PERCEPTIONS OF PARENTS WHOSE CHILDREN EXPERIENCED AQUATIC RELATIONAL EXPERIENTIAL THERAPY

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Megan Renée Garzaglass

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DEDICATION

When I think back on my doctoral career and dissertation, so much has happened, and it is all part of the journey of becoming who I am and who I am meant to be. With that said, I would like to dedicate this work to the two most important people who have traveled this journey with me. To my wife, Celia for her love, support, motivation, and inspiration, and for seeing me through this process. You allowed me to not have any excuses and to strive to be better, embracing a growth mindset. Additionally, to my daughter Auriane, for her love, patience, and understanding that sometimes Mommy couldn't play but had to work. I love you both so much and could not possibly have done this without your love, time, and support.

ABSTRACT

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The purpose of this qualitative phenomenological study was to describe the perceptions of parents whose children, ages 13 years and under, experienced Aquatic Relational Experiential Therapy. The data were analyzed through Moustakas's (1994) modified Stevick-Colaizzi-Keen Method. Four guiding questions were used in semi-structured interviews with the 10 participants whose children had experienced Aquatic Relational Experiential Therapy. The essence of the participants' experiences in this study identified various ways ARET impacted and shaped their lives during and after the experience. The results provided evidence for the use of ARET with children to facilitate increased confidence and personal/social-emotional skills toward achieving a positive sense of self. Outcomes were discussed in five themes and four sub-themes. These themes and sub-themes contained depictions of each participant's unique experiences with ARET, which were specifically reflected in other areas of their lives and created opportunities for their child(ren) which increased the quality of daily living for the family. There is a need for more research into the use of aquatic environments as innovative therapeutic approaches. Specifically, further inquiry into the impact of ARET, as an aquatic therapy, on the personal and social gains of children is needed. With this being the first study on ARET, replication studies should be conducted to validate these findings. Thus, providing additional support for the use of ARET as a counseling modality.

KEY WORDS: Aquatic relational experiential therapy; ARET; Experiential therapy; Personal/social-emotional development

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CHAPTER I

Introduction

"Once, as I sat with a child, I met him with a concentrated and watchful hovering, absorbing as fully as I could every word and motion, trying with deliberate effort to comprehend the exact meaning of his expression" (Moustakas, 1961, p. 1). Clark Moustakas's quote represents the idea of seeing the world through a child's eyes, relating and gaining insight into the child's experience. When adults closely observe children's experiences through the children's perceptions, feelings, actions, and relationships, a deeper understanding may be obtained of how children view their self-concept (Greenberg et al., 1989; Mahrer, 1996; see also Ray & Landreth, 2019). Additionally, children's feelings regarding self-concept and self-esteem can be cultivated through healthy personal/social-emotional development (Kirk & Hay, 2018; Kirk & MacCallum, 2017; Langston, 2020; Thornton, 2016). While some children have a strong sense of self-concept and self-esteem, other children lack confidence in their abilities (Gaskill & Perry, 2014) and experience challenges in personal/social-emotional development (Kirk & Hay, 2018; Kirk & MacCallum, 2017; Lawson, n.d.).

Children's personal/social-emotional development and sense of self-concept and self-esteem are greatly affected and shaped by relationships (Bartlett, 2006; Kirk & Hay, 2018; Kirk & MacCallum, 2017; Langston, 2020; Thornton, 2016). For example, Moustakas (1961), and Rogers (1943, 1951) believed it was crucial for adults to demonstrate an empathetic relationship with the child to facilitate self-worth. "If only I could help him realize that he was a worthy self; and, even if everything else were lost,

he still existed as a self and this existence could never be taken away" (Moustakas, 1961, p. 1).

Several authors posited that all types of positive relationships encourage modifications in self-concept, including changes in self-esteem, self-awareness, managing feelings and behavior, confidence in one's abilities, and creating better relationships (Bartlett, 2006; Langston, 2020; McLeod, 2008; Ray & Landreth, 2019). Without positive relationships, children may struggle to develop the confidence necessary for forming healthy relationships with others. While there are numerous possible negative outcomes for children who do not have a foundational positive relationship with an adult, many types of counseling and therapies for families and children can decrease the gap. For example, one approach to helping children who experience a void in relationships that can facilitate self-esteem, or self-efficacy, is experiential counseling or therapies. Therapeutic relationships that are formed through experiential therapy can allow these children to discover their autonomy (Boatwright, 2013; Goldsher, 2020; Mahrer, 1983; Răban-Motounu, 2014).

Background of the Study

One specific type of experiential therapy that focuses substantially on the relationship is Aquatic Relational Experiential Therapy (ARET) [Garzaglass, 2017]. Aquatic Relational Experiential Therapy is a non-traditional approach, based on Rogerian concepts where the relationship is key in the therapeutic process, while adding an experiential component where the aquatic environment can be conduit for transformation (Garzaglass, 2017, 2019; Garzaglass et al., in press). This innovative approach uses the challenges created by the aquatic environment to facilitate inter/intrapersonal

development (Garzaglass, 2017, 2019; Garzaglass et al., in press; Grosse, 2011; Tumanova, 2017; Williams, 2018), while enhancing problem-solving, and increasing the client's self-confidence (Greenberg & Goldman, 1988; Greenberg et al., 1989; Grosse, 2011; Jorgensen, 2013; Leitner, 2001). Overall experiential types of therapy in an aquatic environment, although underused, generate restorative and positive effects on well-being, while simultaneously propelling the client into a better version of themselves (Ahrendt, 2002; Becker 2009; Jorgensen, 2013; Murcia et al., 2017; Traylor, 2014; Tumanova, 2017).

There is a trend, noticeable in the last 20 years, where counselors are preferring humanistic wellness models over medical models (Grimm, 2015; Haeyen et al., 2018; Thomas, 2006). Observing the trend, Cherniack and Holmes (2016) noticed the use of complementary, alternative, and integrated medicine (CAIM) within humanistic wellness models. Aquatic therapy is one type of CAIM approach which has demonstrated promise in improving children's social skills and self-concept. Becker (2009) noticed that aquatic therapy is vastly underused as an experiential therapy, even though its firsthand therapeutic possibilities are wide-ranging.

Statement of the Problem

Langston (2020) related that a child's positive sense of self builds the foundation for life's successes and enhances future growth by implied self-confidence, self-awareness, and increased self-regulation of feelings and behavior. Researchers and writers from the 1930s to the present have described aquatic learning and treatment activities that have supported the development of self-efficacy (Burac, 2015; Diem, 1982, Erbaugh, 1986; Jorgensen, 2013; McGraw, 1939; Murcia et al., 2017). Ahrendt (2002)

and Goldsher (2020) observed that experiential therapy encourages child sensory and motor experiences, which in turn provide a framework to create optimum growth opportunities in supporting self-efficacy in children. Further, Ahrendt (2002), Grosse (2011), and Jorgensen (2013) all noticed, in different ways, how working with children in an aquatic environment was associated with effects seen both in and outside of the pool. These unexpected yet positive effects were increased self-esteem and problem-solving skills.

In a recent development, a water safety instructor (WSI), trained in counseling and play therapy, made similar observations on how the aquatic experiential environment could facilitate a process of exploration and growth. The children's fears and doubts about learning aquatic skills manifested outside of the pool. However, inside the pool, the licensed professional counselor LPC-play therapist-WSI used a combination of directive coaching methods and non-directive play therapy responses to provide a child-centered, experiential environment. This instructor observed that children's fears and doubts were diminished inside the pool and, by parent report, those fears and doubts were diminishing to some degree outside of the pool. Over time, the LPC-play therapist-WSI developed a consistent approach that was applied with a number of aquatic activities, with children of various ages, cognitive development and social development. This approach was Aquatic Relational Experiential Therapy (Garzaglass, 2017, 2019; Garzaglass et al., in press).

Garzaglass (2017, 2019) described ARET as an experience where the mental health professional trained in water safety instruction (WSI) and play therapy proficiencies uses the methods of aquatics and the relationship between the water, play therapy, and child to facilitate the process of exploration and growth. Because the use of

experiential types of therapy in an aquatic environment, can generate restorative and positive effects on wellbeing (Ahrendt, 2002; Becker 2009; Jorgensen, 2013; Murcia et al., 2017; Traylor, 2014; Tumanova, 2017), there is a need to understand the perceptions of parents whose children, ages 13 years and under, experienced Aquatic Relational Experiential Therapy.

Purpose of the Study

Children frequently lack confidence in their own abilities and need to develop personal/social-emotional skills to achieve a positive sense of self (Kirk & Hay, 2018; Kirk & MacCallum, 2017; Langston, 2020), the "I can do it" attitude that leads to self-efficacy. As part of the ARET approach, the ARET therapist teaches aquatic proficiencies using humanistic relational experiential components, where the water, coaching methods, and non-directive play therapy facilitate positive well-being (Garzaglass, 2017, 2019; Garzaglass et al., in press; Williams, 2018). The purpose of this qualitative transcendental phenomenological study was to describe the perceptions of parents whose children, ages 13 years and under, experienced Aquatic Relational Experiential Therapy.

Significance of the Study

Researching the parents' perceptions of the ARET approach can contribute crucial awareness to using aquatics as a non-traditional experiential counseling modality. Widespread research is available affirming that aquatic therapy promotes healing and is therefore used for medical based treatments (Becker, 2009). In an in-depth review of the aquatic therapy literature, Getz et al. (2006) were unable to find any reported negative outcomes as related to aquatic interventions. While the aquatic environment has extensive restorative potential, it remains an underused approach (Becker, 2009). It is imperative to

understand the perceptions of parents whose children, ages 13 years and under, experienced Aquatic Relational Experiential Therapy, because there exists a gap in the literature on aquatics as a non-traditional experiential counseling modality. More specifically, the parents' perceptions of the effects of ARET on their children have not been explored.

Definition of Terms

Aquatic Relational Experiential Therapy

For this study Aquatic Relational Experiential Therapy (ARET) means the aquatic-child-therapist relationship, the individual lived experience of the client during the process and the individualized responses within an aquatic environment. In ARET, a licensed mental health professional trained in water safety instruction (WSI) uses directive relational coaching methods and play therapy responses to teach swim/aquatic proficiencies (Garzaglass, 2017, 2019; Williams, 2018). The therapeutic approach is conducted in a safe place, a multi-depth, high-visibility pool, with ledges for sitting or standing, edges that are easy to grab, and water temperature of at least 84 degrees Fahrenheit (Garzaglass, 2017, 2019; Garzaglass et al., in press; Ribeiro de Lima & Cordeiro, 2020). For the purpose of this study the participants will often refer to ARET as "swim therapy."

ARET Therapist

The ARET therapist is defined as a master's level licensed mental health practitioner trained in water safety instruction (WSI) with a background in play therapy who uses play proficiencies and coaching methods to facilitate client experiences/challenges in the aquatic environment (Garzaglass, 2007, 2019; Williams,

2018). An additional title for the purpose of this paper is LPC-play therapist-WSI. All participants referred to the ARET therapist as “Coach”, “Coach Meg”, or “she” in their responses.

Experiences

Experiences is defined as experiential components encompassing feelings, emotions, attitudes, sensations, and motivations, including the client’s interpretation of feelings related to events and experiences (Greenberg et al., 1989). Additionally, aspects of experiences are observed through the client’s feelings, perceptions, bodily sensations and empathy in the therapeutic relationship (Greenberg & Goldman, 1988; Greenberg et al., 1989).

Parent

For the purpose of this study, a parent is defined as the adult, over 18 years of age, who has legal parental guardian rights to the child and spends more time during any given day with the child than other adults.

Personal/Social-Emotional Development

The definition of personal/social-emotional development in this study is a combination of concepts described by Langston (2020), Parlakian (2003), and Thornton (2016), and includes: (a) self-confidence, (b) self-awareness, (c) managing feelings and behavior, and (d) creating healthy relationships. Langston (2020) stated:

> Personal/social-emotional development involves helping children to develop a positive sense of themselves, and others; to form positive relationships and develop respect for others; to develop social skills and learn how to manage their

feelings; to understand appropriate behavior in groups; and to have confidence in their own abilities. (p. 6)

Parlakian (2003) defined social and emotional developmental attributes as "children's growing ability to experience, regulate and express emotions; form close and secure interpersonal relationships; explore the environment and learn" (p. 2). Thornton (2016) defined *personal development* as children being able to understand who they are and what they are able to do; *social development* as how children understand themselves in relation to others, in friendships, society and actions toward others; and *emotional development* as how children understand their own feelings and feelings of others, including development of empathy and seeing another's perspective. Additionally, personal/social-emotional development includes three aspects related to children's learning and development. The three aspects are creating relationships, managing feelings and behavior, and self-confidence and self-awareness (Thorton, 2016).

Self-Concept

Self-concept is defined as the value one places on one's self and the self-perception of self-esteem and self-worth (McLeod, 2008).

Self-Efficacy

Self-efficacy is defined as the aptitude to generate a preferred outcome, to complete a desired result (Nugent, 2013).

Theoretical and Conceptual Framework

Person-Centered Theory

Person-Centered Therapy, developed by Carl Rogers, emphasizes that the relationship is the key to client' self-actualization and to the psychotherapy process

(Raskin et al., 2014; Rogers, 1951; 1957/1992; see also Joseph & Murphy, 2013). Rogers defined his theory around the idea that all humans have a need for positive regard and can be inherently alike. He reported that within the therapeutic relationship each client is uniquely different (Rasken et al., 2014). Rogers posited that when each client becomes more self-aware a greater need for positive regard is developed. Within the therapeutic relationship the client leads the process, with the therapist providing either active narration or silence based on the client's actions. Rogers stated that because of the uniqueness of both the therapist and client, the development of the relationship is not predetermined but should be built on genuineness, congruence and authenticity (Raskin et al., 2014).

Person-centered therapists view each client as a person that is self-governing and capable of self-actualization (Raskin et al., 2014). Client self-actualization indicates the ability to create new experiences, the capability of being in the present moment, and the belief and trust in the experience as a guide for living (Raskin et al., 2014). In person-centered therapy, client freedom and safety are embodied in the therapeutic conditions of congruence, unconditional positive regard, and empathic understanding. Rogers believed that every client, when provided the therapeutic conditions, would have some positive growth in social/emotional and mental development. Additionally, Rogers identified that it is through client lived experiences that congruence and wholeness are able to be achieved (Raskin et al., 2014).

Additional aspects of Person-Centered Theory relate that human development is consistent with positive growth, that individuals need positive regard for themselves and

others, that optimal level of functioning is achieved when client's needs are satisfied, and that all clients have the capacity for self-awareness (Rogers, 1957/1992)

Experiential Therapy

Interest in humanistic therapy approaches emerged in the 1940s and enhanced understanding of existing types of experiential therapies that were later embraced by existential, person-centered, nondirective, and gestalt therapies (Greenberg et al., 1989). Experiential therapies were further supported through the person-centered works of Carl Rogers (1951) and gestalt therapy of Fritz Perls (Greenberg et al., 1989). Core aspects of experiential therapies focus on a client's (a) "feelings", (b) "perceptions", (c) "bodily sensations", and (d) "...formation of accepting the person-to-person relationship between client and therapist" (Greenberg et al., 1989, p.169; Raskin et al., 2014). As part of experiential therapy, emphasis is placed on the role of experiencing as part of the change process (Watson et al., 1998). Additionally, the client is seen as the expert in their experiences with their perceptions being accepted as truth (Greenberg & Goldman, 1988; Leitner, 2001; Raskin et al., 2014).

The main goal of experiential therapy, according to Greenberg et al. (1989), "is to discover and explore what one is experiencing and use this to inform choice and action" (p. 169). Experiential therapy approaches embrace phenomenology, "the study of consciousness from a first-person perspective and the ability to think about prereflective experience and bring it into conscious awareness" (Watson et al., 1998, p. 142). Ultimately, Watson et al (1998) explained that humanistic-experiential therapies are an attempt to understand people's subjective feelings, perceptions, ideals, and explanations.

Experiential approaches parallel Rogers' (1957/1992), ideas about how client growth and development leads to self-actualization (Raskin et al., 2014; Watson et al., 1998).

Other aspects in experiential therapy emphasize satisfying relationships with other individuals to sustain emotional welfare and changes in self-concept (Bartlett, 2016). According to Bartlett (2016) relational psychotherapy aids clients in understanding the key role that relationships play in client's daily involvements. Bartlett acknowledged the following principles regarding healthy relationships: that good mental health relies on satisfying relationships, that past negative relationships may keep one from fully expressing themselves, and that therapeutic relationships should contain compassion and consideration to facilitate client treatment outcomes. Practicing the principles above forges a strong, collaborative, and safe relationship between the therapist and client that functions as a prototype for future relationships (Bartlett, 2016). In the future, the client is then able to determine the difference between detrimental or beneficial relationships.

Research Question

To determine the themes that provide the description of parents' perceptions of their children's experiences of ARET, I worked to answer the following research question:

What are the perceptions of parents whose children have experienced Aquatic Relational Experiential Therapy?

Limitations

A phenomenological methodology was used to describe the perceptions of parents whose children, ages 13 years and under, experienced Aquatic Relational Experiential Therapy. Therefore, the data may not be reflective of parents' perspectives of children

that have not had experiences with Aquatic Relational Experiential Therapy. This study was limited by the amount of time children have experienced ARET, the number of parents who were willing to participate in the study, and the amount of time that has lapsed between experiencing ARET and being interviewed about the experience. Additionally, there is only one ARET program being offered in the world so results can only be reflective of the exact geographical location. Further, limitations existed in how the study was conducted to reduce researcher bias by using a third-party interviewer whose selection was based upon being an unknown qualitative researcher who had the greatest amount of availability to assist in the study.

Delimitations

My study was delimited because participants in the study will be parents of children ages 13 years and under who have experienced 12 or more ARET sessions within four months of the past 12-month period. Additionally, I only included perceptions of parents' whose children were ages 13 years and under who have experienced ARET as participants. Finally, random purposeful sampling with self-reported data from the participants was analyzed using a phenomenological methodology.

Assumptions

Assumptions for the study include that: all participants have provided truthful and relevant answers on the assessments, and that participants' reviews of aquatic sessions are voluntary and truthful. The data collected maintained participant anonymity throughout the collection process, analysis, and reporting, and researchers were unbiased in the research. Finally, the researcher assumed that the methodology chosen is reliable

and proficient to detail the phenomenological essences of the parents' perceptions of the children's experiences with Aquatic Relational Experiential Therapy.

Organization of the Study

This dissertation will be presented in five chapters. The above chapter, Chapter I, includes the background of the study, statement of the problem, purpose of the study, definitions of terms, research question, limitations, delimitations, and assumptions of the study. Chapter II contains a review of the literature. The literature review includes an examination of how experiential therapists view: (a) interrelated components of change within experiential therapy; (b) interrelated components of the relationship within experiential therapy; (c) relevant experiential therapies and their benefits as related to the construct of relationship and change; and (d) Aquatic Relational Experiential Therapy (ARET) as an experiential therapy. Chapter III will contain a discussion of phenomenological methodology that will be used for the purpose of this dissertation, including research design, selection of participants, instrumentation, data collection and analysis. Chapter IV will present the results obtained from the proposed phenomenological analysis and will include the description of themes and commonalities of the participants' experiences. Chapter V, the final chapter, will include a summary of the study, discussion of the research findings, implications for future research and the conclusion.

CHAPTER II

Review of Literature

Researchers and writers from the 1930s to the present have described aquatic treatment outcomes that have supported personal/social-emotional development toward self-efficacy (Burac, 2015; Diem, 1982, Erbaugh, 1986; Jorgensen, 2013; McGraw, 1939; Murcia et al., 2017). In this literature review I will examine how experiential therapists view: (a) interrelated components of change within experiential therapy; (b) interrelated components of the relationship within experiential therapy; (c) relevant experiential therapies and their benefits as related to the construct of relationship and change; and (d) Aquatic Relational Experiential Therapy (ARET) as an experiential therapy.

My search of the literature consisted of the following terms pertaining to the topics of social development; self-concept; self-efficacy, and aquatic, wilderness, play, equine, relational, and experiential therapies. Databases used included Academic Search Complete, Sam Houston State University's Newton Gresham Library, EBSCO host-all databases, and Google Scholar. To search for articles, along with variations of the terms and changing the order of words placed in each field these search words were used: (a) Aquatic Therapy, (b) swim therapy, (c) hydrotherapy, (d) personal/social development, (e) Relational Therapy, (f) Experiential Therapy, (g) Play Therapy, (h) Equine Therapy, (i) effects of aquatic interventions, (j) aquatic skills, (k) swimming, (l) mental health, (m) self-efficacy, (n) self-concept, (o) positive relationships, (p) infant swimming, (q) self-esteem, and (r) parents' perceptions of equine and play therapies. Additionally, my search included books published on alternative therapy, child development, play therapy and aquatics, as well as articles in rehabilitation journals.

Experiential Therapy

Experiential therapy emerged in the United States and Europe in the 1950s and 1960s. The therapy has roots in the humanistic-existential theory of human beings, where experiencing and the client-therapist relationship are essential to change (Mahrer, 1983; Watson et al., 1998; Watson & Greenberg, 2000). Experiencing for the client is described as their "moment-to-moment" consciousness of interactions related to thoughts, feelings, and existence (Greenberg et al., 1989, p. 170). Through experiencing, "...awareness of one's own…manner of processing is seen as leading to the possibility of self-generated change. Once clients are aware of how they are constructing their reality and experience, they become free to change" (Greenberg et al.,1989, p. 182). Therefore, clients' experiences become relevant when the clients are aware of their perceptions of the experiences and create meanings during the here and now, opening up the possibility for growth and change (Greenberg et al., 1989; Langston, 2020; Timulak, 2018).

The Interrelated Components of Change

"At the heart of experiential therapy is the belief that the therapeutic change lies in the discovery of the nature and experience of essential "self," which is fundamentally growth-oriented…" (Greenberg et al., 1989, p. 180). Not all clients are able to discover their essential self and some will use maladaptive strategies to attempt change (Timulak 2018), yet for the purpose of this paper the main interrelated components of change in experiential therapy are: (a) motivation, (b) optimum growth opportunities and self-efficacy, (c) challenges, and (d) environment.

Motivation. Mahrer (n.d.) described motivation as self-directed client readiness and willingness, which determined progress toward growth. Additionally, Greenberg et

al. (1989) stated, “In the experiential view, what makes clients able to change is not primarily the therapist's instruction or direction but rather the client’s adaptive motivation and the client’s desire to cope with and master situations” (p. 182). Therefore, the ability to change can be inferred through observing the client’s self-direction or motivation to work toward mastery (Gass et al., 2012; Greenberg et al., 1998; Mahrer, n.d.). For example, Russell (2000) noticed that when a self-directed client completed an experiential type of adventure therapy, the client felt a heightened sense of motivation and competency to accomplish future challenges. Additionally, Mahrer (1996) observed that motivation was present when all ages of clients felt mastery in their experiences. When mastery is obtained the client is able to access optimum self-growth (Greenberg et al., 1989; Mahrer, 1996).

Optimum Growth Opportunities and Self-Efficacy. In considering optimum growth opportunities, Ahrendt (2002) proposed that when a young child has sensory and motor experiences, the child is motivated to discover and move, creating optimum growth opportunities for increasing self-efficacy. Young children, when challenged by new experiences, are often “self-initiated” to experiment and learn (Ahrendt, 2002, p. 13). Goldsher (2020) wrote that experiential therapy encourages optimum growth while providing a framework that supports self-efficacy in children. The child, as a client, can be actively involved in the growth process as the first hand “experiencer” (Goldsher, 2020, para. 4).

Challenges. Bowen and Neill (2013), and Russell (2000) reported that when experiential therapists actively engage and challenge their clients, both cognitively and behaviorally, through natural environments, clients can develop competencies and

increase self-efficacy as part of growth/change. Any challenge experienced by a client does not have to be big in order to encourage growth/change in the client. For example, an anonymous adventure/wilderness therapist stated, “You don’t have to push yourself so hard physically in order for change to happen. It’s uncomfortable enough to be living outside without any of your comforts…that (experience) really promotes the change” (Garzaglass & Freeney 2018, p. 12).

Environment. To differentiate nontraditional therapies from traditional therapies Bowen et al., (2016) implied that the use of natural environments promotes positive change through client challenges with: (a) emphasis on discovering through experience, (b) the use of real or perceived risks as therapeutic engagement, and (c) engagement in meaningful interactions in wilderness environments. In experiential therapies the environment can provide the context for change, where the child can explore new ways of being in a relationship by experiencing new activities and expressing new feelings (Blaustein & Kinniburgh 2005; Lac, 2016).

The Components of the Relationship within Experiential Therapy

Experiential therapies are relational, humanistic non-traditional therapies where self-growth is supported by the consistent relationship between therapist and client (Greenberg & Goldman, 1988; Leitner, 2001). When a consistent therapeutic relationship is formed, the therapist accepts all the client’s experiences as valid and important, which can help the client feel empowered and allows the client to gain insight into self-concept, opening the path to developing greater autonomy (Leitner, 2001; Ray & Landreth, 2019; Sharapan, 2020). Bowen and Neill (2013), Bowen et al. (2016), and Mahrer (1996), pointed out that experiential therapy is different from traditional talk-psychotherapy

because of the emphasis on client learning through experiences that are facilitated through the therapeutic relationship. To further understand the importance of the relationship within experiential therapy, one must briefly explore the interrelated components of (a) guidance, (b) empathy/acceptance, and (c) self-concept.

Guidance. According to Watson et al. (1998), experiential clinicians are nondirective and use basic person-centered beliefs to guide the client's development. In experiential therapy, the therapeutic relationship is the channel through which the therapist guides the clients as they explore their internal worlds, while highlighting experiences that may have an additional meaning to the client (Greenberg et al., 1989). Further, Mahrer (n.d.) viewed guidance as part of the therapeutic relationship, stating:

> In the experiential approach, the therapist is a teacher guide who shows the client what to do, who accompanies the client in going through the steps of the session, who is skilled in the methods and the steps, and who is literally being the voice of the client or part of the client (p. 22).

Empathy/Acceptance. In experiential therapy, empathy is where the therapist understands the client's perceptions as the client's truth (Mahrer, 1983). The therapist, in expressing understanding of what the child is going through, uses the capacity to be in touch with the child's world as a key component of the experiential therapeutic relationship (Mahrer, 1983 see also Ray & Landreth, 2019). Person-centered therapists use unconditional positive regard, empathy, and congruence in the therapeutic relationship to facilitate an individual's ability to reach their full potential for growth and change (Rogers, 1942, 1951; see also Ray & Landreth, 2019). A therapist shows empathy

and authenticity when they are is present in a genuine manner, saying, “I am with you,” “I hear you,” and “I feel you” (Landreth, 2001, 2012). Additionally, empathy and acceptance within the therapist-client relationship facilitate the clients’ awareness of their barriers to change (Blaustein & Kinniburgh 2005; Greenberg et al., 1989; Kee, 2010; Kirby, 2010; Xue-Ling Tan & Simmonds, 2018).

Self-Concept. A therapist’s interactions within the therapist-client relationship can support or hinder the client's self-concept (Greenberg et al., 1989; Ray & Landreth, 2019; Sharapan, 2020). According to Bartlett (2006), healthy relationships are fundamental for human well-being, and can encourage modifications in self-concept. Additionally, Leitner (2001) posited that the therapeutic relationship can be “the curative instrument in psychotherapy,” —wherein the relationship acts as a “living laboratory” through which self-concept can be discovered (p. 99).

Relevant Types of Experiential Therapy

Several mental health researchers have discussed how the counseling field is experiencing a shift from traditional medical models to holistic, creative wellness methods of treatment (Grimm, 2015; Haeyen et al., 2018). For example, Lake and Spiegel (2007); Simkin et al. (2017); and Sakairi et al. (2011), posited that complementary and alternative medicine (CAM) approaches make important contributions to medicine and psychology through disease prevention and mental health promotion. In addition, Grimm (2015); and Thomas (2006) have observed a trend of therapies that use modifications in the form of relational experiential therapies for improving mental health. While not all mental health researchers are convinced that nontraditional or experiential therapies can be helpful with clients, some mental health

researchers have observed client interest in experiential techniques that use symbols, bodywork, awareness exercises, and even animal companionship (Buck et al., 2017; O'hara, 1996).

Researchers, therefore, have suggested the use of experiential therapies to establish trust, build resilience, and not rely on talk alone (Buck et al., 2017; Santostefano, 2004). Additionally, Mahrer (1996) posited that experiential therapies can assist with how clients relate to and think through their feelings and experiences. For example, Greenberg and Goldman (1988) stated that experiential therapy increases clients' mindfulness of "current feelings, perceptions, and physical state" (p. 696). Furthermore, empathy and acceptance can be practiced with clients to facilitate self-efficacy (Mahrer, 1996). While not all clients may be afforded the opportunity to use experiential types of therapies to support development of self-efficacy, researchers and writers from the 1930s to the present have described experiential aquatic treatment outcomes that have supported the development of self-efficacy (Burac, 2015; Diem, 1982, Erbaugh, 1986; Jorgensen, 2013; McGraw, 1939; Murcia et al., 2017).

Aquatic Therapy

Research on aquatics can be traced back to the seminal studies of McGraw (1939), Diem (1982), and Erbaugh (1986), studies that are still cited and credited for documenting the effects of early childhood aquatics on child development. This research was focused on the advantages of enhancing motor abilities in young children during swimming instruction (Diem, 1982; Erbaugh 1986; Jorgensen, 2013; McGraw, 1939; Sigmundsson & Hopkins, 2010; Tumanova, 2017). There is little data/research on the impact of instructional swimming for children with disabilities or mental health

disparities (Bruac, 2015; Getz et al., 2006; Murcia et al., 2017; Prupas et al., 2006; Jorgensen, 2013).

Researchers have observed that aquatic therapy increased coordination (Murcia et al., 2017), cognitive development, (Diem, 1982; Erbaugh, 1986; Grosse, 2011; Jorgensen, 2013; Tumanova, 2017), and advanced developmental skills, social relationships and self-efficacy (Burac, 2015; Diem, 1982, Erbaugh, 1986; Jorgensen, 2013; Murcia et al., 2017; Traylor, 2014). Most notably, Getz et al. (2006) acknowledged that aquatic therapy is beneficial, facilitating physiological and psychological growth, and in all reviewed outcomes of aquatic therapy studies, no observed negative effects presented. Becker (2009) reported that aquatic therapy is an experiential medical therapeutic modality that is underused but shows broad rehabilitative potential.

McGraw Study. In 1939, McGraw conducted one of the first baby swimming studies that is still of importance and cited today. McGraw included data from descriptive notes and video recordings of 42 infants, ages 11 days to 2.5 years. Documentation consisted of data on the same infants during different intervals, resulting in 445 observations on the 42 babies. Of the 445 observations, 164 were video recordings, and 281 observations were in written notes. McGraw reported that aquatic instruction in infancy and throughout early childhood enhanced personal performance and physical skills and increased self-confidence compared to age-specific counterparts without an introduction to infant swimming.

Diem Study. Diem’s (1982) research was motivated by parents' perceptions that their children with early perceptual training demonstrated better intellectual abilities versus siblings without motor stimulation. To test the above perceptions Diem used an

experimental design pretest to observe children who experienced swimming after their second month of life versus children exposed after their twenty-eighth month of life. Diem recorded the effects as related to motor performance, psychological development, and the parent relationship in the water with their baby. Diem's hypothesis was, "Swimmers are self-willed and more independent in making decisions. They move spontaneously, are unafraid and self-secure, and demonstrate greater motor activity. New situations are handled faster and more independently, and swimmers are more fit than non-swimmers" (p. 23). Diem then completed a longitudinal study to determine the effects of early motor stimulation on the development of children four to six years of age. Purposeful random sampling was used to obtain 165 child participants which were grouped into four groups: (a) control group with no stimulation, (b) children from a baby swimming program starting at 3 months of life, (c) children who began swimming at 2.4 years, and (d) children who had gymnastic training starting at 3.6 years.

Diem posited that swimming, and the movement of the water had the greatest effects on early motor stimulation and development of the child. Diem tested the baseline motor development of each group at the start of the study. Diem used pre- and post-performance tests, pre- and post-intelligence tests (e.g Wechsler Preschool and Primary Scale of Intelligence-WPPSI, and Hamburg Wechsler Intelligence Test for Children-HAWIK) and interview data about parents' child-rearing roles and developmental ideas. In conclusion, Diem indicated that children who experienced swimming as babies were: (a) better adapted and had a stronger self-security and independence than their peer group; (b) had greater readiness for social interactions; (c) reacted more calmly to setbacks and had less anxiety; (d) showed increased adaptation to new situations; (e)

focused on increasing their motivation and performance; and (d) more self-confident than the later-to-learn and non-swimmers.

Erbaugh Study. Specific to young children ages 2.5 to 5.5 years, Erbaugh (1986) collected data on the effects of aquatic training on swimming skill development. Participants enrolled in an 8-month aquatic training program and were divided into two groups: returning participants, or new to the swimming program. Additionally, a control group was created and did not receive any aquatic training. Erbaugh documented the progress of the two groups' performance of six learned specific swimming skills over three periods of time during the eight months. Erbaugh concluded that each group of swimmers increased motor skill acquisition while the control group lacked progress. Additionally, children who received early training had even greater motivation, continued to increase performance, and demonstrated a positive attitude about swimming (Erbaugh, 1986). Erbaugh concluded that the preschool years are a formative time for motor development, with early training correlating with improvements in qualitative and quantitative attributes of performance. Other researchers yielded comparable results, finding that aquatic lessons throughout infancy and early childhood extensively contributed to the skills of swimming and diving (Diem 1982; McGraw 1939).

Prupas et al. Study. For over 10 years, early intervention aquatics programs for children with autism and their families have helped to develop children’s movement skills and strengthened family bonds (Prupas et al., 2006). In their research, Prupas et al. (2006) described a one of a kind, early-intervention aquatics program designed specifically for preschool-age children with autism and their families called, Aquatic Nursery (AN). The goal of the program was to teach movement skills in the water to the

children with the intention to improve overall family functioning. The buoyancy of the water decreased gravity effects, allowing the children to practice significant play abilities with fewer body restrictions.

Prupas et al. (2006) noted that parents' reactions were of amazement, surprise, and joy in seeing their children demonstrate accomplishment in a movement skill for the first time. Parents then realized that swimming could improve fitness capabilities in their children in a social-skill-enhancing environment. "Swimming is an activity where social and cognitive demands can be matched with individual goals and instruction especially when activities are tailored to individual abilities" (Prupas et al., 2006, p. 47). Further, the authors reported that swimming is a functional skill that included a social purpose that children and adults could partake in throughout their lives.

Becker Study. Becker (2009) posited that the aquatic environment has extensive restorative capabilities, ranging from the treatment of acute injuries to health preservation in the face of chronic disease. He described aquatic therapy as a useful "tool" in the "rehabilitative toolbox," because of the "therapeutic safety and clinical adaptability" (p. 859). Becker (2009) described that physiological effects created by physical water properties consisted of: (a) density, (b) specific gravity, (c) hydrostatic pressure, (d) buoyancy, (e) viscosity, and (f) thermodynamics. The human body displaces the volume of water that weighs more than the body, which forces the body upward by a force that is equal to the volume of water displaced. Becker observed the basic effects of water and noted that exercises completed in the water had greater advantages than land exercises. Becker lamented that even though the health benefits of aquatic therapy were shown to equal or surpass other forms of exercise, aquatic exercise was vastly underused.

Sigmundsson and Hopkins Study. The effects of early swimming on motor development were studied by Sigmundsson and Hopkins (2010) on children four years of age, divided into two groups; those who had swim training as an infant (*n*=19), and those who did not (*n*=19). The children who participated in early swimming did so as infants between the ages of two to seven months. Each group of children were tested at four years of age on the standardized Movement Assessment Battery for Children. Children with early swimming exposure had greater motor performance than those who did not swim. Sigmundsson and Hopkins recommended that further research was needed to explore the benefits of baby swimming on parental attitudes, physical growth, and self-esteem. Additionally, Sigmundsson and Hopkins recommend that early-intervention swimming should be studied for aspects related to school readiness and transition, and the potential advantages of buoyancy for range of motion and muscle resistance.

Grosse Study. Grosse (2011) envisioned the use of classroom learning activities in an aquatic environment to enhance non-aquatic areas of child development. He knew the goals of most aquatic programs were to improve happiness, self-confidence, safety, and swim skills. Yet, most swim programs lacked traditional cognitive learning. Grosse provided suggestions for implementation of significant cognitive learning: (a) structured learning experiences; (b) problem-solving tasks involving structured classroom learning; and (c) building on previous ways of learning, thinking and processing. Overall, Grosse concluded that the water environment can enhance cognitive learning through a variety of techniques that can improve sensory input and increase non-aquatic skills.

Jorgensen Study. Jorgensen's (2013) research on early-years swimming is of importance regarding social, physical, cognitive, and emotional development. The four-

year study focused on the possible intellectual benefits of swim lessons among children 5 years and under. Jorgensen stated that swimming is beneficial for health and fitness and can begin at a younger age than other school readiness or formal sports activities. Specifically, swim activities can begin as young as four months (e.g., formal lessons and water safety instruction). The motivation for the study was to decipher "whether or not young children gain more than just swimming skills if they participate in early-years swimming" (Jorgensen 2013, p. 1). Research questions explored were, "What, if any, are the physical and intellectual benefits of learning to swim for under-5s?" and "What factors enhance the benefits in different learn-to-swim contexts" (Jorgensen 2013, p. 1). Additional research was conducted regarding: (a) differences in defined gender, social class, and early-years swimmers' achievements; (b) other factors that affect the outcome; and (c) factors in relation to pedagogy, swimming quality, and environmental considerations.

Jorgensen's (2013) method consisted of a large-scale parent survey conducted over a three-year period that tracked their children's achievements as compared to a list of international developmental indicators. From the 7,000 parental survey responses, Jorgensen concluded that swimming children were achieving developmental milestones well before the expected norms. In order to limit the risk of parental bias, a participant study of 177 children ages 3-5 years old (from varying social statuses and different swim backgrounds) were administered the Woodcock Johnson III for cognition and language assessment, and the Peabody Developmental Motor Scales (PDMS-2) for physical assessment. Additionally, the environment and pedagogy of swim schools were assessed to establish evidence of best practices in successful swim instruction. Factors assessed

were noise, water temperature, lighting, ventilation, sun-safety, depth of pool, ease of entry, swim points, teaching resources, program safety, safety curriculum, engagement, confidence building, self-regulation, and swim technique.

In conclusion, Jorgensen (2013) reported that developmental milestones (skills, knowledge, and dispositions) of swimming children were months ahead of their same-age peer group. Outcomes of the data were obtained from parent surveys, and valid and reliable cognitive and physical tests. Swim schools that applied best practices had: (a) structured lessons that were targeted to the physical development of the child; (b) greater exposure to new experiences that extended the child's variety of skills, knowledge, and motivation; (c) opportunities for a child to grow in other developmental areas with a consistent and quality swim environment; and (d) curriculum that impacted the children's skills in their everyday lives. Additionally, Jorgensen concluded that early swimming benefits included increased water safety; early development of school readiness; and academic, social, and personal skills.

Burac Study. In her study, Burac (2015) concluded that playful behavior in swimming correlated to a child's development. Burac discussed that when children play games, they are able to express themselves in a manner that depicts a broader sense of self. Burac implied that as part of water play, the child must understand and learn how to keep themselves safe, be comfortable, and not fear splashes or the depth of the water. Additionally, Burac acknowledged that any equipment used for instruction should be: (a) age-appropriate, (b) appealing, (c) bright in color, and (d) used by children in regular play in correlation with motor and cognitive development.

Burac inferred that the benefits of playful swimming can be wide ranging and applied later in life. Play in swim was warranted as an activity in early childhood that can encourage better respiratory, mental, and physical development, and social interactions. Further, when parents engage in playful swimming with their child, it can strengthen their relationship and increase a child's social-emotional development and self-confidence. Burac concluded that there is a correlation between cognitive and motor development during the crucial young ages for social preparation and school readiness, which can be met through swim play.

Murcia et al. Study. Murcia et al. (2017) researched perceived competence and aquatic motor ability in children. Children between the ages of 4 and 5 were placed in an experimental group to be taught through aquatic motor stories: "an action played out and experienced collectively, which aims to contribute to motor, intellectual, affective, and social development" (Murcia et al., 2017, p. 4). Murcia et al. hypothesized that children, after experiencing motor stories, would increase motor ability and perceived motor competence compared to the control group. Murcia et al.'s data supported prior researchers' outcomes that indicated improvement of perceived motor ability. Additionally, Murcia et al. observed an improvement in acquisition of aquatic motor skills, which had not been witnessed in past studies. Murcia et al. concluded that aquatic motor stories not only contributed to the perceived motor competence of the children in the study, but also to skill acquisition and real abilities. Further, aquatic motor stories contributed to children's capabilities to build confidence in their own potential and opportunities, using aquatics as a medium.

Aquatic Benefits

The aquatic environment is a medium where children can experience opportunities for development, as well as stimuli that can support the development of autonomy and competence (Ahrendt, 2002; Jorgensen, 2013; Murcia et al., 2017; Traylor, 2014). Jorgensen (2013) said, "Learning to swim is a large part of enjoying the water" (p. 6). Water is a familiar environment to young children per development during intrauterine life (Ahrendt, 2002; Burac, 2015; Murcia et al., 2017) and the sensory input of swimming allows for new and different challenges and experiences with density, buoyancy, taste, smell, and sound to stimulate cognitive growth (Grosse, 2011). Ahrendt (2002) saw water as a medium where the whole body is stimulated, and the child is challenged to learn and experience success. The environment can play an important role in learning and that knowledge can translate to new environments outside the pool, leading to additional problem-solving and decision-making skills in daily life tasks (Ahrendt, 2002; Grosse, 2011; Jorgensen, 2013).

Ahrendt (2002) reported that the parent-child relationship is reinforced through baby swimming. Bonding in the water helps form trust and safety for the child and adult, helping the child to feel confident and have a desire to explore and experience their environment (Ahrendt, 2002). The goal is for the child to understand the environment while using the gained learning experiences to obtain better self-control and independence (Ahrendt, 2002). When a child experiences an early swim program, it can serve to enhance learning and listening skills because of the urgency of safety. The listening skills learned in a pool environment can later translate to the classroom and

other settings, leading to increased future productivity and success for the child (Ahredt, 2002).

In addition to the aquatic environment creating an avenue for relational experiential therapy, there are related health and neurological benefits (Ahrendt, 2002; Jorgensen, 2013; Murcia et al., 2017; Traylor, 2014). Geytenbeek (2002) concluded that benefits of hydrotherapy include: (a) pain management, (b) self-efficacy and affect, (c) joint mobility, (d) strength, and (e) balance. According to Getz et al. (2006) aquatic interventions are some of the most prevalent types of alternative therapies in treating children with neuromotor impairments and cerebral palsy. Furthermore, Attwood (1998) implied that aquatic interventions could boost a child's proficiency and nurture competence in motor skills for children with Asperger syndrome.

Equine Therapy

Equine therapy is a part of complementary and alternative integrative medicine [CAIM] (Simkin et al., 2017), and includes several variations that all follow strict standards, guidelines, and theoretical foundations based upon each organization's mission (Gergely, 2012). In 1946 when an Olympic rider from Denmark was able to use the therapy as a medical treatment to strengthen leg muscles and regain use of her legs, horse therapy began to become popular (Boatwright, 2013; "Horse for Therapy", 2017). Even though the use of horses for physical therapy was first written about in the 1870s (Boatwright, 2013), the Professional Association of Therapeutic Horsemanship International, or PATH, (formerly known as North American Riding for the Handicapped Association) wasn't established until 1969. Lac (2016) acknowledged that equine therapy started as a medical approach and evolved to include mental health modalities, with

similar benefits as other therapies where interaction with animals was part of treatment leading to increased socialization, mental alertness, and improved social relationships. In the 1990s, experiential therapies incorporating horses increased as an alternative to traditional talk therapy. In 1996, as a branch of PATH, the Equine Mental Health Association (EMHA) was formally created for the use of horses in psychotherapy (Boatwright, 2013).

Additionally, Equine-Assisted Psychotherapy (EAP) was formed to incorporate horses into mental, or behavioral therapy, as well as personal development. The operation of EAP can include a therapist and a horse trainer, or a therapist who is also an equine specialist (Simkin et al., 2017). In EAP, just the size and power of horses alone can be intimidating to clients, which can provide the client an opportunity to overcome fear and develop confidence (Lac, 2016, 2017; Meyers, 2017). Furthermore, Klontz et al., (2007) posited that horse therapy, unlike most traditional therapies, can provide transference reactions through challenging clients indirectly.

Horses can be used in a variety of ways in therapy, and notably, Lac (2016) integrated equine therapy and play therapy skills. Lac reported that humanistic play therapy (HPT) and equine therapy can emphasize the quality of the therapeutic relationship while facilitating client growth and learning through play. Additionally, Buck et al. (2017) perceived that horses are in a constant state of hypervigilance, offering a unique therapeutic experience to clients. Further, Lac (2017) described equine-facilitated psychotherapy (EFP) as having an "emphasis on the relational and embodied connection. . ." (p. 303). Through their research, Buck et al. (2017) and Lac (2016, 2017)

demonstrated how humanistic non-traditional therapeutic models can facilitate healthy client development.

Surujlal and Rufus Study. In a qualitative study, Surujlal and Rufus (2011) documented parents' perceptions of equine therapy as a medium for children with intellectual disabilities. Participants were selected through purposive sampling. Rich data was collected through semi-structured interviews. From their interviews, Surujlal and Rufus identified six themes: (a) “motives” or reasons why the parents sought alternative therapy; (b) “physical development” or ability to control and coordinate muscle movement; (c) “expectations” or belief that the therapy would provide results of child improvement; (d) “self-esteem and confidence” or fulfilled feelings and awareness of achievement and success from being able to self-complete a task and being proud of one’s self; and, (e) “social engagement” or relationships made with friends, family, and others in society (Surujlal & Rufus, 2011, p. 378). Additionally, all parents reported an increase in their child’s self-esteem and were pleased with the effect that equine therapy had on their children. Furthermore, none of the parents expressed any negative comments regarding the equine therapy, and in all accounts the parents recommended the therapy to other families of children with intellectual disabilities.

Haug et al. Study. Haug et al., (2014), completed a four-month study on the effect of equine-assisted activities and the impact on perceived social support, self-esteem, and self-efficacy among adolescents. The study was of significance because little research had been conducted on the effect of horses on adolescent psychological development when mental health or behavioral problems were not present (Haug et al., 2014). The main focus of the study involved the mechanism of perceived relationships

and self-thought during horse activities. Haug et al. concluded that adolescents perceived an increase of social support while working with the horses versus the control group. Additionally, there was a “medium-high correlation between psychological variables of social support, self-esteem, and self-efficacy,” (Haug et al., 2014, p .12). Overall Haug et al. posited that perceived social support was linked to the level of skill development with horses, and that a low level of social support can be a predictor of a higher increase in mastery of relational and task-specific skills involving the horse. Further, Haug et al. concluded that increased social support as a psychological variable became the identifying outcome of a child without mental or behavioral deficiencies while working with horses.

Lemke et al. Study. Lemke et al. (2104) completed a study on child and parent perspectives of physical and psychosocial benefits of equine-assisted activities and therapies (EAATs) on children with spinal muscular atrophy (SMA). Qualitative semi-structured interviews were conducted with 12 parents and then 13 children, with parents present, to inquire about the perceptions of the effects of EAATs on SMA. Lemke et al. (2014) detailed three main themes: (a) physical and psychosocial benefits that included “improved mood, confidence, self-esteem, pride, independence, and sense of achievement” along with “increased flexibility, muscle laxity, muscle function, core strength, balance, and feeling of exercising” (p. 239–240); (b) relationships formed as part of EAAT that included the horses, instructor/therapist, and other children; and (c) barriers met by children and parents, that included children's nerves and intimidation at the start of EAAT, and parents obstacles related to lack of knowledge about EAAT, lack of affordability, negative psychological and physical events. Conclusively, Lemke et al.

reported that all children described EAAT as enjoyable, a source of self-confidence, and a contribution to normality. Additionally, all participants agreed that EAAT contributed to significant psychological and physical benefits.

Boyd and le Roux Study. Boyd and le Roux (2017) also reported on parent perspectives of equine therapy and conducted a qualitative exploratory study of the benefits of therapeutic horseback riding (THR) and the effects it may have on children with disabilities. Semi-structured interviews were conducted of the 12 participants and Boyd and le Roux indicated three main themes: (a) "parents' perceived effects of THR on their children with disabilities;" (b) "parents' personal experiences of the service itself;" and (c) "parents' perceived reasons for improvements in their children" (p. 3). Sub-themes were identified from the theme "parents' perceptions of the effects of THR…", which represented physical beneficial aspects of THR, (including increased posture and core stability); psychological, (including increased confidence, independence, greater self-esteem, improved focus, and overall joy and happiness); and social, (including increased social and behavioral skills, speech, social confidence, and interaction with others). Overall, parents reported their children were calmer, and that the parents were appreciative of the opportunity for a positive environment. Additionally, the parents reported their happiness in being able to witness the great joy in their child through participation in THR (Boyd & le Roux, 2017).

Xue-Ling Tan and Simmonds Study. Additionally, in a qualitative study, Xue-Ling Tan and Simmonds (2018) researched parents' perceptions of psychosocial outcomes of Equine-Assisted Interventions (EAI) for children with autism spectrum disorder. Participants in the study were parents of children under 18 who had autism

spectrum disorder and received EAI weekly for at least a month (Xue-Ling Tan & Simmonds, 2018). From participants' interviews, Xue-Ling Tan and Simmonds detailed four main themes: (a) "child's improved self-concept and emotional well-being," which consisted of parents' reports of children's sense of self-importance, empowerment, and willingness for new challenges; (b) "child's improved self-regulatory ability," which consisted of parents' reports of children's tranquility, improved focus, and decreased behavioral reactions; (c) "social benefits for the child," which consisted of parents' reports of children's longer-lasting relationships, and improved social motivation; and, (d) "unexpected outcomes," of parent benefits, which consisted of parents' joy and pride in watching the success of their child (Xue-Ling Tan & Simmonds, 2018, p. 762). Overall, parents related that children better managed their behavior and were able to generalize skills learned to other areas in their lives.

Equine Benefits

Children can feel successful when working with horses, while parents reported equine therapy was a factor in their child's attempts to overcome new obstacles outside of the horse environment (Boatwright, 2013; Boyd & le Roux, 2017). According to "Horse for Therapy" (2017), sensory input is obtained through movement of a horse's gait, which is similar to motor stimulation in a child's walk; therefore, just by horse riding there can be an increase in the child's motor skills, core strength, and own gait. Similar benefits of equine therapy, as reported by Klontz et al. (2007), "Horse for Therapy" (2017), and Lemke et al. (2014), were improved: (a) motion, (b) metabolism, (c) core strength, (d) and posture. Additional equine therapy benefits were noted by Boatwright (2013), Klontz et al. (2007), and Lemke et al. (2014) and included: (a) skill-building, (b)

emotional regulation, and (c) self-confidence. Overall, children who participated in equine therapy and showed results sooner, because they engaged quicker in treatment due to the enjoyment of the environment (Boatwright, 2013). Additionally, no matter the type of equine therapy, parents reported self-benefits including joy and happiness in seeing their child successful and self-assured (Boyd & le Roux, 2017; Meyers, 2017; Xue-Ling Tan & Simmonds, 2018).

In equine therapy, similar to most experiential therapies, the horse provides the child direct nonverbal, nonjudgmental feedback and acceptance regarding the child's actions (Kirby, 2010; Lac, 2016; Simkin et al., 2017; Xue-Ling Tan & Simmonds, 2018). The acceptance the child receives from the horse can provide an environment of safety and assurance for the child (Kirby, 2010; Meyers, 2017; Xue-Ling Tan & Simmonds, 2018). The horse-child interactions can mirror the acceptance and feedback a child may receive from a therapist in play therapy (Lac, 2016; Landreth, 2012; Meyers, 2017).

Play Therapy

The Association for Play Therapy's (APT) definition of play therapy is "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" ("Why Play Therapy," n.d., para. 3). Play is a worldwide dialect and when used as therapy incorporates a variety of ages, heritages, cultures, and populations (Bratton et al., 2005; LeBlanc & Ritchie, 2001). Virginia Axline (1947) took the concept of play and created a nondirective model for working with children which was further adapted into child-centered play therapy through the work of Landreth (2001). Landreth hypothesized that

the therapeutic outcome is not only central to attachment but stems from the unique relational bond formed in child-centered play therapy. The secure relationship between the client and therapist is a vital aspect for growth and healing that empowers the client to take risks and authentically be themselves in the moment (Lac, 2016; Peabody & Schaefer, 2019). Blaustein and Kinniburgh (2005) stated that in a positively attached relationship, children are safe to explore new experiences with confidence, and regulate themselves cognitively, affectively, relationally, physiologically, and behaviorally. Kee (2010) further posited that all clients have an attainable potential that is accessible through positive support.

Ahrendt. Ahrendt (2002) researched stages of play from infant to child in a swim environment. Ahrendt posited that functional play begins around 6 months of life through 2.5 years, with the children showing awe in their own self activities, providing enjoyment and stimulating repetition. Spontaneous play is full of joy and free of purpose, while still including learning through mental concentration and problem-solving. Ahrendt concluded that later childhood play encompasses more intense problem solving and interventions with added communication or common tasks and actions that promote creative thinking.

Brumfield and Christensen Study. Brumfield and Christensen (2011) conducted a qualitative investigation into African American parents' perceptions of play therapy. Questions explored in the study were: "(a) thoughts about counseling, (b) beliefs about the purpose of play, and (c) perceptions about play as a therapeutic agent in counseling" (Brumfield & Christensen, 2011, p. 208). Participants in the study consisted of 8 African American parents of children ages 4–12 attending play therapy. Participation in the study

was completely voluntary and data was collected by the researchers through in-person interviews. Brumfield and Christensen reported several themes as related to African American parents' perceptions of play therapy as: (a) value of play, and (b) receptivity to counseling (Brumfield & Christensen, 2011, p. 225). Two values related to play were identified by the researchers as "developmental learning and release" (Brumfield & Christensen, 2011, p. 225). The researchers identified that participants' perceptions of play were correlated to their own enjoyment of playtime as children and the participants' receptivity to counseling was correlated with "facilitative factors" and "impediments to counseling" (Brumfield & Christensen, 2011, p. 216).

In conclusion, Brumfield and Christensen (2011) noted that parents identified play as an essential activity to developmental learning which lasts throughout the lifespan. Additionally, the researchers reported that all participants in the study believed in the benefits of play, counseling, and play therapy. While participants were able to identify the benefits of play therapy, the participants believed African Americans from different socioeconomic statuses may not have the same favorable view of play, counseling, and play therapy. Brumfield and Christensen concluded that further research is required to explore perceptions of play on varying ethnic-cultural groups.

Singh and Gupta Study. In an empirical investigation Singh and Gupta (2011) researched parents' perceptions of the contexts of childhood and play. The authors discussed that play parallels early childhood development, giving the example of a baby smiling in delight while gazing at a mobile above their crib. Additionally, Singh and Gupta signified toddler play as exploration and innovative play, while older children's play was more purposeful in strategies and planning.

Participants in the study consisted of 14 families from two different residential areas in India, resulting in 28 parental pairs from two different income groups (Singh & Gupta, 2011). Data for the study was compiled from observations of children's play behavior and the objects/materials used for play. Interviews were obtained from three to four participant visits. The researchers' questioned the participants about their "parental beliefs, parenting practices and play, and their notions about the value of play in their children's lives" (Singh & Gupta, 2011, p. 239). Specifically, some participants recognized the value of play in a social and educational context, and half of the participants considered play as a way to facilitate cognitive development. In conclusion, Singh and Gupta (2011) acknowledged that play is a medium for children to learn competencies and mastery of the environment and self. Additionally, Singh and Gupta reported that all participants held the same value and attitude regarding play as an important part of children's development.

Lin and Yawkey Study 2013. The purpose of Lin and Yawkey's (2013) study was to describe Taiwanese parents' perceptions of child's play. The target population in the study consisted of parents of varying social backgrounds with children ages 4–7. There were 112 completed responses in this survey design study (Lin & Yawkey, 2013). Data collection was completed through a parental questionnaire detailing parental background, parents' perceptions of child's play, and child's behaviors related to play. Researchers of the study used the 27 item Parents' Perception of Child's Play (PPCP) scale to measure parents' perceptions. The Cronbach's alpha o7hhf the PPCP in this study was .939 (Lin & Yawkey, 2013). The PPCP scale contained questions which included "developmental contributions of play, parents' participation in play, and

parents' encouragement of play" (Lin & Yawkey, 2013, p. 246). The researchers used a "One-way ANOVA to determine whether a statistical difference was present in parents' perceptions of child's play when examined by parental background information" (Lin & Yawkey, 2013, p. 247). In conclusion, Lin and Yawkey reported that there was a significant difference in parents' perceptions of play in the categories of gender, education, and monthly income, but no difference when viewing parents' age. Overall, Lin and Yawkey (2013) reported that most parents had a positive perception of play and also parents had a "moderate to high agreement" that play contributes to children's development (p. 249).

Lin and Yawkey Study 2014. In a 2014 survey design study, Lin and Yawkey researched parents' beliefs about play in relation to children's social competence. The study was designed to examine the correlation between "parents' perceptions of child play and children's social competence" (Lin & Yawkey, 2014, p.108). The participants of the study consisted of 142 Taiwanese parents of kindergarteners ages 4–7 and ten kindergarten teachers. The teachers in the study were provided a questionnaire, the School Social Behavior Scales (Merrell, 2011), to evaluate students' social competence in a school setting. The parents in the study were provided a questionnaire, the Parents' Perception of Child's Play (Lin & Yawkey, 2013), to indicate the parents' personal background information, perceptions of their child's play, and evaluation of their child's social competence in a home setting (Lin & Yawkey, 2014).

Lin and Yawkey (2014) used descriptive statistics to describe the distribution and agreement level of Taiwanese parents on the PPCP. Lin and Yawkey used a Pearson product moment coefficient (PPMr) to determine whether there was a relationship

between parents' perceptions of children's play and children's social competence. The researchers concluded that 73.2% of parents were in a high agreement level that play contributes to development, while 26.8% of the parents fell into the moderate agreement level. Lin and Yawkey (2014) computed a positive correlation between children's play and children's social competence (PPMr, $p < .001$).

Gaskill and Perry. In their book *The Neurobiological Power of Play: Using the Neurosequential Model of Therapeutics to Guide Play in the Healing Process*, Gaskill and Perry (2014) reported that children performed better socially and behaviorally after participating in play therapy, with better social adjustment than those not receiving play therapy. Gaskill and Perry defined play as "a purposeful behavior that is not for survival and is voluntary and pleasurable; core elements demonstrate control, reward, and stress management" (p. 179). Further, play is an effective therapeutic agent when it provides a developmentally appropriate means to regulate, communicate, practice, and master. Additionally, somatosensory experiences in play served as neurological foundations for later advanced mental skills in creativity, abstract thought, prosocial behavior, and expressive language. Gaskill and Perry posited that neurobiological integrated play approaches can help therapists select and sequence developmentally appropriate play activities to regulate children in therapeutic efforts, enhancing relational and cognitive capabilities.

Play Benefits

"Play allows us a safe distance as we work on what's close to our hearts" (F. Rogers, 1994, p. 59). During child-centered play therapy children can learn a lot about themselves through experiences facilitated by a therapeutic relationship (Landreth 2012;

Kirk & Hay, 2018; Kirk & MacCallum, 2017; Ray & Landreth, 2019). Experiential play is important to assist children with the freedom to explore their environment, uninhibited by judgment and connotation, and to ensure children can create the dialogue and meaning for their experience pertaining to their own reality (Greenberg et al., 1989; Kirby, 2010; Peabody & Schaefer, 2019). Play therapy is a medium for children to interpret their ideas and creations from their play and play objects (Axline, 1947; Landreth, 2012; F. Rogers, 1994). “When he plays freely and without direction, he is expressing a period of independent thought and action” (Landreth, 2012, p. 10). Kirk and MacCallum (2017) and Sharpan (2020) stated that play can facilitate children's experiential learning and development, the ability to compromise and negotiate, self-efficacy, increased problem-solving, and emotional regulation.

Therapeutic play relationships and environments, as observed by Kirk and MacCullum (2017); and Kirk and Hay (2018), were designed to encourage supportive relationships that lead to safe environments and enhance play creativity and exploration through the experience. Further, Kirk and MacCullum (2017) observed positive relationships between kindergarten teachers and children in play environments that enhanced children’s social-emotional development. Landreth (2012) agreed, “Play therapy, therefore, is an adjunct to the learning environment, an experience that helps children maximize opportunities to learn in the classroom” (p. 86).

Additionally, Landreth (2012) posited that when the playroom is perceived as a safe environment, children's learning through play can include risk taking, self-exploration, and discovery. When children can perceive they are in control of their play experience, this can become the key for positive mental health, promoting children's

emotional development (Landreth, 2012; Ray & Landreth, 2019). Further, Landreth discussed eight basic experiences of learning that contribute to self-change in children, including having self-respect, having acceptable feelings, responsibly expressing feelings, taking responsibility for themselves, creativity and being resourceful in confronting problems, learning self-control and self-direction, gradually learning self-acceptance at a feeling level, making choices, and being responsible for their choices (pp. 89-97).

Aquatic Relational Experiential Therapy

"I am your water wings; you are my deep. I am your open arms; you are my running leap" (Cusimano Love & Ichikawa, 2001, p. 13). Aquatic Relational Experiential Therapy (ARET) is an experiential therapeutic approach that relies on both the therapist's directive relational coaching methods and non-directive play therapy skills for the development of a secure relational bond (Garzaglass, 2017, 2019; Williams, 2018). As part of the approach, the ARET therapist teaches aquatic proficiencies using humanistic relational experiential components, where the water, coaching methods, and non-directive play therapy facilitate positive well-being (Garzaglass, 2017, 2019; Garzaglass et al, in press; Williams, 2018). Furthermore, Garzaglass (2017, 2019) and Garzaglass et al. (in press) stated that ARET offers an aquatic-child-therapist relationship that provides an extraordinary opportunity for experiencing self while also experiencing authentic contact.

Ahrendt (2002) proposed that having fun and overcoming fear in the water are psychological components of play. "Play gives children a chance to practice what they are learning" (F. Rogers, 1994, p. 91; see also Sharapan, 2020). Further, Ahrendt (2002)

discussed that play in the water can include child-adult interactions through indirect eye contact; facial expressions; and repetitive play situations involving activities, songs, and movements, which can encourage the child to respond and become more dynamic in their play. Garzaglass (2017) observed similar responses when working with children in an aquatic setting and consequently, she formulated the idea of Aquatic Relational Experiential Therapy (ARET).

The ARET Process

Garzaglass (2017) detailed the two main points of ARET as the therapeutic relationship and the experiential aspects of being in the water. Additionally, Garzaglass (2017, 2019) described ARET as an experience where the therapist uses the methods of aquatics and the relationship between the water, therapist, and child to facilitate the process of exploration and growth. In ARET, a licensed mental health professional trained in water safety instruction (WSI) uses directive relational coaching methods and play therapy responses to teach swim/aquatic proficiencies (Garzaglass, 2017, 2019; Williams, 2018). The therapeutic approach is conducted in a safe place, a multi-depth, high-visibility pool, with ledges for sitting or standing, and edges that are easy to grab (Garzaglass, 2017, 2019; Garzaglass et al., in press).

As part of ARET, Garzaglass (2017) observed that the moment-to-moment experience provided by the ARET therapist facilitated client personal growth through challenges. Similarly, Greenberg et al. (1989) stated that the core of experiential therapy is engagement with the client's "moment-to-moment" perception of existence, as related through the present experience and current consciousness (p. 170). Additionally, Gaston et al. (1995) described that the relationship component in experiential humanistic therapy

is the main cause of change, and "the real relationship and the moment-by-moment contact between client and therapist are very important" (p. 5).

Goals. According to Garzaglass (2019) and Garzaglass et al. (in press) the goals of the ARET therapist extend far beyond swimming skills. Following experiential approaches of Leitner (2001), and Greenberg and Goldman (1988), the ARET therapist facilitates an experiential environment in which the client can improve relationships, mental health, and emotional autonomy. According to researchers, (Ahrendt, 2002; Jorgensen, 2013; Murcia et al., 2017; Traylor, 2014), the aquatic proficiencies within a humanistic relational and experiential approach can yield restorative and positive effects on overall wellness, simultaneously facilitating an increase in a client's independence, confidence, and skills. Additionally, Garzaglass (2017, 2019) identified that the ARET therapist implements specific aquatic objectives for the client to practice, which can challenge the client, as well as facilitate development of trust in the therapist.

Role of Therapist. Aquatic Relational Experiential Therapy is a new therapeutic approach using aquatics as a counseling modality. The theoretical framework of ARET is supported by evidence-based theories of person-centered and child-centered play therapy, as well as elements of experiential therapy (Greenberg et al.,1989; Landreth, 2012; Mahrer, 1983; Raskin et al., 2014; Ray & Landreth, 2019; Rogers, 1942, 1951; Watson et al., 1998). Additionally, Garzaglass (2017, 2019) posited that ARET is formulated on Rogerian principles where the therapeutic relationship is the fundamental characteristic of the psychotherapy process (Joseph & Murphy, 2013; Raskin et al., 2014; Ray & Landreth, 2019; Rogers, 1942, 1951).

The therapist's role is to create trust and safety within the adult-child interaction with genuineness and authenticity, showing non-possessive warmth through accurate empathy (Cattanach 2003; Leitner, 2001; Raskin et al., 2014; C. R. Rogers, 1942, 1951). Garzaglass (2017, 2019) and Garzaglass et al. (in press) described the therapeutic role of the ARET therapist as comparable to a child-centered therapist, who facilitates the therapeutic relationship and guides the child's ability to become self-actualized (Landreth, 2012; Ray & Landreth, 2019). The therapist then brings their authentic self to the relationship, as F. Rogers (1994, 2014) stated, "You bring all you ever were and are to any relationship you have today" (p. 24; p. 87).

Safety. The ARET therapist also integrates coaching techniques, identified by Kee (2010), that are encouraging in nature. Coaching techniques performed by the ARET therapist are presented as verbal feedback during safety procedures, which reinforces positive behaviors (Garzaglass, 2019; Garzaglass et al., in press; Williams, 2018). "Children feel safer when they know what the rules are" (F. Rogers, 1994, p. 78). Modeling and molding participant behavior is vital for water safety and unique to aquatic therapy. The ARET therapist uses limit-setting responses and choice-giving to discourage unproductive or dangerous behaviors that can potentially place clients in life-threatening situations (Garzaglass, 2017, 2019; Williams, 2018; see also Landreth, 2012). As in equine therapy, in order for growth to occur through the experience, the aquatic therapy must occur in a safe place with boundaries, and the therapeutic relationship must contain authenticity, trust, and respect (Kirby, 2010; Lac, 2016; Tumanova, 2017).

Development. Aquatic Relational Experiential Therapy, as reported by Garzaglass (2017, 2019) and Garzaglass et al. (in press) was formulated from

observations of the buoyancy effects of the water, children's smiles, giggles, and increased confidence. According to Greenberg and Goldman (1988), Greenberg et al. (1989), Watson and Greenberg (2000) and Watson et al. (1998), the main components of experiential therapy that can contribute to the phenomenon are the child's feelings, perceptions, bodily sensations, and empathy within the therapeutic relationship.

Summary

Because of the personal and social benefits of the water as a modality, there is a need for further research into the use of aquatic environments as an innovative therapeutic approach for children. According to Becker (2009) aquatic therapy is a personal experience with extensive rehabilitative possibilities, yet it is underutilized for treatment. Attwood (1998) proposed that swimming can boost a child's proficiency and nurture a desire for competent movement. Grosse (2011) believed the aquatic environment can be adapted for any type of learning and therefore can also be adapted to most age groups. Aquatic Relational Experiential Therapy can offer an aquatic-child-therapist relationship where the water can provide an extraordinary opportunity for the client to experience self while also experiencing authentic contact (Garzaglass, 2017, 2019; Garzaglass et al., in press).

Chapter III will describe the methodology used in a transcendental phenomenological qualitative study of the perceptions of parents whose children have experienced Aquatic Relational Experiential Therapy. Chapter IV will present the results of the study and Chapter V analyze the data, and discuss conclusions and recommendations, respectively.

CHAPTER III

Methodology

The purpose of this transcendental phenomenological study is to describe the perceptions of parents whose children ages 13 years and under have experienced Aquatic Relational Experiential Therapy (ARET). The methodology used for this study is qualitative and is applied to answer the following research question: What are the parents' perceptions of their children who have experienced Aquatic Relational Experiential Therapy?

Chapter III begins with an overview of qualitative research and a discussion of transcendental phenomenological research design, followed by bracketing-epoche, participant criteria, participant sampling, informed consent, instrumentation, data collection process, data organization, data analysis, and trustworthiness. Finally, a summary will conclude the chapter.

Research Design

Qualitative methodology is defined as a theoretical framework that contributes to observations and meanings that individuals attribute to a phenomenon (Heppner, 2016; Husserl, 1913/2014; Maxwell, 2013). According to Lunenburg and Irby (2008), qualitative methodology is used to express data that is non-numerical and can include fieldnotes, interviews, video and audio recordings, and live observations of lived experiences. Husserl (1913/2014) stated that qualitative phenomenological methodology is free from interpretation, explanation, and theorization, and is applied to observe and describe a phenomenon in the purest form possible (Maxwell, 2013). Additionally, Moustakas (1994) posited that the aim of a phenomenological study was to describe what

a specific experience means among a shared group of individuals who have experienced the same phenomena and can provide an accurate description. Because I have designed my study to describe parents' perceptions of their children who have experienced Aquatic Relational Experiential Therapy, the study will meet the criteria of traditional phenomenological studies.

A transcendental phenomenological design according to Moustakas (1994) is relayed individually through each person's account of the experience. The observed phenomenon is derived from the interpretation of thoughts, feelings, and perceptions (Husserl, 1913/2014; van Manen, 2017). Further, Moustakas (1994) described transcendental as "moving beyond the everyday to the pure ego in which everything is perceived freshly, as if for the first time" (p. 34). A transcendental phenomenological design will be used for this study because, "in phenomenology, perception is regarded as the primary source of knowledge…" (Moustakas, 1994, p. 52), to best tell the truthful story of the participants. Since I plan to study parents' perceptions, transcendental phenomenology fits the criteria needed for this design.

Bracketing-Epoche

Researchers use the bracketing technique to conduct a phenomenological study with an open mind, ensuring that their personal preconceptions or biases when conducting the study (Heppner et al., 2016; Moustakas, 1994; Terrell, 2015), do not influence the study process and its outcomes. Moustakas (1994) also discussed bracketing as the first step in qualitative research as the epoche process, where any preconceptions about the study will be set aside. Additionally, the conducted phenomenological research will remain free of prejudgments (Husserl, 1913/2014). I have used the epoche process as

the first step in my research and have also noted any positionality or assumptions that needed to be set aside before or during the research process to help reduce personal influence on my study. As part of bracketing, I have let go of prior knowledge and research of the phenomenon being studied (Moustakas, 1994). I have set aside my positionality by participating in a pre- and post-debriefing interview with a research assistant who is a neutral third party not associated with the counseling profession and who is trained appropriately in qualitative research and interview debriefing (Chenail, 2011; Collins et al., 2013). I was interviewed before the start of my research as well as debriefed after analyzing the data (Chenail, 2011). The interview is designed to capture my experiences with the study, any perceptions I may have about my study, and the impact this study will have on me as a researcher (Collins et al., 2013).

Additionally, I have bracketed my assumptions through journaling before, during, and after my research project. I have also created an audit trail consisting of data reduction, data analysis sheets, journal process notes, and intentions (Erlandson et al., 1993), which were reviewed by the same neutral third party. By bracketing my preconceptions, I remained open to hearing and seeing the perceptions of my participants and to gain an objective stance on the phenomenon being studied (Moustakas, 1994).

Researcher Positionality

I am a Licensed Professional Counselor Supervisor (LPC-S), Registered Play Therapist Supervisor, certified early childhood–12th grade special education teacher and certified school counselor. I have my master's degree in counseling and am currently a doctoral candidate in the Department of Counselor Education. I have provided counseling services for nearly 7 years. I have worked with children for approximately 25 years in

school, residential treatment, private care, and outpatient settings. I have experience with experiential and person-centered therapy, have used ARET techniques for over 4 years and am the creator and founder of Aquatic Relational Experiential Therapy.

To be able to learn through a firsthand account of the experiences, I viewed any knowledge obtained from the study as new (Moustakas, 1994). I will release any prior knowledge of my experiences. I will maintain a clear mind and be open to hearing the perspectives of the participants' truths (Moustakas, 1994). I will journal before, during, and after the study to ground myself and meditate in a clear space to create my own epoche. I will listen with an open mind as if I have never heard of Aquatic Relational Experiential Therapy.

In an attempt to remove even more researcher bias I had: (a) my dissertation methodologist as a second-party verifier; (b) my chair used a random number generator to select participants from my population; (c) used a neutral third party not associated with counseling trained in qualitative interviewing conducted all interviews, reduced data to transcripts, and completed member checking; and (d) each of my committee members wrote their own positionality statement related to the study. It is to be noted because I am part of the phenomenon of ARET that I was blind as to who was selected from the population to participate in my study and did not view any data until transcribed interviews had been supplied to me free of identifying participant information.

Committee Positionality

The members of my dissertation committee include original co-chairs, Drs. Rick Bruhn, and Richard Henriksen, Jr.; and member Yvonne Garza-Chaves. Dr. Rick Bruhn, my mentor and first dissertation chair (before retirement in January 2021), is a Licensed

Marriage and Family Therapist-Supervisor LMFT-S, and LPC-S in Texas, a former Professional Member of the Texas State Board of Examiners of Marriage and Family Therapists, and a licensed MFT in Missouri. Dr. Bruhn is a full professor in the Department of Counselor Education at Sam Houston State University, where he teaches marriage, couple and family counseling classes, practicum, and internships, at both the master's and doctoral levels. He has authored or co-authored a dozen articles or book chapters about MFT, play therapy, bilingual education, and early music training. While in his teens and early twenties, Dr. Bruhn was a water safety instructor, a swimming instructor for young children, and interacted with parents of children about swimming lessons. He is also a parent and grandparent. Dr. Bruhn has done play therapy and supported training in play therapy. He has a small private practice in individual and couples therapy and clinical hypnosis.

Dr. Richard Henriksen Jr., the co-director and methodologist involved in this study is an LPC-S and a National Certified Counselor. He has a master’s degree and doctoral degree in counseling. Dr. Henriksen is a full professor in the Department of Counselor Education and is focused on teaching clinical mental health courses. Dr. Henriksen has provided counseling for nearly 30 years and has a background of working with children in schools, outpatient settings, and psychiatric hospitals. He has an extensive background in qualitative research with more than 20 qualitative research articles in publication and teaches qualitative research methodology.

Dr. Yvonne Garza-Chaves, dissertation chair since January 2021, is a Hispanic female and is a Licensed Professional Counselor Supervisor. Her clinical focus is using play therapy techniques and interventions when counseling children and adolescents. She

has published studies on the topic of play therapy and was a co-contributor to linking swim coach behaviors to play therapy language. She stated she will not have interactions with the participants of study and therefore feels it is reasonable to believe her experience will not directly impose her clinical values and opinions onto the participants being interviewed. She feels she does not have an investment in the success of this study and feels confident that her role will not interfere with the research inquiry.

Participant Criteria

Criteria for participation in the current study included parents of children ages 13 years and under who have experienced 12 or more ARET sessions within four months of the past 12-month. Regarding the age limit, as long as the child was 13 years of age or younger during the time when they participated in ARET, then their parent was eligible as a participant.

After the institutional review board (IRB) approval of my study (Appendix C), I provided my committee chair Dr. Rick Bruhn with a complete list of emails from which participants were selected. He recruited participants through email, using an IRB-approved script I had developed (Appendix D). The script included the purpose of the study, sampling criteria, outline of how the study will be conducted, and contact information and instructions if interested in participating in the study. The email also included a Qualtrics link to the consent form and the demographic survey. Once a participant agreed to participate in the study, they consented to the IRB-approved informed consent form by checking a box that reads *I consent* (Appendix F). To not hinder the confidentiality of the participants, verbal consent was obtained instead of recorded signatures, because the only record linking participants to the data being

collected was the consent form and requiring the participants to sign this form could cause harm if there was an unanticipated data breach. Interview times with the qualitative researcher were set with participants through the third-party interviewer's provided booking appointment link, which participants were directed to after completing the demographics survey.

Participant Sampling

Participant selection was done using a criterion random purposive sampling approach, which allowed for the participants to meet criteria of the study and allowed the researcher to select a narrowed representation of the population (Creswell & Poth, 2018; Lunenburg & Irby, 2008; Surujlal & Rufus, 2011). Random purposive sampling was used because it is assumed that subjects chosen to participate will contribute valuable rich data to aid in discovery and understanding and insight into the phenomenon (Erlandson et al., 1993; Lincoln & Guba, 2016). To randomly select participants from my population I provided my previous committee chair, Dr. Rick Bruhn, with a complete list of parents' emails that met the criteria to participate, N = 52 as the original sample size. Dr. Bruhn used a random number generator to select 20 emails. He recruited participants through email, using an IRB-approved script I had developed (Appendix D). The process of participant selection and timeline is shown in Table 1. The first 10 people who agreed to participate and consented to the study, completed the demographic survey, and scheduled an appointment with the third-party interviewer, become the selected sample for the study, N = 10.

Table 1

Process of Participant Selection and Timeline

Time Lapse	Recruitment Emails	Progress Updates	Totals Emails Sent	Outcomes
0 days	20 Emails sent out		20 emails	
2 days	1 email sent out	1 person disqualified	21 emails	
4 days	10 emails sent out	Only 2 responses	31 emails	2 interviews scheduled
6 days		31 emails sent to original participants to respond as opt in/out (Appendix E)		4 interviews scheduled
10 days	10 emails sent out		41 emails	23 responses
12 days		12 completed demographics		10 interviews scheduled

According to Creswell and Poth (2018), the sample size for qualitative research should be small, but all-encompassing in detail and provide enough description to identify themes. Erlandson et al. (1993) posited that there is no rule on purposive sample size, but researchers should take into consideration quality over quantity, richness of the data over numbers of participants. In the current study, (see table 1), Dr. Bruhn randomly selected 20 candidates, from a qualified sample size of 52, in hopes of obtaining at least 10 participants, N = 10, to provide rich detailed stories of the experiences of their children with Aquatic Relational Experiential Therapy (Erlandson et al., 1993; Lincoln & Guba, 2016). According to Moustakas (1994), participant sampling should be continued until saturation has been obtained and accounts from the participants' interviews no longer contain new information.

Informed Consent

Participants were emailed a Qualtrics link to the informed consent as an invitation to participate in the study. The participant agreed to the informed consent form by checking a box that reads *I consent* (Appendix F). The third-party interviewer later reviewed the consent form with the participant before the recorded interview and a verbal consent was obtained, because the only record linking participants to the data being collected is the consent form, and requiring the participants to sign this form could cause harm if there was an unanticipated data breach. The consent form included confidentiality procedures and participant protections, how to address conflicts as they arise, who they may contact if they have further questions, as well as who is overseeing the study (Erlandson et al., 1993). My study conformed to Sam Houston State University's IRB human protections guidelines. As part of the guidelines, participants were informed that they could resign from the study without any consequences and were informed of the emotional risks that may exist while participating in the study.

Instrumentation

The transcendental phenomenological study consisted of myself, the researcher as an instrument; a demographic questionnaire; and semi-structured interviews derived from the literature (Erlandson et al., 1993; Lincoln & Guba, 2016; Maxwell, 2013; Moustakas, 1994).

Demographic Questionnaire

As part of participant recruitment, the demographic survey was emailed out as a Qualtrics Survey link for parents who decided to participate. Once the participants agreed to participate, they clicked the link to Qualtrics where they viewed the consent form and

clicked, *I consent,* and were directed the demographic survey. There were ten questions as part of the demographic survey (Appendix A). The demographic survey was designed to identify different participant characteristics that may contribute to their perceptions. Participant questions included a requested pseudonym, age, gender, sexual orientation, race/ethnicity of self and child, highest level of education, number of children and their ages at time of participation in ARET or swim therapy, parent-child relationship and parent described view of experiential therapy. The data obtained in the demographic survey provided insight into parents' perceptions based on their age, gender, race, level of education, sexuality, child/parent relationship and view of experiential therapy. This insight provides understanding into how demographics may affect or differ the participants' perspective of the experience.

Semi-Structured Interviews

According to Moustakas (1994), the primary source of phenomenological data is the interview (Moustakas, 1994). Semi-structured interviews were implemented as a primary tool to tell the story of the participants' experiences. Erlandson et al. (1993) stated that "...interviews take more of the form of a dialogue or an interaction" (p. 85). Additionally, interviews aid the researcher in understanding interpersonal, social, and cultural aspects of the environment on a larger scale (Erlandson et al., 1993). Being able to use a semi-structured interview as the main tool assisted me in learning about the process and specific outcomes of the participants' experiences (Maxwell, 2013; van Manen, 2017). The questions in the interview were written in an open-ended style so as not to lead the participants' in their answers and are be based on available research to the greatest extent possible (Moustakas, 1994). I reiterate that to limit researcher bias, I was

not involved in participant selection or conducting the interviews. I created the interview questions for the neutral third-party interviewer.

Grand Tour Questions

"In phenomenological research, the question grows out of an intense interest in a particular problem or topic" (Moustakas, 1994, p. 104). Structural and textural descriptions of the participants' phenomena should derive from the answers to the semi-structured interview (Moustakas, 1994). According to Moustakas (1994), structural descriptions are how the participants can express their experience within the context of the condition or situation experienced. Textual descriptions are the participants' account of their experiences. Together the structural and textual descriptions should provide an overview of the complete experience (Moustakas, 1994).

I developed the interview questions by examining the literature and researching studies that addressed parent perceptions of experiential types of therapies with supported outcomes of increased self-efficacy through personal/social-emotional development. Additionally, I created questions by examining literature on the benefits of aquatics especially when used with children. Many researchers supported the use of experiential types of therapy in an aquatic environment to generate restorative and positive effects on well-being (Ahrendt, 2002; Becker 2009; Jorgensen, 2013; Murcia et al., 2017; Traylor, 2014).

Further, researchers and writers from the 1930s to the present have described aquatic learning and treatment activities that have supported the development of self-efficacy (Burac, 2015; Diem, 1982, Erbaugh, 1986; Jorgensen, 2013; McGraw, 1939; Murcia et al., 2017). The above studies addressed questions focused on parents'

perceptions of their child's experience with experiential and aquatic therapies. "In phenomenology, perception is regarded as the primary source of knowledge, the source that cannot be doubted" (Moustakas, 1994, p. 52). Additionally, quantitative tests were used in the studies to further support the parents' observations of their children's increased problem-solving skills, and personal/social-emotional development. To further support the parents' perceptions, Jorgensen (2013) addressed the physical and intellectual benefits of learning to swim for children under five and factors that enhanced the benefits in different learn-to-swim courses. Jorgensen also addressed differences in gender, social class, and early-years swimmers' achievements; other factors that affect the outcome; and factors in relation to pedagogy, swimming quality, and environmental considerations.

All grand tour questions were created from existing supporting literature on the proposed phenomenon. The questions were intended to be broad enough to be able to capture each participants' personal stories and lived experiences (van Manen, 2017; Heppner et al., 2016). Surujlal and Rufus (2011) stated that in order to add to the knowledge base of alternative therapies, it was important to examine the perceptions of the parents concerning the effect of the therapy on their children. Based on this idea, the first grand tour question was developed to broadly capture the perception of the participants' experience through their stories. The second question was designed to capture the participants' perceptions of how the therapy may have impacted the client or parent (Kirk & MacCallum, 2017; Murcia et al., 2017, Sharpan 2020). The third question was designed to capture what the participants deemed as important about the experience and wanted to share with others (Landreth 2012; Kirk & Hay, 2018; Kirk & MacCallum, 2017). Additionally, this question may help explain the parents' perspective of

therapeutic play relationships and environments (Kirk & MacCullum, 2017; Kirk & Hay 2018).

Erlandson et al. (1993) discussed how to conduct qualitative research by refraining to assume the expert role and use open-ended questions to inquire into the participants' stories. Relating the phenomenon through the eyes of the participant is an important way to provide an understanding of human experience (Moustakas, 1994). Qualitative researchers seek to provide rich data in their studies to accurately tell the stories of the participants (van Manen, 2017). Additionally, sub-questions are used to condense the main research questions into identifiable sections, breaking the main research question down into specific parts (Lincoln & Guba, 2016). Further, Lincoln & Guba (2016) posited that interviews can be the technique used to satisfy the authenticity of ontology to understand individuals' experiences and existence.

The interview questions were as follows:

1. What are your perceptions of your child/ren's experiences with attending swim-based therapy? (Brumfield & Christensen, 2011; Surujlal & Rufus, 2011).
2. Describe the specific type of swim therapy program your child/ren were involved in? (Brumfield & Christensen, 2011; Jorgensen, 2013; Surujlal & Rufus, 2011).
3. What types of impact, if any, has swim therapy had on you or your child/ren? (Kirk & MacCallum, 2017; Murcia et al., 2017, Sharpan 2020).
4. What would you like others to know about your and your child's experiences with swim therapy? (Landreth 2012; Kirk & Hay, 2018; Kirk & MacCallum, 2017).

Data Collection Process

Data was collected through multiple sources: demographic surveys, interviews, observations and member checking. Validity and reliability of qualitative data was determined through instrumentation of interviews, and observations (Lunenburg & Irby, 2008). Upon approval from the IRB committee and participants' consent, an agreed upon date and time was scheduled with the interviewer. Additionally, participants were informed through the invite email of the purpose of my study, the duration of my study, and their rights to withdraw from the study at any time. The interview was conducted over a secure Zoom video platform with each participant given their own link and password to attend. The interviewer verbally read a copy of the approved IRB study consent and obtained verbal consent for audio recording from the participants.

Once the participants gave their verbal consent to participate and be recorded, the neutral third-party interviewer asked the designed semi-structured interview questions (see Appendix B) during an approximate 45-minute audio-recorded interview that was stored in a password protected computer. To ensure confidentiality, all audio files with identifying information were destroyed immediately after transcription verification of accuracy. The interviewer took notes during and after each interview to summarize key points. After the interviews were completed, the audio files were transcribed word for word and verified for accuracy by the third-party interviewer. The transcripts were then given to me to analyze the collected data for themes. Further, member-checking of the interviews was conducted as part of the trustworthiness process (Maxwell, 2013). The final data analysis was sent out by the interviewer to the participants to check for accuracy of themes derived from statements. To ensure confidentiality, all notes, and

transcripts were kept on a password protected computer and will be destroyed within three years after the completion of my dissertation. Additionally, I completed the process ethically, and I remained aware of any issues that arose throughout the study and identified my positionality, or bias, as researcher and instrument in the study through constant journaling before, during, and after the study (Moustakas, 1994).

Data Organization

After transcription of the interviews from their audio files was completed, data organization followed (Moustakas, 1994). I met with my methodologist to review the raw data and made sure it had been organized correctly (Moustakas, 1994). I employed Moustakas's (1994) investigation of phenomenological data and participated in reduction to identify significant participant statements. One of the processes applied was horizontalization, which takes into account all responses without holding any one statement as more important than others (Moustakas, 1994). I inspected all relevant statements equally from different perspectives to obtain an accurate description of the phenomena. Next, themes and unit clusters were developed from the horizons and participants' perceptions (Moustakas, 1994).

By examining the themes structurally, I addressed how the phenomenon was experienced and sought meanings to find differing perspectives (Moustakas, 1994). I was then able to identify underlying concepts that helped reveal the participants' thoughts and feelings and provided a description of the participants' common experiences of the phenomena. In the final step, I synthesized the data by developing a description of the essence of the experience of all the participants (Moustakas, 1994). My written description consisted of the collected textural-structural participant data, perceptions, and

essence of the participants' experiences in relation to how and what was observed (Moustakas, 1994). I brought together the perceptions of parents whose children have experienced ARET and created a common essence of the phenomena as described by the participants.

Data Analysis

When analyzing phenomenological data, I first bracketed my positionality to allow myself to view the data from an unbiased perspective. After reading through all the transcribed data I applied the modified Stevick-Colaizzi-Keen Method to establish themes from each interview (Moustakas, 1994).

1. I obtained a complete description of my own experience of the phenomenon using a phenomenological approach.
2. From the transcripts I completed the following steps
    1. Considered each statement for significance of the experience.
    2. Documented all relevant statements.
    3. Listed all horizons or meaningful units of the experience through each nonrepetitive or non-overlapping statement.
    4. Connected and clustered the meaningful units into themes.
    5. Synthesized the meaningful units and themes into description of the experiences through direct quotes from the transcripts.
    6. Reflected on the textual experiences, or direct quotes, providing descriptions of the experience.
    7. Constructed a textual and structural description of the meanings and essences of the experience.

3. For all participant transcripts the above steps were completed.
4. From all textual and structural descriptions, a universal description was created of the experience to represent the population of participants (Moustakas, 1994).
5. The final step was creating a visual representation of the themes and sub-themes.

For each interview transcript, I considered each statement with significant experiential descriptions, documented all meaningful statements, noted all statements that do not intersect, grouped statements into themes, reduced main themes, and provided proof of supported themes (Moustakas, 1994). Additionally, second party verification of themes was completed by my methodologist, and triangulation was implemented through my personal journal, notes, and transcripts of interviews as data. Once the results were written, the process of member checking to validate the meaning of participants' stories was completed by the interviewer to ensure the results were an accurate description of the participants' perceptions.

Trustworthiness

Lincoln and Guba (2016) defined trustworthiness as referring to the quality and truthfulness of participant responses and the accuracy by which the responses are related by the researcher. Trustworthiness consists of four parts which include credibility, transferability, dependability, and confirmability (Erlandson et al., 1993; Lincoln & Guba, 2016). The credibility of my study was established by triangulation of data, third party debriefing, analysis process, and member checking (Chenail, 2011; Collins et al., 2013).

Triangulation

Triangulation refers to the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena (Patton, 1999). Triangulation also has been viewed as a qualitative research strategy to test validity through the convergence of information from different sources. Maxwell (2013) reported that triangulation is a useful tool in reducing biases stemming from a specific method, allowing for better assessment of the data. Triangulation methods in my study included reflective journaling, neutral third-party debriefing, observations, open-ended interview questions, field notes, and document analysis (Lincoln & Guba, 2016; Patton, 1999). Additionally, Patton (1999) pointed out that triangulation is used most to support consistency of the study. The triangulation of data sources that I used in my study consisted of data collection, individual interviews, interview notes, and demographic surveys. In the triangulation analysis and theory processes, I enlisted the help of my methodologist to guide me and ensure I managed my biases as well as processed my results and provided feedback (Patton, 1999). Further, I used a neutral third party to check my audit trail and conduct a pre-and post-interview debriefing (Collins et al., 2013).

Member Checking

Maxwell (2013) explained that member checking is one of the most important strategies for determining if you have maintained the participant perspective when interpreting the meaning of what the participants have said and done. Member checking was a way to provide validity to my study by providing the participants an opportunity to respond and check for accuracy of reflected experiences (Erlandson et al., 1993; Lincoln

& Guba, 2016). Once all themes were identified and written as results, a member check was conducted by the interviewer with all participants to ensure accuracy of their perspectives (Lincoln & Guba, 2016).

Transferability

Transferability, or external validity, in qualitative research is established through sufficient detail provided to readers with evidence that the research study's findings could be applicable to other contexts, situations, times, and populations (Erlandson et al., 1993; Lincoln & Guba, 2016). Additionally, Lincoln and Guba (2016) expressed that it is not the researcher that determines the applicability of the study, but that it is the researcher's responsibility to provide sufficient evidence in the study for applicability. Therefore, it was my responsibility to provide sufficient detail of the overall method so my study can be replicated with different populations, because through replication transferability occurs. Additionally, I have incorporated transferability into my study by including sufficient detailed evidence in my analysis of data, as well as exploring and describing in detail the information obtained from the studied participants' demographic survey.

Thick Descriptions

Lincoln and Guba (2016) described thick descriptions as sufficiently provided details of the phenomena by the researcher to enable readers to test personal constructions. Additionally, thick descriptions provide enough detailed content to create external validity as applied to the context of each reader (Lincoln & Guba, 2016). Erlandson et al. (1993) posited that thick descriptions provide the voice of the participant in rich detail, such that the reader is able to feel the emotion and place the words in context as they were spoken. My interviews were conducted by someone who is

knowledgeable in qualitative interviews because the better the interview, the better the data collection and thick descriptions (Lincoln & Guba, 2016). Further, my research process is detailed and clearly written so that readers will be able to determine if the findings can be transferable to other situations, times, settings, or people (Erlandson, et al., 1993).

Dependability

Dependability in this study was determined by my documentation that included an interview guide, field notes, journaling, and findings and interpretations that created an audit trail (Erlandson et al., 1993; Lincoln & Guba, 2016). An audit trail is all documents related to the study supporting the results that can lead to dependability and confirmability to help determine the trustworthiness of the study (Erlandson et al, 1993). I used triangulation, journaling, debriefing interviews, and data analysis as part of my audit trail (Lincoln & Guba, 2016). My audit trail was verified by the same neutral third party who conducted my debriefing interviews. In addition, the data analysis provided parents' thick descriptions of ARET experiences for children under 13 years of age through raw data that illustrated and supported my findings (Lincoln & Guba, 2016).

Reflexivity

Moustakas (1994) discussed the epoche process as a way to launch phenomenological research. The researcher's goal is to remain free of prejudgments and set aside any preconceptions. I used the epoche process and noted any positionality or assumptions that I needed to bracket by not only claiming them but also recording them in a reflexivity journal during the study (Moustakas, 1994). Erlandson et al. (1993) stated that "the reflexive journal supports not only the credibility but also the transferability,

dependability and confirmability of the study" (p. 143). Additionally, the journal can be used as part of the audit trail of the study (Erlandson et al., 1993). I maintained bracketing during my methodology process and implemented reflexivity in all processes and steps. As previously mentioned, I had two outside neutral third-party researchers. One conducted the interviews and provided me with the transcribed data; the other conducted my debriefing interviews and checked my audit trail (Collins et al., 2013; Lincoln & Guba, 2106). To continue to reduce researcher bias, my committee conducted random selection of the provided qualified population. I was blind to who was selected to be interviewed and took no part in conducting the interviews. Finally, throughout my study I engaged in self-reflection discussions regarding my reflexivity process with my chair and methodologist to seek guidance.

Summary

In this chapter I discussed using a transcendental phenomenological methodology in my study to answer the research question: what are the parents' perceptions of their children who have experienced Aquatic Relational Experiential Therapy? Additionally, I provided an overview of the researcher objectives: transcendental phenomenological research design; implemented bracketing-epoche; overviewed participant criteria; and detailed participant sampling, instrumentation, data collection process, data organization, data analysis, and trustworthiness. I discussed how I limited my researcher bias by: having my committee randomly select participants from my designated population; having a neutral third party trained in qualitative interviewing to conduct the interviews of my participants; having an additional neutral third party conduct debriefing interviews

and a check on my audit trail. In the next chapter, Chapter IV, I will present the results of the study.

CHAPTER IV

Results

Children frequently lack confidence in their own abilities and need to develop personal/social-emotional skills to achieve a positive sense of self (Kirk & Hay, 2018; Kirk & MacCallum, 2017; Langston, 2020), the "I can do it" attitude that leads to self-efficacy. As part of the ARET approach, the ARET therapist teaches aquatic proficiencies using humanistic relational experiential components, where the water, coaching methods, and non-directive play responses facilitate positive well-being (Garzaglass, 2017, 2019; Garzaglass et al., in press; Williams, 2018). The purpose of my study was to describe the perceptions of parents whose children, ages 13 years and under, experienced Aquatic Relational Experiential Therapy.

Specifically researching the parents' perceptions of the ARET approach could contribute crucial awareness to using aquatics as a non-traditional experiential counseling modality. While the aquatic environment has extensive restorative capabilities, it remains an underused approach (Becker, 2009), with little or no negative outcomes reported (Getz et al., 2006). Therefore, it is imperative to understand the perceptions of parents whose children ages 13 years and under experienced Aquatic Relational Experiential Therapy, because there exists a gap in the literature on aquatics as a non-traditional experiential counseling modality. More specifically, the parents' perceptions of ARET have not been explored.

A transcendental phenomenological research method was used in my study to describe the perceptions of parents whose children ages 13 years and under experienced Aquatic Relational Experiential Therapy. According to Moustakas (1994), the aim of a

phenomenological study was to describe what a specific experience means among a shared group of individuals who have experienced the same phenomena and can provide an accurate description. I employed Moustakas's (1994) investigation of phenomenological data and participated in reduction to identify significant participant statements and data organization. The data were analyzed through the modified Stevick-Colaizzi-Keen Method for phenomenological data (Moustakas, 1994). The research question I answered in this study was: What are the parents' perceptions of their children who have experienced Aquatic Relational Experiential Therapy? In this chapter, I identified underlying themes that revealed the participants' thoughts and feelings and the essence of the phenomena.

Participant Demographics

After each participant consented to participate in the study, they were provided with a demographic survey through a Qualtrics Survey link. The demographics survey (Appendix A) was designed to identify different participant characteristics that may contribute to their perceptions. Participants were requested to provide a pseudonym (that was later changed by the researcher so the participants could truly feel anonymous), age, gender, sexual orientation, race/ethnicity of self and child, highest level of education, number of children and their ages at time of participation in ARET or swim therapy, parent-child relationship, and parent-described view of experiential therapy.

The data obtained in the demographic survey provided insight into parents' perceptions to better understand how demographics affected the perspectives of the participants. Participants' ages ranged from 30–48, with a mode of 37 years and a mean of 36 years old. The participants self-identified racial ethnic background was as follows:

White (6), Black (2), White/Hispanic (1), and Indian (1). Participants' highest level of education ranged from 1 year of college (1), to Doctorate Degree (1), including Graduate (1), Bachelor's Degree (4), and master's degree (3).

All families reported to have biological children, additionally one family also reported as having adopted a child from birth. Participants identified their children's racial ethnic background was as follows: White (6), Black (4), Half Hispanic (2), Indian (2), White/Black (1), and White/Hispanic (1). Participants self-reported the gender of their children which consisted of nine females and seven males. Participants identified their children's ages ranging from 6 months to 8 years old, with a mode and a mean of three years old.

Participant Profiles

All participant demographic information was obtained from a Qualtrics Survey as part of the study. After completing their demographic survey, ten participants, N = 10, followed through with scheduling and completing their semi-structured interviews. All participants identified as heterosexual. Nine out of ten participants identified as female; the remaining participant identified as male. Within the 10 participant interviews, data saturation was reached. A brief summary of each participant is profiled below.

Participant Mikayla

Mikayla identified herself as a heterosexual, 32-year-old White female, with two biological daughters ages 1 and 3 of White racial ethnic background. Mikayla reported that her "oldest has high emotional issues and is very anxious" and reported that both children have participated in swim therapy since they were 6 months old with the end result of one attending a total of 3 years and the other 18 months. Mikayla has a

bachelor's degree and describes her view of experiential therapy as, "A great experience as it's given a safe introduction to water allowing my children to build confidence and respect with something otherwise dangerous."

Participant Susie

Susie, a 30-year-old female, referred to herself as a White heterosexual mother to her biological 3-year-old daughter of mixed White Black racial ethnic background. She reported that her daughter had been attending swim therapy for approximately 4 months. Susie's highest level of education was a bachelor's degree, and she described her view of experiential therapy as, "It can be useful and help someone conquer past negative situations or fears, since not all feelings can be verbally explained when you're first dealing with them."

Participant Adrian

Adrian is a 48-year-old male who identified himself as a heterosexual Black father to a 5-year-old biological son of Black racial ethnic background. He stated that his son had attended swim therapy for approximately four to five months. Adrian reported his highest level of education was one year of college and described his view of experiential therapy as, "Not knowing much about the topic."

Participant Petra

Petra identified herself as a heterosexual 31-year-old White female with two biological children, a 6-month-old son and a three-year-old daughter both of White racial ethnic background. She reported the 6-month-old has been participating in swim therapy for approximately two weeks and her daughter for approximately a year and a half. Petra reported her highest level of education was "graduate" and described her view of

experiential therapy as, “Finding it to be positive. My child develops positive associations with swimming, which I believe make her more confident in her ability to swim.”

Participant Gabrielle

Gabrielle, a 34-year-old female, referred to herself as a White heterosexual mother to her biological three-year-old daughter of “White” racial ethnic background. She reported that her daughter was nonverbal and was diagnosed with autism, and that her daughter has been attending swim therapy for approximately eight months. Gabrielle described her view of experiential therapy as, “Encompassing a wide variety of therapies (animal, water, etc.), but in general it helps someone work towards a goal (direction following, communication, etc.) in a non-traditional manner.”

Participant Lanny

Lanny is a 37-year-old heterosexual female that referred to herself as a White Hispanic mother to a biological six-year-old daughter of White Hispanic racial ethnic background. She reported that her daughter has attended swim therapy once a week for the past two years. Lanny’s highest level of education was a bachelor's degree, and she described her view of experiential therapy as, “A great opportunity to study and develop personal behaviors through hands-on activities.”

Participant Yonnie

Yonnie identified herself as a heterosexual 37-year-old Indian female with two biological children, a four-year-old son and an eight-year-old daughter both of Indian racial ethnic background. She reported her son has been participating in swim therapy intermittently for approximately a year and her daughter for approximately two and a half

years. Yonnie stated her highest level of education was a master's degree and described her view of experiential therapy as, "It helps to bring confidence."

Participant Charity

Charity, a 39-year-old female, referred to herself as a White heterosexual mother with three biological sons ages: three years, one year, and six weeks. She stated all of her boys are half Hispanic in racial ethnic background. Charity reported that her oldest son has been in swim therapy for a year and her one-year-old has been attending for approximately 6 months. Charity's highest level of education was a master's degree, and she described her view of experiential therapy as, "Important and lifesaving."

Participant Laurel

Laurel, a 37-year-old female, referred to herself as a Black heterosexual mother to her biological children, consisting of her one-year-old son and 3-year-old daughter of Black racial ethnic background. She reported that both her children had been attending swim therapy for approximately four months. Laurel's highest level of education was a Doctorate's degree, and she described her view of experiential therapy as, "We have a very good expert owner with swimming lessons."

Participant Dre

Dre identified herself as a heterosexual 37-year-old White female with two children, one biological White racial ethnic background five-year-old son and an adopted-from-birth Black racial ethnic background nine-month-old daughter. Dre reported that her son has participated in swim therapy for approximately five years and her 9-month-old for approximately four months. Dre reported her highest level of education was a bachelor's degree and described her view of experiential therapy as,

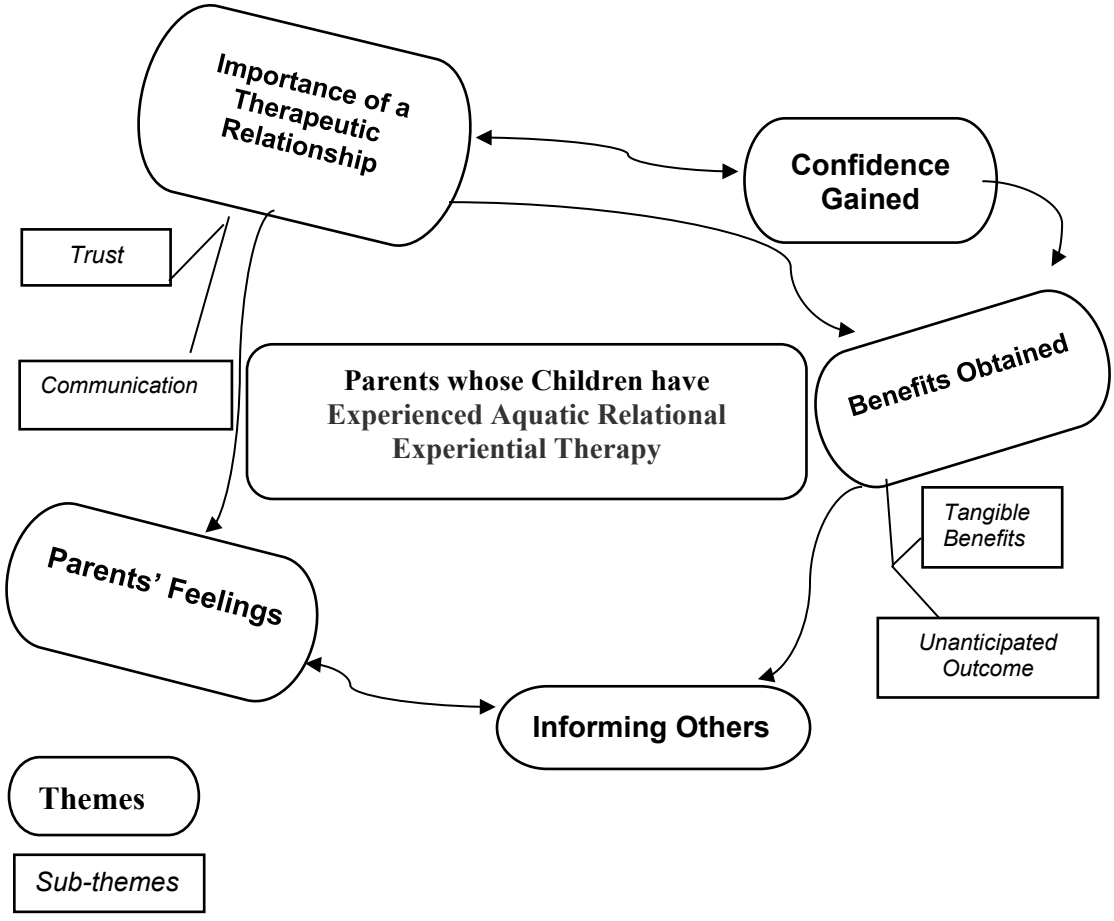
"Therapy is a wonderful tool. And I have seen how experiential therapy has benefitted those that use it."

Emerged Themes

After the interviews were completed, the audio files were transcribed word for word and verified for accuracy by the third-party interviewer. The transcripts were then given to me along with all collected data to analyze for themes. After reading through all the transcribed data, I applied the modified Stevick-Colaizzi-Keen Method to establish themes from each interview (Moustakas, 1994). The core themes were identified and organized according to the significance of the participants' thoughts and feelings, which shows the essence of the phenomena (see Figure 1). The following themes were identified and are presented below: (a) *Importance of a Therapeutic Relationship,* (b) *Confidence Gained,* (c) *Benefits Obtained,* (d) *Parents' Feelings,* and (e) *Informing Others.*

Figure 1

Parents whose Children Experienced Aquatic Relational Experiential Therapy



Note. This figure illustrates the themes and sub-themes that captured the perceptions of parents whose children have experienced Aquatic Relational Experiential Therapy.

Importance of a Therapeutic Relationship

The first theme identified was the *importance of a therapeutic relationship,* which was discussed by all ten participants. This theme also included two sub-themes: *trust* and *communication*, both of which were discussed by all 10 participants.

Furthermore, the theme importance of a therapeutic relationship embodied the essence of ARET and was described by the participants as: (a) development of trust with

a safe place to practice; and (b) clear communication that encourages independence and belief in self. Gabrielle's accounts reflected the overall importance of a therapeutic relationship with her child and how the relationship met her child's needs:

> I think that relationship component is huge . . . she feels like she's being cared [for] and protected . . . my daughter has just grown by leaps and bounds, feeling safe and heard . . . and allows her to get to know and trust and feel . . . in a safe learning environment . . . individualized [and] tailored for her.

Additionally, nine of the ten participants further defined *the importance of a therapeutic relationship* as individualized one-on-one support. Laurel stated her child's one-on-one experience was important to the relationship and could be lifesaving, while opening up the line of communication:

> For relational goods . . . one-on-one is important . . . the relational piece is important. I think it saves lives. . .. They get that one-on-one time . . . interacting with them the whole time which . . . is very beneficial. . .. She's gotten where she talks to Coach Meg almost the entire swim lesson.

Petra discussed how a one-on-one therapeutic relationship benefits her children: "There's a lot of positive reinforcement, a lot of repetition . . . it's learner base[d] . . . it's individualized." Lanny emphasized the one-on-one therapeutic relationship as what motives her child: "I really like that approach of having them one-on-one and having that type of Coach that motivates you and pushes you to be the best. . .." Dre spoke of her idea of the individualization for her children as: "I think it is definitely tailored to them." Gabrielle went further in depth about how individualization was an important piece of the therapeutic relationship and how it has helped her daughter as reflected in her own words:

> There is a huge benefit to having the same instructor. And it's one-on-one. . .. just seems like a much more custom fit, not trying to fit her necessarily into a certain mold. It's not a one size fits all approach . . . it's so individualized, then a copy-past approach. Coach acknowledged my daughter's feelings . . . Meg is able to read how my daughter is handling a lesson . . . and Coach Meg adapts and is truly able to tailor to my daughter . . . to get through to her with motions and just a Meg's special mix. . .. I would describe Coach Meg's swim philosophy as, individualized, careful, tailored approach. . .. there's so much care and thought put into what is going to get through to a child, and how they're going to learn.

Yonnie discussed her ideas of the individualized one-on-one therapeutic relationship as challenging her child: "It's one-on-one with Coach, and she's trusting Coach, and Coach will push her, and my child feels as though she knows her limits, instead of just saying I can't do this." Mikayla stressed that the individualized aspect in a therapeutic relationship was important for her child's emotional well-being:

> I think one of the things that I noticed really just with Coach Meg is the way that she handles the kids, so having kids that have these higher emotional needs she doesn't do that typical cave in. . . . She makes statements that are clear and then she does things to build my child's confidence in the water.

Similarly, Adrian reflected on how a one-on-one therapeutic relationship was helpful in providing personal attention for his child: "It's one-on-one . . . very helpful . . . because he gets all that personal attention . . . Coach is a subject matter expert." Lastly, Susie conveyed how a one-on-one therapeutic relationship allowed her child to thrive: "She's doing well with the one-on-one aspect . . . she thrives better in it . . . I see her growing

and advancing more." While all of the participants described the *importance of the relationship* holistically, they also focused on two specific areas that enhanced the relationship: *trust* and *communication*.

Trust

The first sub-theme that was identified within the importance of a therapeutic relationship was *trust*. This sub-theme was supported by all ten participants. Trust was identified as an important part of any relationship by the participants.

Four participants described *trust* as trust in the therapist, and trust in the approach used to keep their child safe. Dre talked about trust in her words: "He's had to learn to trust that if there's an issue or there's a problem that's happening, she'll [the Coach will] be right there to help him." Laurel recounted, "Building that confidence and the trust of the coach make[s] my child motivated to continue with swimming." Adrian talked about the importance of trust in his child's therapeutic relationship as, "Coach is just a warm, gentle person. She's caring and I guess he sees that." Further, Laurel connected trust with being comfortable, "They both seemed really comfortable with Coach." Similarly, Mikayla defined trust as respect within the relationship when she stated, "My child has respect for Coach Meg that she doesn't give to every adult."

Nine participants explored safety as a component of *trust*. Susie described the importance of trust in a therapeutic relationship through keeping her child safe:

> Trusting this person is going to teach me things and push me, but she's not going to let anything happen to me and I'm having fun so it's more trusting . . .. she'll grab and hug Coach Meg and be like okay, this person has got me.

Lanny discussed how safety allowed her child to trust the relationship: “So I was surprised to see that my child had that connection with the Coach, and she beat her feeling of anxiety because at the beginning, the Coach took the time to teach her safety.” Charity stated her definition of trust through safety as, “This is a place to be learning and this is a place where we have to take it seriously because we have to be safe. I think Coach reinforces that in her tone, in her methodology.” Gabrielle expressed her thoughts when she stated, “My daughter feels comfortable and safe . . . she feels like she’s being cared for and protected.” Dre further explored her ideas of establishing trust for the safety of her child as, “Having to learn how to rely on somebody else.” Mikayla described her experience with safety through trust as a joy in attending therapy: “They enjoy being there. They like going to see Coach . . . I would say to surround them with people that they feel comforted and respectful probably creates that.” Laurel provided her idea of trust as trusting in the coach to provide accountability to her child:

> I, as a parent appreciated that Coach felt comfortable enough . . . for safety and protection . . . to get on to them in a good way . . . usually, mom and dad would have had to step in, but Coach Meg took care of it, the 3-year-old listened and responded.

Similarly, Petra stated her child’s experience in the following words, “She’s learned safety boundaries . . . she’s more confident in the pool.” Yonnie also reported her children’s experience of trust through safety as the Coach knowing the child’s limits: “It’s a big plus for us that she knows what our strengths are and knows what our weaknesses are.”

Additionally, three participants reported that trust could transcend the therapeutic relationship enabling their child(ren) to trust other adults and be open to new experiences. Dre stated that trust in the therapeutic relationship allowed her child to learn how to trust others: "He learned to trust Megan more . . . and then he was more confident and trusting those around him, that he knew he was supposed to trust." Additionally, Charity talked about her child's experience with trust as learning to trust others:

> My kid is pretty shy . . . that when he sees this is somebody he can trust and . . . who keeps him safe and teaches him things . . . the more positive relationships he has with adults, that he can trust the better."

Lanny connected trust with being open to learning: "Having that trust with someone makes you open your mind for learning and new experiences because you know they are there for you teaching, caring and wanting you to do the best."

Trust as related to accomplishment supported by the therapeutic relationship was discussed by three participants. Yonnie discussed how her child felt accomplishment through trust in the following account, "Now she's trusting Coach, and Coach will push her, and . . . my daughter feels . . . like Coach knows what she thinks she can handle." Susie detailed her child's experience with trusting in the coach as acquiring self-belief: "The actual relationship with Coach Meg . . . at first was a love hate . . . you get to pick things . . . but then she's [the Coach is] going to make me do things . . . but that's okay because I got this." Lastly, Petra spoke of trust through accomplishment: "Building trust . . . repetition . . . and that my child could learn something too, while she was doing it."

Communication

Communication was identified as the second sub-theme within the importance of a therapeutic relationship. Several participants recounted that through communication a child can be reassured, and voice fears or concerns, which can empower or motivate them. Additionally, the participants related that through voicing fears or concerns a child can feel more empowered or motivated to grow in confidence. The sub-theme *communication* captured the parents' perceptions of their children's experience within the importance of a therapeutic relationship. The sub-theme was represented in all 10 participants' accounts. Petra described how communication helped her child's emotions: "Coach Meg talks to her a lot . . . the meltdown is always less . . . then it's happiness and just chat, chat, chat." Charity discussed the importance of communication to tasks being completed: "Coach Meg does a good job of verbalizing . . . I don't think a lot of people do that with toddlers necessarily . . . but it is by talking to them about why they're doing something." Mikayla recounted her experience with communication as building confidence:

> One of the things I noticed really just with Coach Meg is the way that she handles the kids . . . she makes statements that are clear and then she does things to build my child's confidence in the water.

Susie expressed her thoughts on how communication impacted her child's experience of being comfortable in the relationship:

> In swim[ming] with Megan, I'm noticing that . . . my daughter will tell her things and speak out more . . . like she's opening up more to her . . . she's willing to be more herself with Megan.

Further, Lanny defined communication as a way to connect in the relationship: “A lot of communication, Coach Meg talks to the child, she pushes her, . . . she talks a lot with the kids and makes that connection, so they feel comfortable. They trust her.” Similarly, Laurel reported her children’s experience with communication as a way to be transparent within the therapeutic relationship:

> Being consistent, being there, being on time . . . She’s communicating with them the whole time. . . It’s important to be very honest and transparent with the child. . . . letting them know that they’re okay . . . and also if they’re doing something dangerous.

Additionally, Laurel explained how her children’s comfort in the therapeutic relationship is supported through communication: “My children are extremely comfortable with the water . . . and comfortable with Coach Meg . . . she talked to them the entire swim session and I think that helps.” The participants who validated this theme also specified there were two types of communication their children had experienced. The first was the experience of encouragement through communication. Secondly, participants also spoke of their children’s experience of accountability through communication, which motivated them to be independent.

Nine participants discussed encouragement as a factor in *communication*. Yonnie stated, “Coach Meg had told my child, *hey you can do this. You’ve got this.* and my child swam across like she was supposed to, and she was excited. So, it’s definitely helped.” Adrian reported that communication was something his child took comfort in:

> He was scared . . . very nervous. I was scared . . . because I myself cannot swim. She holds him and hugs him and says . . . I'm here for you. I won't let anything hurt you . . .. She's [Coach is] just patient.

Laurel described encouragement through communication as a way of limit setting: "She's encouraging them . . . *Yes, you can. You got this. You can do it. . ..* but at the same time, she's firm . . . my 3-year-old will listen to that encouragement and she'll do it." Encouragement through communication was described by Lanny as "Having the Coach there with her encouraging words . . . she taught my child how to be independent in the water and depend on herself." The following account describes Adrian's understanding of his child's experience with encouraging communication:

> She calms him down . . . she's very good at that . . . she gives him a sense that nothing's going to happen to him . . . reassured him . . . builds confidence and she's right there constantly talking to him and encouraging him.

Similarly, Yonnie reported encouraging communication as a positive reinforcement for self-improvement: "She applauds my child for their positives but at the same time, she's working with my child to improve and trying to see what works for my child." Lanny added, "Coach encourages the child and provides confidence . . . by providing motivating words." Gabrielle described how encouragement through communication is an approach to her child's needs:

> It's not a one size fits all approach . . . It's just so individualized and there's so much care and thought put into what is going to get through to a child, and how they are going to learn.

Dre's account connected communication with motivation to try: "She has redirected him into really realizing he can try . . . he's had to learn to trust that if there's an issue or a problem that's happening, she'll be right there to help him." Additionally, Mikayla connected encouraging communication with independence:

> Coach Meg has a way with how she works with kids to give them that development where it's independent. . .. My child at first felt too out of control. . . . but after that continued repetition of just using the very simple sentences, *you are in control, I am here to help you,* my child really started to respond.

Petra explained how communicating encouragement through respect was therapeutic to her child: "My child is in an environment where people have recognized her need and how she responds best . . . in a way that works for her." Lastly, Susie discussed her child's experience with encouraging communication as a component of encouraging self-responsibility:

> Coach Meg explains things, instead of just doing them . . . and lets my daughter take the credit . . . my daughter takes the responsibility and Coach explains things to her in a way that makes sense to my daughter.

Eight participants reported accountability as a factor in *communication*. Dre reported accountability for her child happens through interactions that increase his self-esteem: "Coach has redirected him into really realizing that he can try . . . he is willing to try it whereas before he used to be like no I can't do that." Mikayla referred to accountability through communication as taking self-responsibility:

> Coach Meg is okay with kids screaming . . . she just continues to respond with, you are doing this to you, and everything that you do is your own personal choice

> and consequence, . . . there was a lot of growth from that standpoint.

Accountability through communication was related to confidence-building for Adrian's child:

> Coach builds up his confidence and he's confident and he's taken a lot of pride in it. That's what I love about Coach, she will say, *yes, you did it. Yes, you did*.

Similarly, Susie identified accountability as being communicated through positive reinforcement:

> Coach Meg will push them, she does positive reinforcement . . . my child will be upset, then Coach Meg will tell her she did it . . . my child then will be like yeah, I did. It's teaching her accountability…knowing I need to do this, and I need to learn something, and I need to grow…giving her confidence…she's getting the positive reinforcement she needs.

Four participants described *communication* as structured, accountable, and compassionate. Lanny stated, "She [Coach] is tough with care . . . Meg will set expectations for the kid[s]." Charity described, "Coach is very fair . . . very down to business . . . methodical." Yonnie defined accountability through communication as structured and being present:

> But with Coach Meg, it was like, *well we are going to overcome this fear. We're going to do this together. And that's why I'm here to help you get through it. . ..*
>
> Coach is definitely more structured. She's friendly, but at the same time, she's asserting, *hey you can do this, you are going to be okay.*

Further, Gabrielle conveyed communication as fair and accountable as reflected in her words:

> Meg just remains very calm and patient and didn't try to push her too fast . . .she's firm, so kind, but super firm . . . *Hey I know you're struggling . . . but we're going to keep going and you're going to be okay. And we're going to get through this.*

Confidence Gained

Confidence gained was the second theme identified and discussed by all ten participants. The theme was described by the participants as: (a) their child(ren) overcoming fears, while opening up to the possibility to truly believe and trust oneself. (b) support for their child(ren) and growth through repetition, leading to positive experiences with an increased drive and willingness to try new things; and (c) accountability of their child(ren) to learn and grow while understanding their own abilities.

Nine of the ten participants described *confidence gained* as their child(ren)'s belief in self. Susie spoke of her child's experience of confidence in the following statement:

> She's very proud . . . and [acknowledges] *I did that* . . . she's just very proud when she's done . . . making her realize . . . *I accomplished something, they're proud of me* . . . internalizing being proud of herself. She's confident and gaining just basic concepts at a young age.

Adrian defined confidence gained as his child's belief in self when he stated:

> When he does something . . . Coach would say, *didn't you do it? Yes, you did it!* . . . [He would have] a smile on his face and turn around and [give] me the thumbs up . . . he's confident.

Yonnie stated her child's experience: "She will be proud to talk about swim in general

. . . apply[ing] being confident, [while] practic[ing] being confident." Gabrielle expressed her thoughts on her child's confidence gained: "It has helped my daughter gain a sense of confidence . . . I can tell that she feels like, hey, I've accomplished or, I've tackled this." Similarly, Lanny reported her child's experience with confidence gained as, "She gets it, she feels proud, . . . *mommy, look I'm proud of myself*." Petra described her child's confidence gained as:

> She really enjoys it . . . I'll take videos. . . and she'll like watch[ing] them and say, *look mommy, I'm swimming. Look mommy, I'm on my back*. . .. she'd want to take the video and show other people her swimming.

Laurel explained her thoughts about her daughter's gained confidence: "I think if we had been taking her to a regular swimming pool to practice her skills . . . she would really notice [the confidence I see]." Dre stated about her daughter's confidence: "She gets really excited when she sees where we are going." Petra described her child's confidence gained as believing in herself while overcoming her fear:

> I think the meltdown has to do with the fear of the water, . . . not that she can't do it, but just maybe that fear…that something bad could happen. Once she's in the pool, she settles down and she really likes it, and then afterwards she talks a lot about how much she likes it.

Lastly, Charity defined her child's confidence gained as a belief in himself: "He's in charge in the pool . . . he has to do something independent . . . having to go in there and do it on his own . . ." Lanny recounted her child's confidence gained as a learning process: "It's been like a learning experience and she's learned so much and . . . she waits for the week to go [by] to [attend] her swimming classes."

Eight participants defined *confidence gained* as their child's motivation to take on new opportunities. Dre affirmed, "Our son has increased his confidence and it's increased his drive to want to try new things." Laurel described her children's confidence gained through new opportunities as:

> The developmental psychology behind it, I think that will help her later in life especially . . . in elementary school. . .. If people are pushing her and saying you can do this . . . she won't be fearful to try things . . . She'll get out of her comfort zone, and ultimately, reach new levels.

Similarly, Gabrielle stated, "You can see that she'll have a sudden awareness like, oh and things just click . . . I think that gives her confidence to try other things outside of the pool." Mikayla recounted her child's confidence when faced with new opportunities:

> I saw her becoming more and more confident to try new thing . . . there's this rope bridge at the park . . . she didn't want to try it by herself . . . now she [has] started to try it on her own . . . you could just see the excitement in her confidence, and I wouldn't be surprised if having her in a supportive environment like swim therapy allows her to have those kinds of exciting emotions.

Yonnie discussed her child's desire to try new opportunities: "I think it brings out a personality for someone. It helps bring confidence . . . the same mentality could be applied to something else." Adrian stated:

> The obvious is learning how to swim . . . he's gaining more confidence in himself and he's overcome his fear and he's taking pride in learning how to swim . . . he's going to help himself in the long run.

Lastly, Susie reported confidence gained as her child taking on new opportunities:

> She's more willing to try but that's where the push comes in where she's [Coach is] like, *okay, look, we're going to try something new or something you don't like but remember this is your safe space* . . . and then my daughter will try.

Ten participants defined confidence *gained* as part of their child(ren)'s self-growth. Lanny recounted her child's self-growth as, "Right now her confidence has increased a lot and I could [tell from] her swimming . . . I have [also] seen that develop through her school, through all her areas." Adrian stated his child's experience with confidence gained in the following words:

> She [Coach] builds [up] his confidence so [well]; he's opening his eyes under the water. I could see he's improving a lot. He's learning to overcome his fears and that's very important . . . it's alright to be scared, but it's what you do when you're scared . . . I think he is learning to confront those [fears] . . . getting over his fear.

Charity recounted, "[He's] learning to use his body, both arm and legs in conjunction." Dre described her child's confidence gained as self-growth as follows, "It's been good for his attitude, and his confidence." Gabrielle further detailed her child's experience as, "When the lessons are going well, it seems to be something that calms her down and she's able to focus, and I think it's where she realizes she can do more than she previously thought she could." Laurel expressed her thoughts of her children's self-growth as being comfortable in situations: "I think they are more comfortable with the water. . .. So, I think it's impacting them just to be comfortable. Be comfortable and not be afraid of the water." Mikayla discussed her child's experience with confidence gained as self-growth:

> [Her] initial response was fight or flight, but after continued repetition of just using simple sentences, *you are in control, I am here to help you,* my child really started to respond . . . at home [during] bath time she would be excited and practice floating."

Petra described her child's confidence gained: "She likes the process of knowing she's improving." Susie stated, "She's being more independent . . . she'll say, *oh I can do this. I'm going to do this.*" Lastly, Yonnie recalled her child's confidence gained through self-growth as, "I've learned that it's actually helped her grow. I've seen that. It's bringing out the confidence in her. *I can do it, and [this] is something that I was scared of before, but here I am."*

Nine participants reported *confidence gained* as their child(ren) learning and knowing their abilities. Lanny shared, "She knows the coach will be there to help her in case anything happens, but she needs to learn on [her own] what to do if no one is there." Charity recounted her child's knowledge of their abilities as:

> He's getting his own internal gauge of how far he can go on his own without tiring out. He has a good sense for how far he can go. . .. critical thinking for himself to start . . . gauging for himself whether or not he's in a situation that he can handle.

Mikayla stated, "My little one has learned . . . holding her breath under the water at a young age [and] . . . just having a [sense of] confidence in the water, respecting it, understanding you can't just go walk right in." Adrian recalled how his child gained confidence through learning about his capabilities:

> It's scary when you don't trust the water, you don't trust yourself you're trying to

> swim and you're sinking . . . he's building his confidence . . . he feels a sense of accomplishment . . . she [Coach] keeps on reiterating with him and keep[s] on telling him . . . *Yes, you did it* . . . he's getting confidence since he feels accomplished now."

Dre reported her child's known abilities as confidence gained through self-control, shown by fewer meltdowns: "It's created a lot less tears and meltdowns at our home which is always really nice." Gabrielle explained how her child's experience with confidence gained as her ability to decrease separation anxiety: "Coach Meg has helped a lot with separation anxiety where my child feels more confident and capable just going off and doing her own thing." Yonnie recounted how her child's ability to conquer fear was important in her child's self-growth and path to confidence gained: "[He has learned] if I practice, I can do it, and I could get better. At the end of it [swim] like, *I did great, Mommy, I did do it.* But it's overcoming that fear." Susie defined her child's knowledge of capabilities as related to being prepared: "I've never seen her really prepare herself for something . . . she knows when it's swim lesson day … she is getting ready, . . . pick[ing] out her bathing suit and get[ting] it out of the drawer . . . getting everything ready to go." Petra described her child's confidence gained as knowledge of abilities as, "She's learning…she's not going to just sink to the bottom . . . she [has] confidence in herself that she can keep herself from sinking."

Benefits Obtained

Benefits obtained was the third theme identified, discussed by all ten participants. Benefits obtained as a theme contains the outcome of the participants' child(ren)'s experience with ARET, and were defined as tangible, noticeable, and unanticipated

benefits. Gabrielle stated a benefit she experienced as, “Knowing there are other adults out there who are going to care and protect her [my child].” Yonnie reported benefits gained as her child’s desire to attend swimming: “I will definitely say my older one loves it. She looks forward to swimming classes, and I think she enjoys it. . .. So, it’s like encouragement. For her, it was like, *Oh, let’s do it. We’re having fun.*” Susie recounted, “She’s learning faster…she’s willing to try more . . . putting more effort into it. “Laurel spoke of her benefits obtained as accountability: “She [Coach] doesn’t do last minute cancellations . . . [but is] consistent . . . there, . . . [and], on time.” While all of the participants generally described their benefits within the theme benefits obtained as well as under previous listed themes, they also collectively focused on two specific types of benefits: *tangible benefits* and *unanticipated outcomes*, both of which were discussed by all 10 participants.

Tangible Benefits

The first sub-theme that was identified within the obtained benefits was *tangible benefits*. Tangible benefits refer to the parents’ perceptions of their children’s benefits that were noticeable during or relating to the aquatic session, such as safety, persistence through practice, physical gains, and structure. The sub-theme was represented through all 10 participants’ experiences.

Five out of ten participants discussed *tangible benefits,* for themselves or their child(ren), of feeling safe in the provided swimming environment and feeling safer around aquatic environments overall. Charity explained her children’s progress as related to a benefit of safety: “In terms of their progress, I think their progress has been fantastic. . .. It’s important that my kids have a healthy understanding of how serious being around

a pool can be." Mikayla also talked about a benefit of feeling safe: "If I take my kids to the beach, I don't feel that same threat as other parents maybe feel with their young children . . . they have that healthy respect and confidence . . . a good respect for the water." Lanny reported her benefit of safety as confidence: "I feel very confident that my child would be great in another swimming pool." Further Charity stated, "I feel very comfortable as a result with them in our backyard in the pool because I know that they have the tools to protect themselves." Gabrielle recounted one of her child's benefits obtained as, "It's work disguised as fun . . . the coach just provides a very safe environment." Adrian explored his tangible benefit of feeling safe and being in a safe environment:

> It's a very safe, clean and sanitary environment with a person that's knowledgeable . . . she [Coach] knows her specialty . . . he's [my child is] very safe . . . she [Coach] let him feel safe, I feel safe and it's clean . . . she [Coach] sprays off everything.

Three participants recognized a *tangible benefit* as their child(ren)'s persistence and practice. Petra stated, "I think it's good for teaching those skills of persistence. And if at first you don't succeed, try again." Yonnie spoke of how the tangible benefit of persistence reflected relying on someone else:

> He's able to control it, and he enjoys it. With swim classes where he loses some of that control, someone else is telling [him] what [he] need[s] to be doing. . .. With time [he will say] *Oh, wait, she [Coach] is there to help. She's [Coach is] not there to let me drown and just tell me what to do. She [Coach] is there to help me."*

Dre recalled, "The more he tries, the better he gets."

Physical benefits as a *tangible benefit* were reported by two participants. Gabrielle noted her daughter's progress: “She’s gained coordination and awareness of her body…and being able to interact with other people.” Dre reported similar benefits for her child: “I noticed in doing the swim therapy, the physical part of it, it’s really helped … strengthen … it’s been a great tool added on . . .. It has really helped with the physical component.”

Three participants reported *tangible benefits* of structure as a routine. Mikayla described how the coach was structured even when her daughter did not want to try a skill, “I can appreciate having someone [Coach] that we have found for those educational purposes that doesn’t cave [or give in] . . . [because my daughter] she’s extremely truly more emotional than other kids.” Laurel described her children’s anticipation as a benefit, “It’s given them something to do because there was nothing else to do, period; just having something to look forward to.” Dre spoke of the importance of stability as a tangible benefit: “For us it’s also been ‘the’ stable thing, the thing that he knows is going to happen no matter what. That it wasn’t going to be cancelled.”

Unanticipated Outcomes

The second sub-theme that was identified within benefits obtained was *unanticipated outcomes*. This sub-theme was supported by all ten participants. Unanticipated outcomes were identified as benefits obtained that participants were not expecting and were much more than just swimming related. Dre’s account portrayed the overall theme of unanticipated outcomes: “I would like them [others] to know that it helped in ways that we weren’t even expecting to come out of some therapy. Like we’ve seen results that weren’t even on our radar.” Similarly, Susie stated, “It doesn’t have to be

something you do just because . . . you're learning skills, safety, . . . accountability . . . bond[ing] with someone else . . . learning how to do something . . . learn[ing] that she can gain confidence . . . it's so much more than just swimming." Lanny also reported her child's unanticipated outcomes as pertaining to skills learned that can now be applied to other areas in her child's life:

> She can apply those lessons that she's learn[ed] through swimming into all the areas of her life. I really like that because it sets her an example, everywhere you go there is an expectation and . . . it's your responsibility to get there.

Adrian discussed his unanticipated outcomes for his child as, "It's building him . . . to be responsible . . . building a character in his self-esteem, motivation." Yonnie recounted her child's unanticipated outcomes as resulting in better character: "I think it's not only [a] swim therapy, just learning to learn to swim, but I think it also helps build a person too." Lastly, Gabrielle accurately depicted her child's unanticipated outcomes as:

> There's just a lot of really good things to be learned from those swim lessons . . . It's a good life skill to have . . . there's so many other things to be gained that can translate into how they're going to interact in a classroom, on a playground…in the workforce.

Seven of ten participants included overall confidence as an *unanticipated outcome*. Charity stated, "I saw his confidence grow . . . confident in his ability to navigate . . . where he can feel safe and can-do things, like put his face under the water." Mikayla discussed her unanticipated outcome of confidence through feeling in control: "That they have control over their choices, just very important for toddlers . . . Coach Meg gives them the choice, it allows the kids to feel they're in control of everything that

happens while in the pool." Dre was able to express confidence as, "It's been a real confidence and trust builder in our son and in our daughter too." Yonnie recounted how confidence as an unanticipated outcome helped her child grow her personality:

> I think it brings out a personality for someone. It helps bring confidence . . . we went in with the mindset that it's fair, we need her to learn the basics of swimming. And here we are learning different strokes . . . still going to class . . . I never thought we would be doing swim classes or still going on with it and seeing that, even when she [my child] interacts with her friends . . . she's confident.

Adrian described his unanticipated outcome of confidence as an increase in his child's self-esteem: "It helps him a lot, it builds his confidence; it builds his self-esteem, it's building his loyalty too, he knows that she's [Coach is] not going to let anything happen to him." Charity shared her child's unanticipated outcome of confidence: "Increased confidence around water, confidence in general around adults… and growth in gross motor skills." Lanny recounted her child's experience with confidence: "She's been more confident, I see her develop her personal relationships, her self-esteem, . . . she speaks up and she's motivated." Gabrielle described her child's unanticipated outcome of confidence as, "She feels more confident and capable . . . she just runs off and does what she needs to."

Five of the ten participants reported their child's *unanticipated outcome* as gaining respect for and learning from another adult other than their parent. Charity stated, "It's really good for my kids to learn from people who have different styles . . . that adults that approach things in a different way are still a safe place for me to listen." Petra reported her child's unanticipated outcome of respecting other adults as, "I think it's

helpful when you have someone that's not mom or dad . . .. I think it's beneficial . . .. It sets expectations for what to expect from different people and in different environments." Similarly, Mikayla recounted, "I think having respect for adults that are not your parents . . . at a toddler age is very important and I think that Coach Meg ha[s] done a really great job of having my children just respect her." Gabrielle described her child's unanticipated outcome of learning from another adult as related to trusting others: "A third party showing her, hey you can go on to the outside world, there are people that are looking out for you. You can trust other individuals." Laurel summed up respect for and learning from another adult as an unanticipated outcome:

> Regardless of what age, it can benefit a child when they hear something from someone other than their parent. . .. If they're hearing the same message from different people . . . they trust, I think it kind of reinforces and reinstalls what they should be doing, and what is expected of them at that age.

Six participants revealed their *unanticipated outcomes* as skills or lessons that can be transferred or applied to other areas in the child's life. Petra recounted, "She [my child] knows if we work on something repetitively, that she'll get better at it . . .. She had that really direct experience in swim[ming] and she's able to remember that . . . and use it when learning other things." Mikayla recalled her child's unanticipated outcomes as transferred skills: "We see her experiencing things in a different way . . . I've got a video where she's just like, *I'm doing it mommy* . . . and when she rode her bike . . . same thing." Adrian described how his child applied his new learned skill set in other areas of his life:

> For school, for homework . . . I see that change in him . . . to be confident in himself…the best of his ability . . . believe in himself . . . probably got that from swimming that's what she's [Coach is] doing for him . . . *you can do it, you can do it . . .. Yes, I got it. I can do it*.

Lanny talked about how her child was able to apply her skills learned as a point of reference: "She feels like she is getting better by practicing. That's something she kind of applied at school, . . . so if I practice I can . . . she has a point of reference." Gabrielle reported that her child's new skills can be applied to daily tasks outside the pool: "Following directions or doing things outside of the pool because she's experienced success there, so then I think she's able to see how it would translate and things will go similarly well in real life."

Four participants shared how their *unanticipated outcomes* included a tailoring of skills for their child's learning or ability. Charity reported, "There are lessons around independence and adaptability." Gabrielle discussed how her daughter's needs were met through tailored skills:

> I didn't anticipate that she would take to it [swimming] so well but she really did. It's one on one individualized, tailored for her. Coach Meg is just very, very good at getting through to my daughter in working on that direction following.

Adrian reported how his child's session was tailored: "She [Coach] used that visual hands-on showing him . . . to get her point across on what she's trying to teach him, like a visual aid." Dre spoke of how her child's targeted skills were identified to work on tasks he originally was unable to complete: "It was teaching him to swim but adding in . . . confidence building exercises and things he could [do] . . . that he couldn't

do before." Additionally, Gabrielle related how her daughter's emotional needs were met and interactions were tailored to her: "If she needs a hug, she [Coach] gives her a hug . . . then let's get back and keep going . . . it teaches perseverance, . . . it helps a lot with courage."

Six participants talked about their *unanticipated outcomes* as increased developmental skills and awareness of social situations. Charity stated, "It's helped him developmentally in a lot of ways . . . [not only with his] gross motor skills…, but also [with] practicing his language skills." Petra reported her child's increased awareness of social situations as, "Learning in terms . . . social learning as far as expectations for how to be when you're not at home versus when you're out and about with other people." Additionally, Charity recounted, "Their ability to understand and negotiate where they can go versus where they can't, that is not a skill that they would have had at all if they had not done this." Yonnie recalled her child's unanticipated outcome of increased development through growth: "I've learned that it's actually helped her grow. I've seen that." Gabrielle reported one of her unanticipated outcomes in development as, "Direction following, where my daughter who is non-verbal is following her commands." Lanny described the increased development of her daughter's social skills: "I can see it translating into other areas of her life. . .. She can tell me what she feels freely, like express[ing] her emotions, because she feels confident in herself." Similarly, Dre recounted how her child's social development increased: "I feel like it did not take very long for her to start trusting her [Coach] which is kind of surprising because it is the middle of a pandemic and she wasn't seeing many people."

Four participants reported their child's *unanticipated outcomes* as an interest in experiencing and trying new things. Petra described her child's comfort in trying new things: "She's going to get more reward . . . being comfortable with the process, as far as trying new things." Gabrielle explained her child's experience with new things as, "You can see that she'll have a sudden awareness like, oh and things just click . . . I think that that gives her confidence to try other things outside of the pool." Susie stated, "I feel she's gaining these things and we're also actually progressing and growing in more ways than just active." Lanny recounted her child's progress in trying new things and how that translates outside of the pool: "She tries new things . . . before she was afraid to try new things . . . or afraid to speak, but now I can see she's more motivated and confident in herself in all her areas other than swimming." Additionally, Gabrielle reported about her daughter's experience: "It's been amazing for her . . . to learn how to follow directions and to be away from me." Dre described how her child's unanticipated outcome of trying new things is no longer a fight: "It's been really good to not have the constant struggle of him being scared to try new things . . . but he's okay with trying new things . . . whereas before [he] would [have] meltdowns."

Parents' Feelings

The fourth theme identified in this study was *parents' feelings.* Parents' feelings were the overall feelings' parents had about their child(ren)'s experiences of Aquatic Relational Experiential Therapy. Ten out of 10 participants discussed their feelings regarding their child(ren)'s experiences. Parents' feelings were described by participants as; (a) comfort with their child's abilities, (b) satisfaction in seeing their child's developmental progress and, (c) trusting in the ARET/swim therapy process. Charity

expressed the theme of parents' feelings in her statement, "It's been overwhelmingly positive. Just [an] overwhelmingly positive experience that I'm really grateful that we have access to."

Seven out of 10 participants agreed they had *feelings* of comfort as part of their experiences. Adrian described his own level of comfort with his child's confidence: "I feel very comfortable . . . he could save himself . . .. I have to put my confidence [and] trust in her [Coach's] abilities to teach my son." Gabrielle portrayed her confidence in her child as, "It's given me confidence . . . that she is wonderfully capable." Susie discussed how comfort was obtained in the realization that her child is more independent: "I'm having to accept that my child is doing things a little more independently . . .. I'm having to relinquish some of the babying that I was doing." Petra stated her thoughts in taking comfort with feeling confident: "It has given me some peace of mind . . . I feel pretty confident." Mikayla discussed her level of comfort with the Coach as, "I've never felt uncomfortable . . . I've trusted Coach Meg." Dre also felt confidence in her child: "It has left me feeling more confident I guess in our son in particular and the things he can and can't do." Additionally, Mikayla described the comfort she felt when swimming with her kids: "Such a calming feeling to go to a pool with your kids on a really hot day and know that you don't have a fear that something terrible could happen." Lastly, Lanny discussed feelings about her child's success: "I feel great . . . when I see my child succeed and when I see her motivation . . . when she is happy and accomplished something."

Five participants relayed *feelings* of satisfaction in seeing their child's developmental progress. Yonnie talked about her feelings in her words: "For me, it was see[ing] her grow and do[ing] something with a bigger crowd because she is shy."

Gabrielle reported her satisfaction in her child's progress as, "I'm very excited to go watch my daughter swim and see what game she's going to make and progress she's going to make." Dre stated, "It makes me feel really good to see how they do more things independently because of things that they've done in swim." Susie recounted her feelings of satisfaction with her child's growth as, "I like to go and see . . . and I'm able to focus on her . . . 30 minutes where I don't have to worry that my kid is into something . . . so it's just more relaxed and enjoyable to just watch her and enjoy it." Gabrielle discussed additional feelings of satisfaction as, "I think it makes us brave[r] to try new things . . . and realizing she's going to be okay she'll thrive, she's going to grow, . . . get stronger." Lanny stated, "Seeing your daughter grow and becoming that little person that I see, that to me, that's very rewarding." Further, Dre recounted, "I think that the impact on me has been sort of seeing how much they are thriving, . . . in learning kind of to do things independently…, for me, it's just made me feel really good."

All ten participants conveyed *feelings* of trust in the ARET process. Adrian recounted, "As a parent, you're protective . . . but you have to let go and have confidence and faith…When I go there [to Coach Meg's] now … I'm more comfortable, I could relax, and I could breathe." Yonnie expressed her feelings about trusting the process:

> I guess from my end, I didn't think swimming and having that interaction would help her grow as a person too, and even an activity like this could bring out more confiden[ce] or just enjoying and seeing her grow as a person out of this kind of activity.

Dre elaborated on her feelings of trusting the process as, "We've seen results that weren't even on our radar of things that we would expect to come out of the swim therapy." Petra

recounted her feelings of trusting the process as, “I think that’s important to just have that persistence and to push through . . . that when a child has those meltdowns, don’t lose faith . . . just instill . . . this is what we are going to do . . . and slowly they will get better and be more comfortable.” Mikayla depicted her feelings of trust in the process: “We chose coach Meg because . . . the way she works with the kids, she doesn’t make them feel uncomfortable . . . doesn’t make them upset. She just lets them know you’re doing this, and you can do it, so huge for little kids. Huge.” Additionally, Adrian shared, “I’m speaking very highly of Coach Meg . . . I could tell she’s awesome . . . she has a lot of patience and knows what she’s doing.” Gabrielle described her feelings of trusting in the process:

> Maybe I don’t understand the whole process completely, but I think that what Coach Meg is doing, is incredible. I’m grateful for it . . . I think it is wonderful. I think she’s just doing a really, really good service for our community. I think it’s wonderful, I’ve been extremely happy. You gradually gain confidence in the process, and become a very pleasant thing to do. . .. It’s been a very positive thing in our lives.

Susie talked about her feelings of trust in the process as, “One impact for me . . . that release of 30 minutes where I put my trust in Coach Meg to watch my child . . . not worrying about my child’s safety as much . . . puts me in a more relaxed state.” Laurel stated, “How is this affecting me? Bragging rights saying my 3-year-old can swim . . .” Further, Gabrielle recounted:

> We’ve been very very happy. . .. The progress just felt exponential. It’s like when she learned a few skills, things just really took off. . .. It’s been awesome. I can’t

> speak highly enough about Coach Meg and the program that she runs. It's just so well organized, so well thought out.

Lanny described her feelings of trust in the process as representing change in her daughter through the experience:

> In 30 minutes, my child can accomplish a lot. I would say that I'm very lucky to have found coach Meg and I drive every week to go to her class . . . and I will continue to do it because I see how that has changed my daughter's life into a positive. . .. I feel like Coach Meg specializes in children . . . she [Coach] just has a natural knack for children.

Charity described her feelings of trust in the process as lifesaving:

> That, for me, it's been a lifesaving tool for our family. We've never had an accident around the pool . . . because of my kids' respect [for] the water, because of their ability to understand . . . know where they can go versus where they can't go. That is not a skill that they would have had at all if they had not done this.

Informing Others

The fifth and final identified theme was *informing others.* All 10 participants described what they wanted to let others know about their experience. Informing others as a theme encompassed the participants' specific information they wanted to pass on about their experience. The theme captured the essence of satisfaction and persistence that the participants wanted to relay to others.

Eight of the 10 participants wanted to *inform others* about their satisfaction with their experiences. Laurel stated:

> I feel Coach Meg is the best. . .. I don't know where the children could go where

> they can learn anymore, and faster… I think it's great. . .. She should be an instructor . . . teaching other swim teachers what to do and how to make kids feel comfortable. . .. Just enroll your kids in swim lessons with Coach Meg, she's great.

Lanny reported her satisfaction with her experience:

> I would say that it's been a great experience for me; I was hesitant at the beginning as I said because she was so little, but I think age doesn't really matter. I've been very happy with the results. . .. That it's been a great experience and I would recommend it to any other parents.

Dre wanted to inform others of her satisfaction with her experience:

> I would tell her to try it because . . . it might surprise [her,] the results that she will see in her children and in [their] confidence and ability to do things. That for us it created almost a happier home when it comes to trying new things.

Charity wanted to inform others that her experience was positive:

> I would like others to know that it's really positive, and that in my mind it's something that you can't start early enough. That it's not something that you need to wait and see if your kids are ready for, . . . Your kids are ready . . . [and] they'll get what they need from it.

Mikayla wanted others to know about her satisfaction with even the small things: "To have something that gives that balance as simplistic as a half an hour swim lesson once a week, where you can find enjoyable moments versus difficult ones." Yonnie wanted to inform others of her satisfaction as well:

> So, we're still developing her strokes even though she may not be [on] a swim team down the road. But she enjoys it, why not increase her skills in that case? It's allowing her to be open, free, enjoying it. She actually enjoys it so I think it's not just for swimming lessons, what I would tell a lot of people think. You'll see a person grow from it. I've learned that it's all of these different activities, you can actually learn a lot more from it. It helps a person grow in different ways, not just the basic simple reasoning for why we're doing that activity.

Gabrielle wanted to inform others of her satisfaction with knowing her child would be okay:

> It [swim time] definitely was one of the early sources where I was realizing, okay, things are going to be okay, she's going to be able to do things. She's not going to just be stuck in her own little world. To show the level of apprehension that through lots of care, and just lots of patience, and thought, and time from Coach Meg, my child has thrived in the pool.

Susie wanted to express to others:

> Just the enjoyment of the peace of mind, of watching her grow, of knowing she's safe, of just seeing all the things that she's gaining . . . enjoying . . . learning . . . being pushed and surviving it and achieving it, it just makes you feel like you're giving them [an] extra . . . step.

Four participants wanted to inform others of the importance of persistence as related to their experiences. Adrian related his ideas of persistence as having confidence in the process:

> I was a nervous wreck.… I'm very comfortable now, I could breathe … Just have confidence in yourself, have confidence in a child and have confidence in the coach, and just let go and let the professional do her job.

Petra wanted to inform others that being persistent is part of the process:

> I think things that I would want them to know is to be diligent . . . persistent. It's going to take more than just going to swim two, three, or four times. . .. That when a child has those meltdowns, don't lose faith . . . I think that's important . . . that sometimes for your own safety, you have to learn how to do things you don't necessarily like. I think that's important to just have that persistence and to push through.

Mikayla wanted to inform others about persistence through consistency:

> Just a process and with consistency, you see good results because your kids aren't going to be afraid of the water, they're going to have confidence . . . and respect. . . . just teaching them. . .. You're going to put an investment into them. You're going to see the investment come out that would be worth it . . . the confidence, independence, that ability to see your kids blossom with it.

Lastly, Gabrielle wanted to inform others that persistence is finding the right people to provide support:

> It's a good place for her [my child] to gain confidence and independence. . .. With the right type of help, and the right type of individuals surrounding her, she's going to make progress and she's going to be fine, no matter what she does.

Summary

In this chapter, five themes emerged from the 10 participants' transcripts along with inference descriptors that supported the identified themes and synthesized the data by developing a description of the essence of the experience of all the participants (Moustakas, 1994). Semi-structured interview protocols with parents whose children experienced ARET were conducted by a third party-interviewer (to reduce researcher bias) as a method to understand the lived experiences of the participants. Verbatim transcriptions of the participants' statements were analyzed through Moustakas's (1994) modified Stevick-Colaizzi-Keen Method. The emergent themes and sub-themes captured the essence of not only the participants' experience with ARET, but also the impact of the experience of ARET on their lives. The *importance of a therapeutic relationship,* including *trust* and *communication,* was captured through the perspective of the participants. The participants' perspectives were reflected through accounts of their child(ren)'s *confidence gained* as a life-changing outcome that led to more meaningful opportunities. Additionally, the participants reported their child(ren)'s experiences resulted in skills that transcended the pool and manifested in other areas of their lives, specifically facilitating daily life tasks, which provided confidence and contributed to success of the family.

Chapter V will contain a summary of the study and discussion of the findings as presented. Also discussed are the implications and recommendations of the data for possible theory and practice. Finally, conclusions and implications for future research will be introduced.

CHAPTER V

Discussion

The purpose of my study was to describe the perceptions of parents whose children, ages 13 years, experienced Aquatic Relational Experiential Therapy. I used a transcendental phenomenological approach to capture the participants' perspectives to provide meaning and insight through identifying and describing their lived experiences with the phenomena. The review of the literature was created through inquiry into topics related to therapies including aquatic, wilderness, play, equine, relational, and experiential, and to social development, self-concept, and self-efficacy. Additionally, I examined the significance of experiential therapies and the role therapeutic relationships play in client change and the benefits of ARET as an experiential therapy. The analysis of the literature review in Chapter II connected my awareness of the phenomena and the lived experiences of the parents whose children have experienced Aquatic Relational Experiential Therapy detailed in Chapter IV. In this chapter, I summarize the purpose, methodology, and results of the study. Further, each research question is discussed, with an explanation of the findings and implications for practice. Finally, recommendations for future research on the topic are suggested.

My reading of the literature also guided my research question: What are the perceptions of parents whose children have experienced Aquatic Relational Experiential Therapy? I was able to answer the question by creating semi-structured interview questions that stemmed from the literature. A third-party interviewer conducted 10 semi-structured interviews with the parents whose children had experienced Aquatic Relational Experiential Therapy. The participants provided detailed descriptions of how ARET had

impacted their daily lives. Following Moustakas's (1994) modified Stevick-Colaizzi-Keen Method, I was able to describe the themes from each of the participants' responses to the grand tour interview questions. Essence and meaning-making statements resulted from the analyzed data through the semi-structured interviews. The essence of the participants' experiences in this study helped me identify various ways ARET impacted and shaped the participants' lives during and after the experience. Further, I discovered each participant's unique journey with ARET was specifically reflected in other areas of their lives.

Guiding Frameworks

My study was guided by a theoretical and conceptual framework of Person-Centered Theory and Experiential Therapy. I used Person-Centered Theory because it supports human development as: consistent with positive growth; individuals needing positive regard for themselves and others; optimal level of functioning being achieved when client's needs are satisfied with a capacity for self-awareness (Rogers, 1957/1992). For example, Gabrielle discussed how positive regard as part of the therapeutic relationship influenced her daughter's experience:

> It's not a one size fits all approach . . . it's so individualized, then a copy-paste approach. Coach acknowledged my daughter's feelings . . . Meg is able to read how my daughter is handling a lesson . . . and Coach Meg adapts and is truly able to tailor to my daughter . . . to get through to her with motions and just a Meg's special mix. . . I would describe Coach Meg's swim philosophy as individualized, careful, tailored approach. . . there's so much care and thought put into what is going to get through to a child, and how they're going to learn.

Additionally, when reviewing my data, I was aware that experiential approaches paralleled Rogers's (1957/1992) ideas on client growth and development leading to self-actualization (Raskin et al., 2014; Watson et al., 1998). This was supported by Lanny's comment about her child's experience: "She knows the coach will be there to help her in case anything happens, but she needs to learn on [her own] what to do if no one is there." Further, I used experiential therapy as a guiding framework because it emphasizes developing satisfying relationships with other individuals to sustain emotional welfare and changes in self-concept (Bartlett, 2016). Ultimately, the two frameworks guided the exploration into the emotional and psychological experiences of the participants in the study.

Through Person-Centered Theory and experiential therapies, I was able to highlight the participants' perceptions of how empathy played a role in the therapeutic relationship (Mahrer, 1983). The participants' accounts of the therapeutic relationship were defined as a therapist presenting in a genuine manner, hearing, empathizing, and being with the client, which is consistent with the works of Landreth (2001, 2012). Further, the participants reported the importance of how a therapeutic relationship contributed to their child(ren)'s self-growth and confidence. For example, Dre spoke of her experience stating, "It's created a lot less tears and meltdowns at our home which is always really nice."

Discussion of Findings

I used a phenomenological approach to achieve the purpose of my research. My purpose was to fill the literature gap on aquatics as a non-traditional experiential counseling modality. More specifically, my focus was on understanding the perceptions

of parents whose children ages 13 years and under had experienced Aquatic Relational Experiential Therapy. I searched for the essence of how parents were impacted by their child(ren)'s experiences, how the parents perceived their child(ren) were impacted, parents' understanding of the type of program their child(ren) attended, and what the parents wanted others to know about their experience.

The essence of the participants' perceptions was that ARET was a positive experience for their child(ren) and had an overall positive effect on their child(ren)'s lives by creating trust and confidence, while building positive relationships. The parents also wanted others to know that in addition to persistence and patience, the experiences their child(ren) had were so much more than a swim program. The experience created opportunities for their child(ren) outside of swimming, and the quality of functioning in daily life increased for the family. This is best explained by Dre's account of informing others of her satisfaction with her experience:

> I would tell her to try it because . . . it might surprise [her of] the results that she will see in her children and in [their] confidence and ability to do things. That for us it created almost a happier home when it comes to trying new things.

Additionally, the essence of fundamental accounts originated from the semi-structured interviews and the research question, what are the perceptions of parents whose children have experienced Aquatic Relational Experiential Therapy? In the next section, each of the themes are discussed in terms of the theoretical and conceptual frameworks as well as evidence-based literature.

Emerged Themes

The five themes that emerged from the transcriptions of the interview data are (a) *Importance of the Therapeutic Relationship*, (b) *Confidence Gained,* (c) *Benefits Obtained*, (d) *Parents' Feelings*, and (e) *Informing Others*. In the following section, I explain the essence of participants' statements as they pertain to each of the themes. Participants discussed direct benefits of their experiences, which were interconnected and reflected throughout the themes. Interrelated components listed in the main two themes of *Importance of a Therapeutic Relationship* and *Confidence Gained* are also outcomes related to themes of *Benefits Obtained* and *Parents' Feelings*. Additionally, the theme *Informing Others* is also overlapping in the theme *Benefits Obtained* because the outcomes contributing to *Confidence Gained* stemmed from the therapeutic relationship (see Figure 2).

Figure 2

Parents whose Children Experienced Aquatic Relational Experiential Therapy

Note. This figure illustrates a word cloud developed from themes and sub-themes that captured the perceptions of parents whose children have experienced Aquatic Relational Experiential Therapy as represented in overlapping themes/sub-themes.

Importance of a Therapeutic Relationship

The first and largest theme that emerged was *importance of a therapeutic relationship*, which was defined by the participants as development of trust within a safe place to practice, and clear communication that encouraged their child(ren)'s independence and belief in self. Nine out of 10 participants spoke of individualized one-on-one support within the theme *importance of a therapeutic relationship*. Similarly, in literature reviewed, several researchers reflected that children's personal/social-emotional development and sense of self-concept and self-esteem are greatly affected and shaped

through one-on-one relationships (Bartlett, 2006; Kirk & Hay, 2018; Kirk & MacCallum, 2017; Langston, 2020; Thornton, 2016).

Additionally, all ten participants defined the sub-theme *trust* as an important factor in the therapeutic relationship. Four participants identified trust in the therapist and in the approach used to keep their child safe, further supporting the researchers' findings that trust was demonstrated through an empathic relational approach with the child and became crucial to facilitate self-worth (Moustakas, 1961; Rogers, 1943, 1951). For example, Gabrielle recounted:

> I think that relationship component is huge . . . she feels like she's being cared [for] and protected . . . my daughter has just grown by leaps and bounds, feeling safe and heard . . . and allows her to get to know and trust and feel . . . in a safe learning environment.

Nine participants spoke of trust through safety as a part of the theme *importance of a therapeutic relationship*. The therapist's role is to create trust and safety within the adult-child interaction with genuineness and authenticity, showing non-possessive warmth through accurate empathy (Cattanach 2003; Leitner, 2001; Raskin et al., 2014; C. R. Rogers, 1942, 1951), thus supporting this study's findings. For example, Susie accurately depicted her child's experience of trust through safety the following account:

> Trusting [that] this person is going to teach me things and push me, but she's not going to let anything happen to me and I'm having fun so it's more trusting . . .. she'll grab and hug Coach Meg and be like okay, this person has got me.

Three participants spoke of trust as carried beyond the therapeutic relationship to learning to trust others. Finally, three participants spoke of trust as related to

accomplishment. This is consistent with the findings in the research that overall, trust was an important factor in the therapeutic relationship and further supports the therapist's role of creating trust and safety within the adult-child interaction with genuineness and authenticity (Cattanach 2003; Leitner, 2001; Raskin et al., 2014; C. R. Rogers, 1942, 1951).

The second sub-theme, *communication* as part of the therapeutic relationship, was reflected by all ten participants. Specifically, nine participants labeled communication as encouraging in nature, supporting researchers' ideas of how all clients are capable of fulfilling potential when provided positive support (Kee, 2010). Additionally, eight participants reported accountability as a factor of communication, and four participants described communication as structured and firm, but still kind and loving. Overall, the participants conveyed that communication plays an important role in the therapeutic relationship. This further aligns with researchers' reported observations that a secure relationship between the client and therapist is a vital aspect for growth that empowers the client to take risks (Lac, 2016; Peabody & Schaefer, 2019).

Significantly, the importance of a therapeutic relationship was represented in over 59 of the participants' accounts. This outcome further supports the concept that positively attached relationships are important because children feel safe to explore new experiences with confidence, and regulate themselves cognitively, affectively, relationally, physiologically, and behaviorally (Blaustein & Kinniburgh, 2005).

Confidence Gained

All ten participants in this study identified their child(ren)'s confidence as being accountable to self-growth while increasing motivation to overcome fears and try new opportunities. Nine out of 10 participants defined confidence gained as a belief in self. This outcome is consistent with several authors' research on positive relationships which encouraged modifications in self-concept, self-esteem, self-awareness, and confidence in one's abilities (Bartlett, 2006; Langston, 2020; McLeod, 2008; Ray & Landreth, 2019). Furthermore, eight participants reported that their child(ren) gained confidence, showing motivation to take on new opportunities. These results are consistent with previous research from Ahrendt (2002) and Goldsher (2020) who observed that experiential therapy encourages child sensory and motor experiences, which in turn provide a framework to create optimum growth opportunities in supporting self-efficacy in children. Additionally, results paralleled the researchers' outcomes that confidence gained can be inferred through observing the client's self-direction or motivation to work toward mastery (Gass et al., 2012; Greenberg et al., 1998; Mahrer, n.d.).

All participants discussed *confidence gained* as shown through their child's self-growth. This is important because a child's positive sense of self builds the foundation for life's successes and enhances future growth by implied self-confidence, self-awareness, and increased self-regulation of feelings and behavior (Langston, 2020). For example, Gabrielle reported her child's self-growth as increased self-regulation: "When lessons are going well, it seems to be something that calms her down and she's able to focus, and I think it's where she realizes she can do more than she previously thought she

could." This perception is consistent with researchers' findings because when mastery is obtained the client is able to access optimum self-growth (Greenberg et al., 1989; Mahrer, 1996).

Further, nine participants reported that their child(ren) gained confidence through knowing their limitations. I was not able to locate any examples in the literature reviewed for this study that focused specifically on outcomes of a child knowing their abilities or limitations as an example of confidence gained. Most researchers focused more on experiential therapies and their environments providing the context for change and expressing new feelings as confidence gained (Blaustein & Kinniburgh 2005; Lac, 2016). As reported in Chapter IV, the participants in my study described that their child(ren) knowing their own abilities not only showed confidence gained, but also resulted in: (a) increased critical thinking, (b) fewer meltdowns, (c) more independence, (d) having an internal gauge, (e) self-reliance and self-control, (f) knowledge of improvement, (g) decreased separation anxiety, and (h) preparedness for daily functions.

Benefits Obtained

All participants in this study mentioned benefits obtained as an outcome of their child(ren)'s experience with Aquatic Relational Experiential Therapy. Participants described tangible, noticeable benefits, as well as unanticipated benefits. Many overlapping benefits have been explored within the previous themes. Additional benefits that may not have fit specifically into one of the previous themes are reflected in this section as one of the two sub-themes: tangible benefits and unanticipated outcomes.

Tangible Benefits. Five participants related *tangible benefits* as a feeling of safety for themselves or their child(ren) in and around the water environment. For

example, Charity reported, “I feel very comfortable as a result with them in our backyard pool because I know that they have the tools to protect themselves.” Parallel to the results of this study, several researchers had reported that skills gained from aquatics resulted in increased coordination (Murcia et al., 2017) and cognitive development in clients (Diem, 1982; Erbaugh, 1986; Grosse, 2011; Jorgensen, 2013; Tumanova, 2017).

Three participants in my study described *tangible benefits* as their child(ren)’s persistence and practice. Dre stated, “The more he tries, the better he gets.” Persistence was also defined by the participants as continuing to show up even when it was hard to watch their child(ren)’s fear before they learned to feel comfortable. The participants wanted others to know that trusting the process was important in obtaining progress. For example, Petra stated, “I think that’s important to just have that persistence and to push through…that when a child has those meltdowns, don’t lose faith…just instill…this is what we are going to do…and slowly they will get better and be more comfortable.” Two participants discussed *tangible benefits* as increased physical abilities. This evidence parallels reported researchers’ outcomes of increased physical abilities as a benefit of experiential therapies (Boyd & le Roux, 2017; Jorgensen, 2013; Lemeke et al., 2014). Three participants of my study portrayed *tangible benefits* as structure and routine, while others focused on structure as part of the relationship. This is consistent with researchers’ findings that structure is an important aspect in increased physical abilities and learning cognition (Grosse, 2011; Jorgenson, 2013).

Unanticipated Outcomes. All participants in my study reported unanticipated outcomes as a part of benefits obtained, which were defined as results that were beyond just benefits of swimming and that participants had not expected. Seven participants

described observing an increase in their child(ren)'s overall confidence in daily living. Parents were not anticipating this outcome, and it was seen throughout most of the themes and specifically focused on in the theme *confidence gained*. Confidence as an outcome of experiential types of therapies was represented by researchers I had reviewed from 1939 to today, thus further supporting the findings of my study.

Five out 10 participants discussed the benefit of their child respecting and being taught by someone other than a parent, which was consistent in the research by Langston (2020), and Landreth (2019). Additionally, six out of ten participants reported outcomes as skills or lessons learned that can be transferred or applied to other areas of their child(ren)'s lives. For example, Gabrielle reported her child's increase in the ability to perform daily life tasks as, "Following directions or doing things outside of the pool because she's experienced success there, so then I think she's able to see how it would translate and things will go similarly well in real life." Four participants reported *unanticipated outcomes* as learning skills tailored to their child's learning abilities. The participants viewed this as important because the interactions and life lessons taught were designed specifically with their child in mind, which they had not anticipated as part of the experience their child(ren) would have. However, reviewed literature for my study did not contain data on tailored approaches as part of experiential therapies.

Further, four participants recounted *unanticipated outcomes* as their child's interest in experiencing and trying new things. Lastly, six participants in this study defined *unanticipated outcomes* as increased developmental skills and awareness of social situations. For example, Petra reported her child's increased awareness of social situations as, "Learning in terms…social learning as far as expectations for how to be

when you're not at home versus when you're out and about with other people." Researchers supported my outcomes by relating that enhanced problem-solving leads to an increase in the client's self-confidence (Greenberg & Goldman, 1988; Greenberg et al., 1989; Grosse, 2011; Jorgensen, 2013; Leitner, 2001).

Parents' Feelings

Here again, all ten participants expressed some type feelings related to their child(ren)'s experiences. Feelings ranged from confidence in their child(ren)'s abilities, satisfaction in seeing their child(ren)'s developmental progress, and trust in the ARET process. It is important to note, that the participants' reported overall feelings about ARET provided outcomes and benefits similar to other reported types of experiential therapies. As part of parents' perceptions in an equine study Boyd and le Roux (2017) detailed that overall, parents were appreciative of the opportunity for a positive environment for their child and that their children were calmer after attending the therapy. Subsequently, the parents reported their happiness in being able to witness the great joy in their child through participation in equine therapy (Boyd & le Roux, 2017). Additionally, in another equine therapy study by Xue-Ling Tan & Simmonds (2018), parents related that children better managed their behavior and were able to generalize skills learned to other areas in their lives after attending equine therapy. Similarly, in play therapy research completed by Brumfield and Christensen (2011), parents identified play as an essential activity to developmental learning that lasts throughout the lifespan. Further, researchers studying experiential play reported it is important to assist children with the freedom to explore their environment uninhibited by judgment and connotation, and to ensure children can create the dialogue and meaning for their experience based on

their own perceptions pertaining to their own reality (Greenberg et al., 1989; Kirby, 2010; Peabody & Schaefer, 2019). All parents' reports from my study were in line with the literature reviewed.

Implications for use of ARET

Implications of my research findings included supportive evidence for the use of ARET with children to facilitate increased confidence and personal/social-emotional skills toward achieving a positive sense of self. Additionally, I highlighted the importance of an experiential approach, identifying that the relationship is one of the most important aspects in creating safety and trust in the ARET environment. Similar, to my outcomes, researchers have supported the relationship as a main factor in experiential type therapies (Greenberg & Goldman, 1988; Leitner, 2001).

All participants wanted to inform others of their satisfaction and of the persistence needed in attending Aquatic Relational Experiential Therapy. Eight out of 10 participants reported their satisfaction overall as a positive and great experience. Additionally, participants described benefits gained as more than anticipated, supported by increased growth in their child(ren)'s general happiness, and observations of their child(ren) thriving in and out of the pool. All researchers from literature reviewed for this study supported benefits gained and parent satisfaction from experiential type therapies. Yet, no one single researcher's study resulted in all the outcomes together as was achieved by the results of my study. This may mean that researchers were only focused specifically on one or two outcomes, or that the other outcomes simply were not seen as part of the results studied. Further supporting my results, researchers described experiential aquatic treatment outcomes that have supported the development of self-efficacy, enhanced

problem-solving, inter/intrapersonal development, cognition, and self-confidence (Burac, 2015; Diem, 1982, Erbaugh, 1986; Grosse, 2011; Leitner, 2001; Jorgensen, 2013; McGraw, 1939; Murcia et al., 2017; Tumanova, 2017).

Finally, previous researchers implied that the relationship is significant in Person-Centered Theory and experiential therapies where self-growth is supported by the consistent relationship between therapist and client (Greenberg & Goldman, 1988; Leitner, 2001). The findings of my study reflected the same outcomes as above; furthermore, the participants discussed the importance of the therapeutic relationship among and across all of the themes. Many researchers discussed benefits of experiential therapies that had were consistent with Aquatic Relational Experiential Therapy. However, the researchers' reported benefits were from several experiential studies (as listed in Chapter II), whereas my one study reflected that ARET provided all the benefits.

Future Recommendations

While there are many studies about experiential therapies, there is little data/research on the impact of instructional swimming for children with disabilities or mental health disparities (Burac, 2015; Getz et al., 2006; Murcia et al., 2017; Prupas et al., 2006; Jorgensen, 2013). Further, because of the personal and social benefits of the water as a modality, there is a need for more research into the use of aquatic environments as an innovative therapeutic approach for children. With this being the first study on ARET, many other factors can be researched involving the use of Aquatic Relational Experiential Therapy. This leads to the future research questions of: (a) how can ARET be implemented further throughout the profession to assist children in need?

and (b) what other experiential modalities might exist that can be beneficial with similar simultaneous outcomes?

Conclusion

The purpose of my study was to describe the perceptions of parents whose children ages 13 years and under have experienced Aquatic Relational Experiential Therapy. In the first chapter, I provided a brief introduction and supportive justifications for the practicality of this study. In Chapter II, I conducted a comprehensive and extensive literature investigation and provided a detailed review, from which I further supported the need for this study through researchers' outcomes. In Chapter III, I outlined my research methods for the study, and provided specific detail on how I conducted the study, established and guided by references from the literature. In Chapter IV, I provided the results of my study by identifying emerging themes, supported by participants' quotes in response to semi-structured interviews. In my final chapter above, Chapter V, I provided evidence-based literature that supported the themes and identified implications for my study, as well as provided ideas for future research based on the results of my study.

In conclusion, the overarching essence of my study was that skills or lessons learned through ARET can be transferred or applied to other areas of the participants' child(ren)'s lives. The findings of this study included several extensive overlapping experiential benefits, with five themes and four sub-themes. Relying on these themes and sub-themes, I discovered that each participant's unique experiences with ARET were specifically reflected in other areas of their lives and created opportunities their child(ren) outside of swimming while increasing the quality of daily living for the family. As such,

the parents also wanted others to know that with persistence and patience, their child(ren) experienced more than just the benefits of learning to swim. Additionally, I observed that ARET can support increased confidence and personal/social-emotional skills within children, contributing to a positive sense of self. The participants viewed this as important because the interactions and life lessons taught were designed specifically with their child in mind. Further, more research should be completed in order to validate these findings and provide additional support for the use of Aquatic Relational Experiential Therapy as a counseling modality.

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APPENDIX A

Demographic Survey

- Develop a pseudonym for this interview and will later be changed for confidentiality.
- What is your age?
- What is your gender?
- What is your sexual orientation?
- What is your race ethnicity?
- What is the race ethnicity of your child/ren who participated in swim therapy, if different from your own?
- What is your highest level of education?
- What is the number of children who participated in swim therapy, and their ages at the time?
- What is your parent relationship to your child/ren that attended swim therapy?

  _____(biological) ____(adopted)_____ (fostered) ____(other explain)

  _____

  _____
- Describe your view of experiential therapy?

  _____

  _____

  _____

  _____

APPENDIX B

Semi-structured Interview Questions

- What are your perceptions of your child/ren's experiences with attending swim-based therapy? (Brumfield & Christensen, 2011; Surujlal & Rufus, 2011).
- Describe the specific type of swim therapy program your child/ren were involved in? (Brumfield & Christensen, 2011; Jorgensen, 2013; Surujlal & Rufus, 2011).
- What types of impact if any has swim therapy had on you or your child/ren? (Kirk & MacCallum, 2017; Murcia et al., 2017, Sharpan 2020).
- What would you like others to know about your and your child's experiences with swim therapy? (Landreth 2012; Kirk & Hay, 2018; Kirk & MacCallum, 2017).

APPENDIX C

IRB Certification

Date: Oct 30, 2020 4:16:37 PM CDT
TO: Megan Garzaglass Yvonne Garza-Chaves
FROM: SHSU IRB
PROJECT TITLE: Perceptions of Parents whose Children Experienced Aquatic Relational Experiential Therapy
PROTOCOL #: IRB-2020-201
SUBMISSION TYPE: Initial
ACTION: Exempt - Limited IRB
DECISION DATE: October 29, 2020
EXEMPT REVIEW CATEGORIES: Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).
REVISED SPECIAL UPDATE RE: COVID-19 CRISIS: The IRB has released specific guidelines for easing or transitioning existing IRB-approved studies or any new study subject to IRB oversight to in-person data collection. Please be advised, before ANY in-person data collection can begin, you must have IRB approval specifically for the conduct of this type of research. Please see the IRB response page for COVID-19 here.
Greetings,
On October 29, 2020, the Sam Houston State University Institutional Review Board (IRB) determined the proposal titled Perceptions of Parents whose Children Experienced Aquatic Relational Experiential Therapy to be Exempt with Limited IRB Review pursuant to 45 CFR 46. This determination is limited to the activities described in the Initial application and extends to the performance of these activities at each respective site identified in the Initial application. Exempt determinations will stand for the life of the project unless a modification results in a new determination.
Modifying your approved protocol:

No changes may be made to your study without first receiving IRB modification approval. Log into [URL], select your study, and add a new submission type (Modification).

Study Closure:

Once research enrollment and all data collection are complete, the investigator is responsible for study closure. Log into [URL], select your study, and add a new submission type (Closure) to complete this action.

Reporting Incidents:

Adverse reactions include, but are not limited to, bodily harm, psychological trauma, and the release of potentially damaging personal information. If any unanticipated adverse reaction should occur while conducting your research, please login to Cayuse, select this study, and add a new submission type. This submission type will be an adverse event and will look similar to your initial submission process.

Reminders to PIs: Based on the risks, this project does not require renewal. However, the following are reminders of the PI's responsibilities that must be met for IRB-2020-201 Perceptions of Parents whose Children Experienced Aquatic Relational Experiential Therapy.

1. When this project is finished or terminated, a Closure submission is required.
2. Changes to the approved protocol require prior board approval (NOTE: see the directive above related to Modifications).
3. Human subjects training is required to be kept current at citiprogram.org by renewing training every 5 years.

Please note that all research records should be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact the Sharla Miles at 936-294-4875 or irb@shsu.edu. Please include your protocol number in all correspondence with this committee.

Sincerely,

Chase Young, Ph.D. Chair, IRB

Hannah R. Gerber, Ph.D. Co-Chair, IRB

APPENDIX D

Participant Selection Letter

Hello,

My name is Megan Garzaglass (Coach Meg) and I am a Counselor Education Doctoral Candidate in the College of Education at Sam Houston State University. I would like to take this opportunity to invite you to participate in a research study about perceptions of parents whose children experienced Aquatic Relational Experiential Therapy (ARET)**.** I am conducting this research under the direction of Dr. Rick Bruhn from the Department of Counseling Education at Sam Houston State University (SHSU) as part of my fulfillment for my Doctoral Degree.

You have been asked to participate in the research because all swim individuals currently participate in swimming and water exploration named, Aquatic Relational Experiential Therapy (ARET) as part of the swim time.

Please keep in mind time is of the essence to gather data and complete the study. The study consists of two anonymous parts, a demographic questionnaire and interview (which will ask questions about your perception of your child's experience with Swim therapy), and together should take approximately one hour of your time.

To qualify for this study, you must be over the age of 18 and have a child/ren 13 years or under during the time they attended Swim. This study is voluntary, and your participation results will be anonymous. If you would like to be part of my study, please click on the link below.

https://shsu.co1.qualtrics.com/jfe/form/SV_6liVhKFf3qpVdNr

APPENDIX E

Follow-up Email

Good afternoon,

You were previously invited to participate in a research study about perceptions of parents whose children experienced Aquatic Relational Experiential Therapy (ARET) or swim.

I am following up to see if you were still interested in possible participation. Due to the Interviewer's availability, time is of the essence to complete the study so if still interested please follow up as soon as possible.

This study is voluntary, and your participation results will be anonymous. If you would like to be part of the study, please click on the link below.

https://shsu.co1.qualtrics.com/jfe/form/SV_6liVhKFf3qpVdNr

APPENDIX F

Informed Consent Form

Sam Houston State University

Consent for Participation in Research

Perceptions of Parents Whose Children Experienced Aquatic Relational Experiential Therapy

My name is Megan Garzaglass and I am a Counselor Education Doctoral Candidate in the College of Education at Sam Houston State University. I would like to take this opportunity to invite you to participate in a research study about perceptions of parents whose children experienced Aquatic Relational Experiential Therapy (ARET) conducted by Principal investigator Megan R. Garzaglass, M.S., LPC-S, Registered Play Therapist Supervisor, and her Faculty Sponsor Dr. Rick Bruhn from the Department of Counseling Education at Sam Houston State University (SHSU). I am conducting this research under the direction of Dr. Rick Bruhn as part of my fulfillment for my Doctoral Degree. You have been asked to participate in the research because all swim individuals currently participate in swimming and water exploration named, Aquatic Relational Experiential Therapy (ARET) as part of the swim time. We ask that you read this form and ask any questions you may have before agreeing to take part in the research study.

Your participation in this research is voluntary. Your decision whether to participate will not affect your current or future relations with Sam Houston State University or Coach Meg's Swim LLC. If you decide to participate, you are free to withdraw at any time without affecting that relationship. The research is relatively straightforward, and we do not expect the research to pose any risk to any of the volunteer participants.

What procedures are involved?

If you agree to be in this research, we will ask you to do the following things:

- Asked to partake in a private Zoom invite recorded interview lasting 45min-1 hour
- You will be asked several questions that will describe your perceptions regarding your child/ren's experiences with Swim (Aquatic Relational Experiential Therapy).
- All recordings will be destroyed after transcriptions have been created from the recordings.
- There will be no identifying information included in the transcripts
- At least 10 participants will partake in this study.
- Participants will be asked to review the results of the study to assure their statements were represented accurately.

What about privacy and confidentiality?

The only person who will know that you are a research participant is the interviewer conducting the interviews as part of the research team. No information about you, or provided by you during the research will be disclosed to others without your written permission, except:

- if necessary, to protect your rights or welfare (for example, if you are injured and need emergency care or when the SHSU Protection of Human Subjects monitors the research or consent process); or
- if required by law.

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. All recordings will be kept on a password protected computer and will be destroyed once interview transcriptions have been completed. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.
Confidentiality will be maintained on all notes, log of statements, and data collected. Participants names will be changed into anonomyous coding. Data collected will be coded in such a way that it will protect the identity and confidentialty of the participants. Data will be kept in a password protected computer with only the research team having access.

This research will require about 45 minutes to an hour of your time. Participants will not be paid or otherwise compensated for their participation in this project. Your participation in this research is voluntary. Your decision whether or not to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled. If you have any questions, please feel free to ask me to use the contact information below. If you are interested, the results of this study will be available at the conclusion of the project.

Dr. Rick Bruhn SHSU *College of Education* Sam Houston State University Huntsville, TX 77341 E-mail: EDU_RAB@shsu.edu	*Dr. Yvonne Gaza-Chaves* SHSU *College of Education* Sam Houston State University Huntsville, TX 77341 E-mail: YXG002@SHSU.EDU	Sharla Miles Office of Research and Sponsored Programs Sam Houston State University Huntsville, TX 77341 Phone: (936) 294-4875 Email: irb@shsu.edu

If you have any questions about this research, please feel free to contact me, Megan Garzaglass by email at mrg044@shsu.edu, interviewer Aynsley Scheffert by email at aynsley_scheffert1@baylor.edu or my faculty sponsors Dr. Rick Bruhn at EDU_RAB@shsu.edu and Dr. Yvonne Garza-Chaves at YXG002@SHSU.EDU. If you have questions or concerns about your rights as research participants, please contact Sharla Miles, Office of Research and Sponsored Programs, using her contact information below.

☐ I understand the above and consent to participate.

☐ I do not wish to participate in the current study.

AUDIO/VIDEO RECORDING RELEASE CONSENT

As part of this project, an audio/video recording will be made of you during your participation in this research project for transcription purposes only. This is completely voluntary. In any use of the audio/video recording, your name will not be identified. All participants can review their recordings at any time and destruction of the recording will occur upon completion of verified transcription of audio. may request to stop the recording at any time or to erase any portion of your recording.

☐ I consent to participate in the audio/video recording activities.

☐ I do not wish to participate in the audio/video recording activities.

VITA

Megan R. Garzaglass

Academic History

Sam Houston State University 2017 – Present
Doctoral Candidate, Counselor Education

Sam Houston State University 2017 – 2019
Doctoral Fellow
Professor/ Counseling supervisor/ Research Assistant

University of Houston Clear Lake August 2016
School Counselor Certification EC-12
TEA ID: 1901467

Texas Teachers June 2015
Alternative Teaching Certification
EC-12 Special Education
TEA ID: 1901467

Capella University Summer 2013
Play Therapy Certification
GPA: 4.0

University of Houston Clear Lake December 2010
Master of Science Counseling
Graduated with Honors
Licensed Professional Counselor (LPC) Lic # 69255
GPA: 3.8

California State University California Sacramento August 2007
Bachelor of Science Criminal Justice
Cum Laude- GPA: 3.8
CBEST California Educator Credentialing Exam 2006
Dean's List all semesters attended

College of the Siskiyous- *Graduated with Honors* December 1999
Associates in Arts General Education- 1999
Associates in Science Administration of Justice- 1998
California Post Consumer Affairs Level 3 Reserve Peace Officer

Academic Positions

SHSU Doctoral Fellow Research Assistant to two Professors	Spring 2019
SHSU Doctoral Fellow-Counseling Supervisor Master Students (4)	Spring 2019
SHSU Co-Facilitated Group Supervision Master Students	Fall 2018
SHSU Doctoral Fellow- Professor online undergraduate counseling course	Fall 2018
SHSU Doctoral Fellow Research Assistant to two Professors	Fall 2018
SHSU Counseling Internship Site Supervisor Master Students	Fall 2018
SHSU Doctoral Fellow-Counseling Supervisor Master Students(5)	Fall 2018
SHSU Doctoral Fellow- Counseling Supervisor Master Students (2)	Summer 2018
SHSU Counseling Internship Site Supervisor Master Students	Summer 2018
SHSU Doctoral Fellow- Professor two undergraduate counseling courses (one online, one face-to-face)	Summer 2018
SHSU Doctoral Fellow- Professor two undergraduate counseling courses (one online, one face-to-face)	Spring 2018
SHSU Doctoral Fellow- Counseling Supervisor Master Students (3)	Spring 2018
SHSU Doctoral Fellow- Professor two undergraduate counseling courses	Fall 2017
SHSU Co-led a Master level group 12-week closed group	Summer 2017
UH Victoria Counseling Internship Site Supervisor Master Students	Summer 2016
Pearland Independent School District- Student Support Counselor	2016 – 2017
Pearland Independent School District- Behavioral Specialist Teacher	2014 – 2016

Teaching Effectiveness at SHSU

IDEA Teaching Evaluation– 5 Point Scale

YEAR	Progress on Relevant Objectives	Excellent Teacher	Excellent Course	Average of Above	Summary Evaluation
Spring 2019 Raw	50	4.4	4.4	Middle	53
Adjusted	50	4.4	4.4	53	53
Summer 2018 Raw	52.5	4.3	4.3	Middle	54
Adjusted	52.5	4.3	4.3	53.2	54
Spring 2018 Raw	55	4.7	4.6	Higher	56
Adjusted	55	4.7	4.6	55.33	56
Fall 2017 Raw	52.2	4.6	4.4	Middle	53.3
Adjusted	52.2	4.6	4.4	53	53.3

Presentations

Garzaglass, M. R. (2019, April 30). *Perceptions of aquatic relational experiential therapy* [Powerpoint paper presentation]. Sam Houston State University, Application of Counseling Research course COUN 7363, Woodland, TX, United States.

Garzaglass, M. R. (2018). *How to Create a Survey Monkey Survey,* Guest Speaker, Sam Houston State University, Master Level Research Design Class, Master Counseling Program, S. Akay-Sullivan, Instructor.

Garzaglass, M. R. (2018). *Managing Suicidal Risk,* Guest Speaker, Sam Houston State University, Doctoral Practicum Class, PhD Counselor Education Program, R. Bruhn, Instructor.

Garzaglass, M. R. (2017, November 28). *Aquatic Relational Experiential Therapy* [Paper presentation]. Sam Houston State University, Methods of Educational Research course COUN 7362, Woodlands, TX, United States.

Garzaglass, M. R. (2017). *Implementing a Support Counselor,* PhD Interview Presentation, Sam Houston State, University, Presentation as part of the PhD Interview Process, Doctoral Counselor Education Program, R. Bruhn, Coordinator.

Garzaglass, M. R. (2016). *ASK Suicide Training,* PISD Training, Pearland Independent School District, Training for Berry Miller Jr High Staff, N. Fikac, Facilitator.

Garzaglass, M. R. (2016). *Parent Orientation,* PISD Parent Orientation, Pearland Independent School District, Parent Orientation for PACE Alternative School, M. Kirksey, Lead Counselor.

Garzaglass, M. R. (2016, 2015). *ALA Orientation,* PISD ALA Orientation, Pearland Independent School District, ALA Orientation for PACE ALA Alternative School, J. Palombo, Principal.

Garzaglass, M. R. (2014). *Behavioral Program Orientation,* PISD Parent Training, Pearland Independent School District, BSI Program Orientation for South Jr. High, J. Frerking, Principal.

Garzaglass, M. R. (2013). *Suicide Awareness Officer Training,* UTMB Clinical Managed Care, Training for TDC Officers, Darrington Unit, M. Jones, Warden.

Garzaglass, M. R. (2009-2014). *Building Better Relationship: Boundary and Limit Setting,* Brazoria County Juvenile Justice Mandated Parent Trainings, Alvin Unit, L. Rickert, Judge.

Ongoing Research Projects

Garzaglass, M. R., Garza-Chaves, Y., Williams, M. P., Fauster, L. K., & Freeney, L. G. (in press). The buoyant self: A conceptual journey of Aquatic Relational Experiential Therapy. The Humanistic Psychologist.

Garzaglass, M. R., Freeney, L. G. (2018). *Experiences of adventure/wilderness counselors when assisting clients in non-traditional therapy* [Manuscript in preparation]. Counselor Education, Sam Houston State University.

Effects of Aquatic Relational Experiential Therapy (ARET) on Personal/Social Developmental Qualities through Self-concept and Self-efficacy in Children ages 0-5- Megan Garzaglass

A Qualitative Look into self-efficacy as related to Aquatic Relational Experiential Therapy (ARET)- Megan Garzaglass

The Experiences of Adventure/Wilderness Counselors when Assisting Clients in Non-Traditional Therapy - Megan Garzaglass & Larry Freeney

The Experiences of Equine Therapist when Assisting Clients in Non-Traditional Therapy – Megan Garzaglass

Perceptions of Parents whose Children are Involved in Aquatic Relational Experiential Therapy –Megan Garzaglass

Memberships

American Counseling Association Professional Member
Association for Play Therapy
Texas Association of Play Therapy
Association of Humanistic Counseling
Arbor Foundation
Nature Conservatory
School of Education Honor Society Member
National Honor Society Member
ASK Suicide Prevention Trainer
Member of the National Society of Leadership
Independent Women's Football League
Women's Football Association

Scholarships

SHSU College of Education Grant
SHSU Graduate Bearkat Grant (TPEG)
Sam Houston State University Counselor Education Fellowship
TPEG Resident Grant
Graduate Studies Scholarship
Sam Houston State University Special Scholarship – Counseling
Enrollment Fund Scholarship

Professional Experience and Community Service

LPC-S and Registered Play Therapist Supervisor 2019—Present

Privately owned business which I supervised Texas LPC- associates and Registered Play Therapists. I am a current LPC-S and Registered Play Therapist Supervisor. Processes involve, goal setting, case examples and discussion, group and individual supervision, and research. All business was conducted in an ethical manner consistent with NBCC and ACA standards.

Founder Coach Meg's Swim 2015 – Present

Aquatic Relational Experiential Therapy (ARET), Private and Semi-private Aquatic Skills and therapy for ages 4 months to 80 years. Processes involve; reflection, validation, visualization, ordering, affirmations, self-soothing, initiative, independence, decision making, problem solving, ownership, supportive interventions, assertiveness training, self-awareness, and autonomy. Supervision of LPC- Interns

Sam Houston State University Doctoral Fellow 2017 – 2019

Resident Fellow Professor for the school of education, undergraduate counseling course instructor, create and implement course objectives, Resident Fellow at The Woodlands Community Counseling Clinic, provide supervision to Master level students. Research Assistant to multiple Professors.

Student Support CounselorPearland ISD 2016 – 2017

Developed and implemented individual, group counseling and behavior modification. Part of the Administrative support team; presented staff and community trainings, part of the suicide prevention task force, and one of the Crisis Counselors for the district. Part of the Crisis Intervention Support Counseling team and Interview Committee.

Behavioral Specialist Teacher Pearland ISD 2014 – 2016

In-home parent trainer for the district. Special education/BSI Teacher, Co-taught multi subjects and was 7th grade Football Coach. Developed Individual Education Plans (IEP), Behavior Intervention Plans (BIP), and participated in ARD, MDRs and RTI processes. Part of the Crisis Intervention Support Counseling team and Interview Committee Developed differentiated and innovative instruction for special education students.

Mental Health Clinician UTMB Clinical Managed Care 2012 – 2014

Housed at TDC prison units within a 25-mile radius. Conducted counseling, treatment, behavioral interventions, groups, risk assessments, intakes and psychiatric referrals. Completed mental health evaluations, documentation of all records, and case management. Assessed crisis, managed suicide prevention, and completed daily triage and risk assessments.

Juvenile Probation Intensive Supervision Officer 2007 – 2012
Brazoria County Juvenile Justice

Supervised, counseled, and mentored youth and families. Testified in court, upheld the laws under the directive of court orders and the department. Worked with community-based programs and provided outreach and family support**.** Held groups and parent workshops for families. Developed and ran community services activities for Juveniles.

Certifications

Registered Play Therapist Supervisor (RPT-S) Lic # S2809	2019 – Present
School Counselor Certification EC-12 TEA ID: 1901467	2016 – Present
Alternative Teaching Certification EC-12 Special Education TEA ID: 1901467	2015 – Present
Play Therapy Certificate- Capella University	2015 – Present
Licensed Professional Counselor Supervisor (LPC-S) Lic # 69255	2014 – Present
CBEST California Educator Credentialing	2006 – Present

Summary

Highly self-motivated, responsible, athletic, Counselor, Teacher, Coach, crisis manager and community based, leader, role model and Supervisor. Positive record of improving overall work processes and documents. Can handle crisis situations effectively and efficiently. Successfully builds morale with companies and coworkers. In addition, a proven successful trainer, leader, problem solver, counselor, coach, and role model in all tasks performed.