and professionals at the university. These observations allowed students and professionals to design the therapeutic recreation program, based on a thorough understanding of the local NGO's resettlement process and the native cultures of some of the potential participants.

Based on the needs established through one-to-one visits and the needs assessment conducted by the interdisciplinary team, the therapeutic recreation students and professionals then conducted an ecological assessment of the community in which the refugees were resettling (Certo, Schleien, & Hunter, 1983). The purpose of the ecological assessment was to familiarize the programmers with the resources in the community in which the refugee participants resided. The programmers focused on two bus routes near the refugee housing sites identified by the local NGO. The students traced the bus routes to recognize community resources such as banks, pharmacies, shopping centers, grocery stores, churches, resource centers, parks and recreation facilities, health centers, gas stations, post offices, libraries, schools, and city/state buildings. The students also identified resource centers such as: pregnancy/women centers, English as a Second Language (ESL) classes, daycare, employment agencies, etc. The students created a resource manual that provided a location for each resource, a brief description of the services offered at each facility, as well as hours of operation, phone numbers, and addresses. The resource manual developed during the ecological assessment was then utilized in the development of the therapeutic recreation program, in order to address barriers associated with communication, transportation, and community resources.

Individualized Assessments

The Bus Utilization Skills Test (BUS) available from Idyll Arbor (burlingame & Blaschko, 2002), The Rapid Travel Training Program (a local bus transportation assessment tool), and a non-standardized, informal demographic ques-

tionnaire were used to perform the individualized assessments of each individual refugee during the therapeutic recreation program. Since all of the assessment tools were in English and most of the refugees did not speak English, programmers developed pictorial aids and used human translators to gather the information needed from the refugees.

Planning

Initially, a seven-week life skills program was developed based on the BUS assessment. The program was shared with the NGO, who identified eleven participants who could benefit from the program. The NGO and the University offered the therapeutic recreation program in the clubhouse of an apartment complex where many new refugees resided. The TR program was offered two evenings a week, for two hours each night. The program was designed and implemented by approximately 20 third year students enrolled in the therapeutic recreation assessment course at a local university and their two professors of therapeutic recreation.

The program design allowed for unique experiences during each week of implementation. During the first week of the program students planned to conduct an assessment, using the standardized and non-standardized tools mentioned previously. During weeks two through six, the programmers planned to implement an individualized program plan in order to develop skills based on the needs of each individual refugee. Then during week seven, the programmers would evaluate the refugee's acquisition of life skills necessary for communication, transportation and access to community resources.

Implementation

The program participants consisted of a total of eleven refugees from both Vietnam and Cuba. These eleven refugees completed an initial assessment in the form of an interview, in which therapeutic recreation students were able to identify the specific needs of the refugee. The student-refugee ratio was 2:1.

Once assessment results were obtained and analyzed, programmers used task analysis procedures to develop a treatment plan to address the appropriate life skills and meet the unique needs of each participant. The most commonly identified needs during the assessment phase included issues associated with transportation, communication, community resources, and money management. In the weeks following, each participant progressed through the program as his or her needs and skills dictated.

Transportation

In the area of transportation, some refugees in the program knew how to drive and understood the street signs, but did not know how to obtain a valid driver's license. Others were unaware of the public transportation methods available to them, and were uneducated in how to utilize and identify these transit options. Programmers used resources available from the local transit authority to teach basic bus skills, sign recognition, and money management for ticket purchase. Programmers provided refugees with the resources needed for finding the nearest bus stop, bus schedules, and where to purchase tickets. The student programmers then accompanied refugees on bus trips that originated near the refugee's residence to a destination that the refugee selected (e.g. mall, secretary of state, downtown area), in order to utilize visual learning and practice. While on the bus, student programmers demonstrated and taught proper bus etiquette, which included paying the fare by using the automated fare machine, social skills riding the bus, and safety techniques.

Communication

For other refugees, communication was the barrier that posed the most challenges. Several refugees sought information on ESL classes. Others were unable to interpret signs and symbols associated with safety (e.g., stop signs) and retail chains; while others sought assistance in reading classified ads and job appli-

cations. In order to meet these needs, programmers identified free ESL classes at churches and showed participants how to locate, access, and register for these courses. In order to teach signs and symbols, word association exercises were utilized. Furthermore, programmers took participants to retail locations to demonstrate and explain services to them. In order to assist refugees with reading classified ads and job applications, programmers helped the participants in identifying employee assistance programs for other people who spoke the participant's native language, as well as utilized student translators from the university foreign language programs to assist with translation communication. A sample job application was used as an example in order to teach participants what different questions and responses looked like. To accomplish all of these tasks, programmers consistently utilized a variety of methods and resources. Resources utilized included student translators, flashcards, and translation books. Methods used involved demonstration and role playing,

Community Resources and Money Management

A lack of knowledge of community resources was another common barrier that emerged during the assessment phase of this project. Most of the participants in this program were unaware of low-cost services available to them within their new community. Participants were introduced to services and facilities such as: childcare, libraries, parks and recreation centers, and shopping malls. The program staff showed participants pictures, brought them promotional brochures, and escorted participants to the facilities.

While many of these services were free or involved small fees, money management was identified to be problematic, as well. The participants enrolled in the program had difficulties writing checks, reading bills, and identifying/exchanging currency. In order to teach participants how to write checks, program staff utilized role playing and demonstration

techniques that involved sample checkbooks with routing numbers and account numbers blacked out. After sessions with individuals and families, participants brought in bills and demonstrated the ability to write checks for payment. The therapeutic recreation student programmers, used money exchange games in order to teach participants to identify and exchange currency. Student programmers eventually observed the participants generalize the skills learned during these games during outings to shopping malls.

Evaluation

This program used both formative and summative evaluation procedures. The formative and ongoing evaluation methods were used to measure participant progress in the program. Formative evaluation procedures were also utilized to modify the program as new challenges emerged. Other participants successfully met their objectives within a few sessions and were services were stopped based on the lack of need for further instruction.

Summative evaluation was utilized at the end of the program in order to determine how the program could be enhanced in the future. The summative evaluation included information obtained from the therapeutic recreation student evaluations, participant observation, and feedback from community supporters. Student programmers, professionals, refugee participants and the NGO felt that the program was a valuable asset to the refugee resettlement process. There was also agreement that the program needed to be revised and altered in order to maximize participation.

The existing program relied on the NGO for many of technical aspects associated with recruiting, registering, and interacting with the refugee population. The overall registration process was confusing, was not always accurate, and was difficult for those refugees not affiliated with the NGO to be tracked. Therefore, the most notable revisions to this program were:

- The university should take ownership of the registration process. This would make for a more systematic approach. It was concluded that a better registration process could enable programmers to schedule more group and 1:1 sessions based on the availability of the refugees and the programmers.
- The future promotion process should include promotional ads in multiple languages and in refugee publications to reach a higher audience.
- This program should be promoted during the regularly scheduled orientation program offered by the NGO.
- More interpreters from the foreign language academic programs could enhance the overall program. With more translators the needs of more refugees can be met.

Overall, the evaluations indicated that program need to pay more attention to cultural differences.

Cultural Influences Affecting Results

American society and culture is centered around technology, punctuality, and order. The program was adaptable, however it did experience some changes resulting from issues. Cultural differences and communication barriers altered the progression of the program. Actual attendance in the program was sporadic and varied according to participant needs and participant schedules. New participants continued to enroll in the program during the first three weeks as they learned about the program from other refugees.

Prior to the beginning of the program, the NGO explained that for most of their lives, refugees are in a nomadic state, fleeing for shelter and safety, not knowing where they will end up. They do not carry electronic devices with them, nor do they purchase expensive things. They live in a constant mode of survival. Because of this background the pro-

grammers and NGO's often found refugees hoarding food and other necessities. They did not understand how to store food with refrigeration or cleanliness. The main concern for the refugees was to keep as much as possible for as long as possible, without recognition of technological tools of American culture.

In addition, the nomadic background and way of life revealed a lack of time management for the program. While Americans base their days around getting things done and setting limits, refugees seemed more laid back and reluctant to follow the clock. During the program, we found that the refugees centered their lives around what they wanted to do, not the appointments they made. The sessions were scheduled each week at the same time and sometimes the refugees would arrive on time, sometimes an hour or minutes late, and sometimes not at all. If the programmers would see the refugee at a later time and the refugee would not acknowledge the absence or problems with the absence. Time simply was not an issue.

Prior to coming to the U.S., the way of life of a refugee was about running or fleeing quickly, not a life of planning and implementation. Their lives were and sometimes still are filled with turmoil and chaos, moving from one camp to another. Instead of following a scripted schedule of progressive steps, most refugees sought answers to issues that arose on a weekly basis. While learning to ride bus one a week was important, the next week it was more important to obtain a state identification card or apply for a job. Therefore, while a systematic approach was attempted, implementation did not always follow in orderly fashion.

Summary

When refugees come to the U.S. they face many barriers associated with the process of community adjustment. This TR program came into existence because a group of healthcare professionals representing the fields of pharmacy, nursing, and medicine determined that

before health care providers can intervene in order to improve physical and psychological health, refugees need to acclimate themselves to the communities in which they are living. The challenges associated with a lack of knowledge of community resources and how to access the resources could be alleviated via interventions commonly utilized by TR professionals. In this program, therapeutic recreation was a means by which basic life skills were taught and barriers associated with transportation and language were lessened. Therefore, therapeutic recreation can enhance acclimation.

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