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**EXPLORING SURF THERAPY AS A PSYCHOSOCIAL INTERVENTION IN
SOCIAL WORK: PRACTITIONER'S PERSPECTIVES**

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SUMMARY

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There is a growing interest in alternative and complementary therapy methods within social work, especially to address mental health issues. To do that, psychosocial interventions are being used in social work. Although surf therapy is instrumentalized with various at-risk groups, there is limited empirical research regarding to its methodologies and effectiveness. Additionally, there have no studies been conducted, connecting surf therapy to social work. This study is one of the first attempts, to understand if surf therapy is functional as a psychosocial intervention and if it can be used in social work as such. This is why the objectives of the study are, 1) examine surf therapy's functionality as a psychosocial intervention; 2) explore the options for using surf therapy in the social work practice; 3) and search for different potential client groups, and the specific hoped outcomes in regard to social work. The study employs a qualitative research approach based on phenomenology. Data were collected through literature reviews and semi-structured interviews with seven surf therapy practitioners from all over the world. The study participants were asked about the concept, the process and the outcomes of surf therapy, which provided insides on the strengths and risks of surf therapy. As a result, the functionality and the holistic benefits of surf therapy were recognized, as well as, the challenges in the surf therapy industry. However, a lot of the organizations share common practices, which potentially could lead to standardization. There are many similarities between surf therapy and social work processes, making it easy to adapt surf therapy to social work needs. Since psychosocial interventions aim for similar outcomes, surf therapy can be used for any clients that social workers would assign psychosocial interventions to. As surf therapy is still a new phenomenon, it is up to social workers to determine if a surf therapy organization is suitable for conducting a psychosocial intervention, and in which cases to use this intervention. Nonetheless, surf therapy holds promise as a psychosocial intervention in social work, offering a unique blend of physical activity and therapeutic engagement in natural settings. For broader application in the social work field, surf therapy requires more empirical research, standardized practices, and collaboration with, e.g., social work professionals to enhance its credibility and effectiveness.

Keywords: social work, surf therapy, psychosocial intervention, alternative methods, blue space intervention, clinical social work

SANTRAUKA

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Šis tyrimas nagrinėja banglenčių terapijos veiksmingumą ir potencialą pritaikant ją kaip psichosocialinę intervenciją socialiniame darbe. Socialiniame darbe vis labiau domimasi alternatyviais ir papildomais terapijos metodais, ypač sprendžiant psichikos sveikatos problemas. Tam naudojamos psichosocialinės intervencijos. Nors banglenčių terapija taikoma įvairioms rizikos grupėms trūksta empirinių tyrimų, kurie pagrįstų jos metodikas ir veiksmingumą. Iki šiol nebuvo atlikta tyrimų, susiejančių banglenčių terapiją su socialiniu darbu. Šis tyrimas yra vienas iš pirmųjų bandymų suprasti, ar banglenčių terapija yra funkcionali kaip psichosocialinė intervencija ir ar ji gali būti taikoma socialiniame darbe. Tyrimo tikslai yra: 1) ištirti banglenčių terapijos funkcionalumą kaip psichosocialinę intervenciją; 2) nagrinėti banglenčių terapijos taikymo galimybes socialinio darbo praktikoje; 3) atrasti kitas potencialias klientų grupes ir su tuo susijusius pageidaujamus rezultatus. Tyrime taikomas kokybinis tyrimo metodas, pagrįstas fenomenologijos metodu. Duomenys buvo renkami literatūros analizės ir pusiau struktūruotu interviu atlikimo pagalba. Buvo atlikta interviu su septyniais banglenčių terapijos praktikais iš viso pasaulio. Tyrimo dalyviai buvo klausiami apie banglenčių terapijos sąvoką, procesą ir rezultatus. Tai suteikė įžvalgų apie banglenčių terapijos stiprybes ir rizikas. Tyrimo rezultatai parodė, kad banglenčių terapija yra funkcionali. Tačiau taip pat išryškėjo ir tam tikri trūkumai banglenčių terapijos srityje. Daugelis organizacijų laikosi bendrų praktikų, kurios galėtų potencialiai vesti prie banglenčių terapijos standartizavimo. Banglenčių terapijos ir socialinio darbo procesai turi daug panašumų, todėl banglenčių terapiją lengva pritaikyti socialinio darbo poreikiams. Kadangi psichosocialinės intervencijos siekia panašių rezultatų, banglenčių terapija gali būti naudojama klientams, kuriems socialiniai darbuotojai paskirtų psichosocialinę intervenciją. Banglenčių terapija yra naujas reiškinys ir turi tam tikrą riziką. Socialiniai darbuotojai turi patys įsivertinti, ar organizacija tinkama vykdyti psichosocialinę intervenciją, ir kuomet ją taikys. Nepaisant to, banglenčių terapija turi potencialo tapti psichosocialine intervencija socialiniame darbe. Siekiant didesnio patikimumo ir platesnio pritaikymo socialinio darbo srityje, banglenčių terapijai reikia daugiau empirinių tyrimų, standartizuotų praktikų ir socialinio darbo specialistų įtraukimo.

Raktiniai žodžiai: socialinis darbas, banglenčių terapija, psichosocialinė intervencija, alternatyvūs metodai, melyniosios terapijos intervencija, klinikinis socialinis darbas

TABLE OF CONTENTS

INTRODUCTION	4
1. SURF THERAPY DRIVING CHANGE	7
1.1 Surf Therapy and its Components	7
1.2. Surf Therapy and the Role of Social Workers	14
1.3. The Client Groups in Surf Therapy	15
2. RESEARCH “EXPLORING SURF THERAPY AS A PSYCHOSOCIAL INTERVENTION IN SOCIAL WORK” METHODOLOGY.....	18
2.1 The Methodology of the Study.....	18
2.2 The Subjectivity of the Research	21
3. RESEARCH “EXPLORING SURF THERAPY AS A PSYCHOSOCIAL INTERVENTION IN SOCIAL WORK” RESULTS.....	24
3.1 Surf Therapy’s Functionality as a Psychosocial Intervention	24
3.2 Implementation of Surf Therapy Elements in Social Work	30
3.3 The Outcomes of Surf Therapy	38
DISCUSSION	45
CONCLUSION.....	47
RECOMMENDATIONS	48
REFERENCES	49
SUPPLEMENTARY MATERIAL	53

INTRODUCTION

Mental health problems are one of the main causes for the overall disease burden worldwide (Marshall et al., 2019) making it a priority to the social work world. To understand what mental health entails, WHO provides following definition of mental health. “Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (World Health Organization: WHO, 2022). To deal with that issue, in the past decade, we can see tremendous growth in complementary, alternative, and integrative practices. This tendency we can find not only in medicine, nursing, and allied health professions, but also in the fields of psychotherapy, psychiatry, and counseling psychology (Lee et al., 2018). It is true that social work has been quite slow regarding the adaptation of this change to the professional field, but we can see the tendency of practitioners to look for alternative interventions, especially in difficult cases, as e.g., PTSD, depression, etc. Social workers are constantly searching for alternative methods, hoping to find ways to at least relief symptoms of mental health issues of people struggling with those. Nevertheless, social work does have its history of adapting a holistic practice approach (Lee et al., 2018), which basically means, that social work has been acknowledging the importance of the Body-Mind-Spirit connection and has been searching to build a balance to create a holistically healthy individual.

When talking about the role of social workers in the global mental health crisis, they are responsible for the psychosocial rehabilitation of people with mental health issues. Psychosocial rehabilitation is being defined as a process that provides individuals with mental and behavioral disorders with the opportunity to achieve an optimal level of independent functioning in the community (Lietuvos respublikos sveikatos apsaugos įsakymas dėl psichosocialinės reabilitacijos paslaugų psichikos sutrikimų turintiems asmenims teikimo tvarkos aprašo patvirtinimo; 2012 m. rugpjūčio 21 d. Nr. V-788). It is important to note that social workers are the ones to assess and manage the process of psychosocial rehabilitation, as well as consult and evaluate the current state of the client.

For decades, regarding alternative methods, social work has been recognizing the importance of physical activity in the context of prevention, intervention, research, and advocacy (Anderson-Butcher & Bates, 2021). Physical activity has been shown to have a positive effect on the mental health of individuals as well as the community, improving symptoms of depression, anxiety, and PTSD significantly (Marshall et al., 2019).

When now talking about surf therapy, another physical activity intervention, surf therapy is defined as “the use of surfing as a vehicle for delivering intentional, inclusive, population-specific, and evidenced-based therapeutic structures to promote psychological, physical, and psychosocial

well-being.” (International Surf Therapy Organization, 2024). Even though it has yet to be acknowledged as an official alternative therapy method, it is being used worldwide in the context of work with at-risk youth, veterans with PTSD (Marshall et al., 2019), and people with disabilities (Podavkova & Dolejš, 2022). Its goal is to help people build relationships, identify emotions, learn how to calm themselves and much more. Simplified, surf therapy intends to improve their client’s life, using a holistic perspective. Even though numerous studies (Marshall et al., 2019) indicate that surf therapy is effective, it is lacking a strong empirical base of its methodology. It is little known how surf therapy achieves its outcomes, what the process of the program is, and in what cases it is beneficial for the improvement of the situation of the participants.

When talking about the effectiveness, The Wave Project in the UK highlights seven factors that drive positive change among young individuals facing mental health issues and social exclusion (De Matos, 2017), which are: 1) The restorative sea environment; 2) The connection with nature near the sea; 3) Surfing for sensory experience and resilience; 4) The inclusive culture for acceptance; 5) The recognition and positive reinforcement, boosting self-esteem; 6) The beneficial role models; 7) The regular participant-instructor contact, building trust and facilitating learning. All those factors enable the positive development of the participant. When tailored to the program correctly, it can contribute to positive psychosocial and cognitive development (Podavkova & Dolejš, 2022).

There is a lack of research in the surf industry, due to the fact that most studies are mainly evaluating the effectiveness of surf therapy. This results in a lack of information and makes it quite difficult to understand how surf therapy programs are being developed, what crucial moments there are to make surf therapy programs successful, and what other client groups surf therapy would fit besides veterans, at-risk youth, and people with disabilities. It is not sure in which specific cases surf therapy would be the right intervention, which is why research in this area is so important. Additionally, surf therapy has not been connected to social work yet, which makes this study, one of the first attempts to do this.

The goal of this study is to explore surf therapy as a potential psychosocial intervention in social work. The importance here is, to firstly explore all the available research and information that is currently available on the effectiveness of surf therapy, and then interview surf therapy practitioners on that topic. **The object** of this study is surf therapy as a psychosocial intervention in social work. **The objectives** of the study are the following:

- 1) Examine surf therapy’s functionality as a psychosocial intervention;
- 2) Explore the options for using surf therapy in the social work practice;
- 3) Search for different potential client groups, and the specific hoped outcomes desired in social work.

The main concepts treated in the study are following:

- *Social work* is defined as an activity aimed at strengthening a person's adaptation skills, restoring their community connections, helping them integrate into society, and promoting fuller social functioning (Andrašiūnienė, 2007).
- *Surf therapy* is “the use of surfing as a vehicle for delivering intentional, inclusive, population-specific, and evidenced-based therapeutic structures to promote psychological, physical, and psychosocial well-being.” (International Surf Therapy Organization, 2024).
- *Blue space interventions* are any type of programs, interventions or activities, that are facilitated in, on, or around water, and that have the goal to use that blue environment, to promote wellbeing and health in certain groups (Britton et al., 2018).
- *Mental health* refers to a state of well-being where individuals can manage life's stresses, utilize their abilities, learn and work efficiently, and positively engage with their community (World Health Organization: WHO, 2022).
- *Psychosocial interventions* are defined as activities or strategies, that focus on improving various aspects of a person's life, such as their behavior, thoughts, emotions, relationships, and environment. The goal is to enhance their health and overall well-being (England et al., 2015).

1. SURF THERAPY DRIVING CHANGE

1.1 Surf Therapy and its Components

As already mentioned before, surf therapy does not have a strong, evidence-based empirical ground, which would explain in detail how surf therapy works. However, there is some research, as e.g., Marshall's study of *The Wave* program (2019), that suggests that in order to explain the efficacy of surf therapy, one has to split it into its separate parts and look at their functioning and effectiveness individually. The way this study will be splitting surf therapy into parts is used theories in surf therapy, blue space interventions and surf therapy promoting psychosocial growth.

When talking about the **used theories in surf therapy**, there are two theories indispensable — Self Determination Theory (SDT) and Acceptance and Commitment Therapy (ACT). Starting with the **Self Determination Theory (SDT)**, it is a well-researched theory, which has been connected to surf therapy as an underlying program theory (Marshall, 2021). In some studies, it is used mainly as a theory of motivation, which may be misleading. It is defined as a theory describing how intrinsic motivation and extrinsic motivation help develop personality and self-regulation, leading to better well-being and performance in society (Coccia, 2019). Solely taking it as a theory of motivation, is simply incorrect, as motivation is the result of fulfilling the basic psychological needs of people, and facilitating their positive development. Looking at the employment of SDT in social work, we can see it being well integrated in the social work practice. Both have common values, which are self-determination, valuing individual dignity, focusing on individual strengths, and recognizing the importance of personal relationships (Kirzner & Miserandino, 2023). SDT also provides a great standard to evaluate if programs are conducted correctly and how they need to be adjusted and improved to be a lot more effective. This is a huge value to the social work practice, but the risk that comes with using SDT in social work, needs to be acknowledged as well. This is connected to SDT being treated solely as a theory of motivation, which presents a difficulty, as to many social work clients, motivation is not the only factor influencing their success (Kirzner & Miserandino, 2023).

SDT states, that in order to have high intrinsic and long-lasting motivation, there are three basic psychological needs that need to be fulfilled. Those basic psychological needs are competence, autonomy, and relatedness (Ryan & Deci, 2022). To understand, what each of those entail, here are some definitions. *Autonomy* is defined as the sense of being free to make one's own choices about what to pursue, rather than feeling pressured or dominated by others' expectations or constrained by external circumstances. *Competence* involves feeling capable and effective within one's environment, possessing the skills to accomplish tasks and achieve goals that are appropriately challenging. And *relatedness* refers to the experience of feeling valued and genuinely cared for by those in our

surroundings, as e.g., teachers, parents, and doctors. This is shown through their dedication of time, interest, and effort in building a relationship with them (Kirzner & Miserandino, 2023).

High satisfaction of those needs is connected to high mental wellbeing, and vitality. If those needs are ongoing satisfied, the intrinsic motivation of a person increases. It differentiates between different types of motivation, the aspirational goal being intrinsic motivation, which is the natural drive that compels individuals to engage in activities they find intriguing and pleasurable (Ryan & Deci, 2022). Here it also stresses the importance of social relationships. Those relationships, if they fulfill the basic psychological needs of the individual, can enhance their motivation. If those basic psychological needs are not satisfied, it undermines the individual's feeling of autonomy and relatedness resulting in reduced well-being and functionality, marked by increased stress, anxiety, depression, anger, hostility, lowered energy levels, diminished self-control, and poorer cognitive performance (Donald et al., 2019). Positive social interactions can enhance the sense of self and can lead to higher self-esteem. Giving the individual opportunity to express their feelings, mood, etc. leads to enhancement of their motivation. In general, it is said that the higher their mindfulness, the greater the intrinsic motivation of an individual. Mindfulness is linked to a substantial understanding of the own internal world, meaning emotions, impulses, needs, wishes, etc. (Donald et al., 2019). This facilitates being self-reflective and helps to go for activities and actions that do fulfill the individual's basic psychological needs.

How specifically SDT is instrumentalized in surf therapy, is not quite sure. However, looking at the surf therapy program theory, Marshall et al. (2019) constructed; they state that *The Waves Project* program potentially uses SDT as their theoretical framework. They make the connection between the core category of Self-Selected Pacing and Progression and participants' experiences of autonomy within the intervention, which aligns with current research connecting SDT to physical activity outcomes. As autonomy is a fundamental psychological need, it is crucial for adherence, enjoyment, the continuation of an activity and promotes mental well-being. This description echoes key experiences identified by participants throughout the presented program theory. It does not provide an explanation how the other basic psychological needs are facilitated in surf therapy. Nevertheless, Marshall et al. (2019) propose SDT as the potential psychological framework of surf therapy.

Continuing with the **Acceptance and Commitment Therapy (ACT)**, curiously it has not been connected to surf therapy in any research yet. However, it has been used in outdoor therapy programs as an underlying theory (Gray et al., 2017) and it seems to be very promising in combination with outdoor therapies, such as e.g., surf therapy, which is why ACT is included as one of the surf therapy underlying theories. Even though ACT was developed for individual interventions, it can be, and has been instrumentalized in group-based interventions in social work. This has the advantage of

not only facilitating therapeutic benefits, but it helps to reduce social isolation (Washburn et al., 2022).

The values in social work and ACT align greatly, which is why it is a great theory to use in social work in many instances. According to Boone et al. (2015), ACT is considered a cognitive behavioral therapy (CBT), which is based on mindfulness. ACT differs from traditional CBTs, by not trying to change difficult thoughts and feelings. Instead, ACT aims to enhance psychological flexibility, which is the capacity to mindfully experience thoughts and feelings without unnecessary resistance (i.e., acceptance) and to take action, aligned with their values (i.e., commitment). It is based on the philosophy of functional contextualism. In *functional contextualism*, they seek to understand individuals within their environments and avoid simplistic explanations for complex issues, the same as in social work. It includes the context of political, societal and historical issues, which shape the way people think, act and behave. Additionally, it stresses the significance of that said context and recognizes, that analyzing behavior without considering its context is ineffective. ACT encourages their clients to be more aware of the present. To achieve that, it uses experiential methods, rather than the traditional verbal ones (Boone et al., 2015).

One of the goals in ACT is to enhance *psychological flexibility*. Psychological inflexibility is defined as the tendency to have a narrow and rigid behavioral response focused on avoiding discomfort, which can be detrimental outside of actual threatening situations (Boone et al., 2015). Within that, there are six interconnected processes in ACT that are believed to enhance psychological flexibility. Those are “acceptance, cognitive defusion, being present, self as context, clarification of values and engaging in committed action” (Washburn et al., 2022). Simplified, acceptance is learning to embrace thoughts, feelings, and sensations without resistance. Cognitive defusion is learning how to step back and separate from our thoughts, seeing them as just thoughts, rather than as reality. Being present is maintaining awareness of the current moment and one's surroundings without judgment. Self as context is understanding oneself as the observer of one's experiences, rather than being defined by them. Clarification of values is identifying what truly matters to one personally, which then guides all of one's action. The last one is engaging in committed action, which is taking action aligned with one's values, even in the face of challenging or uncomfortable situations (Boone et al., 2015).

SDT and ACT are two of the main theories that are used to create surf therapy programs. They are widely accepted in the social work practice and their effectiveness has been shown in many studies. However, there is not much known about how SDT and ACT are specifically integrated in the surf therapy methodology.

The influence the water environment (blue spaces) has on the positive impact in surf therapy are enormous. This is the reason, why it is important to treat **surf therapy as the blue space intervention** it is. Looking at the impact being in nature has on our overall mental health, a lot of

research has been conducted regarding that question in recent years. Mental health refers to a state of well-being where individuals can manage life's stresses, utilize their abilities, learn and work efficiently, and positively engage with their community (World Health Organization: WHO, 2022). Similarly, to surf therapy, there is not enough research on why being in nature is beneficial to our mental health. While the effects on mental health of green spaces, meaning forests, parks, etc., have been researched quite well, blue spaces, meaning the ocean, lakes, rivers, etc., have not. Especially, blue spaces or blue space interventions have not been talked about in social work, until now. Nevertheless, there is a general consensus that being in, and around blue spaces is beneficial to our mental health, and as already mentioned before, having exposure to it reduces symptoms of anxiety, depression, and PTSD (Hermanski et al., 2021). It is believed that this reduction probably is a result of the sensory experience we live while being in blue spaces, meaning the sound of waves, the view, etc. On a physiological level, it has been shown that being in nature reduces the production of cortisol and epinephrine, stress hormones, which results in less symptoms of stress, anxiety, and depression (Podavkova & Dolejš, 2022).

Continuing with **blue space interventions**, which are simplified any type of programs, interventions or activities, that are facilitated in, on, or around water, and that have the goal to use that blue environment, to promote wellbeing and health in certain groups (Britton et al., 2018). Surf therapy is a great example of a blue space intervention, which probably, at the moment, is one of the most popular blue space interventions. Blue space interventions are known to be effective, but it is not sure if it is mainly effective because of the physical activity itself and on that account the challenge, or because you spend time in a blue space, and therefore it has a benefitting effect on your brain, and then on your mental health (Britton et al., 2018). There needs to be more research done about this topic as well, but summarizing, doing an activity in, on, and around blue spaces benefits our mental and especially psychosocial wellbeing.

At this point, Britton et al. (2018) claim, that studies focusing on mental health and psychosocial well-being, typically found some positive changes introduced by blue space interventions. Key measured indicators included self-esteem, self-efficacy, social confidence, and resilience, along with other psychological aspects like stress and mood. Additionally, better social connections and an increase in pro-social actions were observed. The fact that most blue space interventions were not designed to conduct research and are of short duration, makes it quite difficult to study it more thoroughly and to understand if they have a long-lasting effect. Nevertheless, this combination of physical activity and blue spaces provides a strong basis to conduct something like surf therapy or any other blue space intervention, simply because the physical activity alone provides a higher release of dopamine and serotonin, and reduces stress hormones (Working out boosts brain health, 2020). This is then exhilarated and reinforced by the effects of blue spaces on people.

To understand how **surf therapy promotes psychosocial growth**, program theories and methodologies, combining social and psychological theories with the blue space environment, have to be analyzed. Marshall et al. (2019) did this with *The Wave Project program* in the UK. They came to the conclusion that surf therapy has some known inputs, that if instrumentalized the right way, improve the mental health outcomes significantly. The known inputs are the surfing activity, the ocean environment, participants, equipment, peer mentors, and the surf instructors (Marshall et al., 2019). They imply, that certain factors during the surf therapy session, influence others, which then results in the positive outcomes of the program. Those factors Marshall divides into antecedent categories, core categories, and consequent categories. To illustrate the theory Marshall and his colleagues (2019) came up with during their study, here is the model they provide in their analysis.

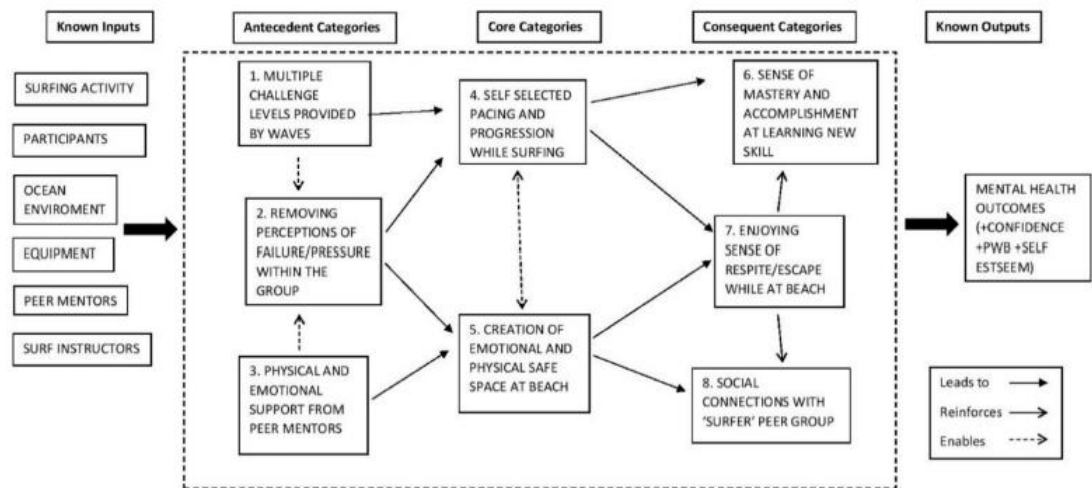


Figure 1. The mechanisms of action in the Wave program — Model (Marshall et al., 2019)

The way that The Wave program conceptualizes this mechanism of action, is by having peer mentors and surf instructors that provide a safe environment, in which the children not only learn how to surf, but also gain tools, that they can use outside the sessions as well. It is crucial to understand, that not only the act of surfing itself, but the surrounding factors, are the ones determining the outcome of the program. This is why surfing alone cannot be considered surf therapy. The model, seen here, is a visualization of how those factors influence each other.

A similar surf therapy program theory, we can find within the *Waves of Wellness (WOW)* surf therapy program analysis (Marshall et al., 2023). Marshall et al. (2023) recognize five categories that are supporting the WOW surf therapy program, which are: 1) Safe Spaces, 2) Social Support, 3) Sensory Grounding, 4) Mastery, 5) and Respite. In this analysis Marshall et al. (2023) explain how those different categories are ensured in the WOW program. This can be potentially used as an enhancement to *The Wave Project* program methodology (Marshall et al., 2019).

Safe Spaces are ensured by fostering a non-judgmental environment, allowing participants to engage at their own comfort levels, and using a participatory facilitation approach. This encourages openness, reduces stigma, and makes participants feel supported, ultimately enhancing their engagement and therefore creating a safe space. Then, *Social Support* is facilitated by encouraging participants to share their mental health experiences and coping strategies, which builds relatability and reduces feelings of isolation. The program promotes a culture of collective celebration, strengthening positive connections and fostering a supportive community. *Sensory grounding* is one of the most interesting categories. It explains how natural elements like sand and ocean sounds foster comfort and engagement during, e.g., discussions. Surf therapy participants appreciate the relaxed beach setting, where silence feels natural and sensory engagement aids focus. This shows again, the importance of the blue space environment, and how specifically it is included in the program. *Mastery* is created by surf therapy participants achieving success in surfing. This means that they often surpass their own expectations by standing up on a surfboard or riding it prone, fostering a significant feeling of achievement supported by surf therapy practitioners and peers. This sense of accomplishment extends beyond surfing sessions, influencing participants' beliefs in their capabilities and boosting their self-confidence in various aspects of life. The last very important category is *Respite*, which can be explained as the escape of negative thoughts and the sole focus on the present moment. The intense concentration required during surfing, also called flow state, leads to a sense of freedom and joy, providing a break from heavy discussions and offering immediate relief. Participant's value this feeling of respite, which they struggle to find elsewhere in their lives (Marshall et al., 2023).

Looking at the Wave Project program theory analysis (Marshall et al., 2019) one can recognize those same factors, differently structured. Combining those to analyses, one gets a broader picture and more detailed explanation on why surf therapy participants experience such improvements to their psychosocial state.

To take this a little further, we need to look at the research conducted at the *Surf-Salva Camp* of 2016 in Portugal, as well. This was a project, that focused on enhancing social inclusion, well-being, and mental health, while also fostering values related to beach safety and social citizenship among children and youth in foster care institutions using surf therapy (De Matos, 2017). It was highly based on the Waves of Change program from South Africa. They created a multidisciplinary team, consisting of psychologists, sociologists and surf instructors, who developed a program consisting of surfing and social emotional education. Their goal was to create an environment, that enhanced mental health and well-being, following the principles of respect, caring, education, and building relationships (De Matos, 2017). To measure the effectiveness of the program, in the beginning they conducted a Strengths and Difficulties Questionnaire. To finalize the assessment, they additionally asked the participants to fulfill an adjusted youth experiences survey. They covered the

“areas of self-knowledge, exploration, effort and perseverance, problem-solving, time management, group competencies, interpersonal relationships and emotional regulation” (De Matos, 2017). The results showed improvements in all of those areas during the period of the project. That led to the conclusion that surf therapy not only helps to improve the mental health of participants, but it also helps to develop psychosocial skills, which can potentially help the participants outside the program.

The *sense of respite* needs to be stressed, as it is something that comes up in all programs. The combination of respite, social support and the activity of surfing, seems to increase hope, in as e.g., at-risk youth, which is connected to higher resilience (Sarkisian et al., 2020). Building resilience, was one of the main focus goals in the *Sunset Surfers* program. The interesting part of this program was, that surfing was used to improve the damaged relationship between Aboriginals and the governmental institutions, and was hoping to act preventively, from a psychological but also physical health aspect (Morgan, 2010). However, even though the short-term outcomes were very positive, including many of the aspects mentioned before in the context of the other programs, it was not expected to have long lasting impact, simply because the program was not built as a long-term program.

One can see, that all of those programs had different goals, and even approaches. However, they had the same factors (Marshall et al., 2019) and categories (Marshall et al., 2023) that can be found in all surf therapy programs. Generally speaking, while surfing, you will always have the phenomenon of growing. The different types of waves, conditions, etc. always provide you with some challenges, that allow you to improve your surfing skills (Marshall et al., 2019; Marshall et al., 2023). When you combine this with the right instructors and support, you can teach the participants that missing a wave is not failure, but part of the learning process (Marshall et al., 2019). This creates a very safe environment where participants are allowed to explore their limits, strengths, abilities and much more (Marshall et al., 2019; Marshall et al., 2023). That allows participants to be independent and to select their own pace and progression during surfing (Marshall et al., 2019). This again leads to a sense of accomplishment and mastery, which can boost the confidence and the self-esteem of the participants (De Matos, 2017; Marshall et al., 2019; Marshall et al. 2023). Besides that, while you are surfing you usually get into a flow state which allows you to experience a sense of respite and escape your problems from outside the beach and water for a little while (Sarkisian et al., 2020). This again strengthens the perception of the beach as a safe place and helps you to be in the current moment. Doing this in a group can give you the feeling of belonging and helps you to connect with the other participants (De Matos, 2017).

Summarizing, surf therapy lacks detailed empirical evidence but can be understood through theories like SDT and ACT. Those emphasize fulfilling psychological needs and promoting psychological flexibility, aligning well with the therapeutic nature of surf therapy. Additionally, the

nature of blue space interventions, such as surf therapy, combining physical activity with the calming effects of water environments, boost mental and psychosocial health. Surf therapy programs focus on creating safe spaces, fostering social support, and providing opportunities for achievement and escape, leading to improved mental well-being. Additionally, they show positive outcomes, emphasizing the therapeutic potential of surfing combined with social and psychological interventions. It would be interesting to see, how surf therapy may be used in other cases, as well as what adjustments need to be made for it to fit the social work practice.

1.2 Surf Therapy and the Role of Social Workers

To understand if surf therapy can be a potential psychosocial intervention in social work, we have to understand the role of a social worker in the clinical practice. Social work is defined as an activity aimed at strengthening a person's adaptation skills, restoring their community connections, helping them integrate into society, and promoting fuller social functioning (Andrašiūnienė, 2007). The goal is to help people in need and empowering them to become as self-sufficient and autonomous as possible. One of the things a social worker is responsible for is the psychosocial rehabilitation of people with mental health issues and people at-risk.

According to the Lithuanian Minister's of Health protection order on the approval of the procedure for providing psychosocial rehabilitation services for mental disorders (Lietuvos respublikos sveikatos apsaugos įsakymas dėl psichosocialinės reabilitacijos paslaugų psichikos sutrikimų turintiems asmenims teikimo tvarkos aprašo patvirtinimo; 2012 m. rugpjūčio 21 d. Nr. V-788), psychosocial rehabilitation is defined as a process that provides individuals with mental and behavioral disorders with the opportunity to achieve an optimal level of independent functioning in the community. The goal is to assist individuals suffering from chronic and severe mental illnesses in developing emotional, social, and cognitive skills so that they can live, learn, and work in the community with as little reliance on specialists as possible. To do that, psychosocial interventions are being used. Those are defined as activities or strategies, that focus on improving various aspects of a person's life, such as their behavior, thoughts, emotions, relationships, and environment. The goal is to enhance their health and overall well-being (England et al., 2015).

What in Lithuania is called psychosocial rehabilitation, in other countries, is part of the so-called clinical social work. The difference to other countries, like the US or UK, is that in Lithuania we do not have a specialized professional education that would make you a clinical social worker. Nonetheless, the principles of clinical social work are included in our praxis (Gvaldaitė, 2018). It is important to note that a clinical social worker does not fulfill the role of a psychologist, nor a psychotherapist. In social work, the focus is mostly on the interaction of an individual with their social environment, the influencing factors, etc. (Gvaldaitė, & Švedaitė, 2005).

Based on the Lithuanian Minister's order, that was mentioned before, in psychosocial rehabilitation, the tasks of the social worker are crucial to the successful process. They are the following: The social worker 1) participates in the development and implementation of a psychosocial rehabilitation plan; 2) assesses an individual's social functioning, social network, and skills; 3) consults with the individual regarding possibilities, individual care, other daily or independent living skills, conducts other psychosocial counseling and/or training; 4) teaches individual and group skills for individual care, other daily or independent living activities; 5) consults with family members and relatives regarding the individual's care, other daily and independent living activities, and possibilities; 6) monitors the development and changes in an individual's personal care and independence; 7) facilitates the restoration of an individual's relationships with the environment; 8) informs and advises individuals and their relatives about the need for social assistance and measures; 9) acts as an intermediary in handling necessary personal documents; 10) performs other duties specified in laws and regulations.

Simplified, the social worker is responsible for the assessment of the needs of the client, implementing the steps for successful psychosocial rehabilitation, and accompanying the client in the process. Depending on the needs of the client and the psychosocial rehabilitation plan, the social worker can either refer the client to other professionals or work with the clients themselves, as e.g., in the form of facilitating a psychosocial intervention.

When talking about surf therapy, it is obvious that it does not fulfill the function and all the tasks a social worker has regarding psychosocial rehabilitation. However, looking at all the positive impact surf therapy has on the psychosocial wellbeing of the participants, surf therapy may be used as a psychosocial intervention in the process of psychosocial rehabilitation. It still needs to be evaluated, if it may be used by social workers to facilitate positive change, which social work clients suit surf therapy potentially and how the practice of surf therapy needs to be adjusted, in order to become a proper psychosocial intervention in social work.

1.3 The Client Groups in Surf Therapy

Looking at the surf therapy programs provided by the organizations listed with ISTO (International Surf Therapy Organization, 2024) certain main client groups crystalize, which are veterans, at-risk youth and people with disabilities. However, similarly to social work, the spectrum of potential clients in surf therapy is quite broad. To get a better understanding of the differences and similarities between said different surf therapy client groups, those will be dissected and explained in separate parts.

Surf therapy has successfully been used as an intervention to help **veterans** with Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD). As the impact of PTSD

and MDD on the individual and their caregiver is quite big, it is important to understand what kind of issues those veterans are dealing with. According to Patel (2014) and Walter et al. (2019) the symptoms of veterans with PTSD include nightmares, flashbacks, increased alertness, avoiding crowded areas or scenarios that might trigger traumatic memories, depression, anxiety, irritability, anger and much more. They are also at a significantly higher risk of committing suicide (Patel, 2014). According to Patel (2014), those symptoms are so severe, that they intervene with all aspects of that individual's life, meaning posing huge difficulties to e.g., managing daily tasks.

As those veterans are highly dependent on help, caregivers become a great asset to their life. However, PTSD and MDD is very straining to the individual and their caregiver as well, which makes both of their wellbeing of interest to social workers (Patel, 2014). As a result, social workers have to assess the situation, understand and provide all the professional help needed to the veteran and their caregiver (Patel, 2014). Continuing with surf therapy for veterans, according to Walter et al. (2019) the main goal is trying to help them deal with their symptoms, as e.g., depression, anxiety, and nightmares. Surf therapy is supposed to help them retain a certain feeling of release, which is potentially beneficial to their healing process. It is supposed to provide the veteran with a community, as well as a form of therapy, which is less stigmatizing than traditional therapy. Looking at the outcomes of surf therapy for veterans, there has been a significant decrease in anxiety, depression, PTSD and MDD symptoms (Walter et al., 2019). However, as PTSD and MDD are quite complicated, surf therapy is believed to be best as a complementary therapy form for this group of clients (Walter et al., 2019).

Dissimilarly to the veterans, surf therapy programs for **people with disabilities** have a different focus. To explore that difference, we have to look at the challenges people with disabilities face in their life. According to Lopes et al. (2018), one of the main things is discrimination. That keeps people with disabilities from fully participating in society and a social life. There have been many efforts to adapt certain activities, as e.g., sports. However, that kind of inclusive activities still need to be enhanced and supported. That issue of discrimination, social workers try to resolve by advocating and creating inclusive projects (Muster, 2023). Nonetheless physical, intellectual and developmental disabilities provide a very broad spectrum of different needs, interest and wishes, which should be recognized, especially by social workers (Muster, 2023). Another aspect, that is identified by Clapham et al. (2020) is the little physical exercise, which people with disabilities, especially children, get. As a result, obesity and similar may become an issue to the individual (Clapham et al., 2020). When talking about surf therapy for people with disabilities, an important term is adaptive surfing. According to Lopes et al. (2018) the benefits introduced by adaptive surfing were significant. Improvements were found in the areas of autonomy, self-esteem, relationships,

psychosocial and physical abilities, resulting in a better ground for social inclusion. (Lopes et al., 2018).

Carrying on, social work with **at-risk youth** is very broad as well, due to the big variety of challenges those children and adolescents bring with themselves. According to Martínez et al. (2018), the common goal of work with at-risk youth, is empowering them, helping them grow resilient, and helping them to gain higher self-esteem. Healthy development is a priority, and in the social work sphere, there are a lot of efforts to reinforce that through, e.g., youth participation in social projects, and similar. From a surf therapy perspective, according to De Matos (2017), Surf Salva Camp was a great example of successfully promoting psychosocial growth in the youth with the help of surf therapy. The same goes for other surf therapy programs, as e.g., the one of the Waves of Wellness Foundation (WOW) (McKenzie et al., 2021), and the Ocean Mind program from Australia (Drake et al., 2021). Those programs were aimed at at-risk youth, and focused on improving mental health, psychosocial wellbeing, and the social integration of their surf therapy participants. All of these studies (McKenzie et al., 2021; Drake et al., 2021; De Matos, 2017) showed psychosocial growth in the participants, as well as the relief of symptoms of depression and anxiety. Interestingly, in those said programs, surf therapy was used as a preventive method as well as a therapeutical one.

Summarizing, veterans benefit from surf therapy through reduced symptoms of depression, anxiety, and nightmares, and find a supportive community in a non-stigmatizing environment. For people with disabilities, surf therapy or adaptive surfing helps combat discrimination, improve physical and psychosocial abilities, and enhance social inclusion. At-risk youth benefit from surf therapy programs, by improving their mental health, resilience, self-esteem, and social integration, serving both preventive and therapeutic purposes. These are great examples, how surf therapy can be used for what kind of outcomes. It is a tool, that introduces improvements in the physical, social and emotional aspects of those individuals. The question remains, what other client groups could be benefitting from surf therapy and which outcomes can be expected for them, and why are those four main groups the sole ones represented in the surf therapy industry at this point of time.

2. RESEARCH “EXPLORING SURF THERAPY AS A PSYCHOSOCIAL INTERVENTION IN SOCIAL WORK” METHODOLOGY

2.1. The Methodology of the Study

The **goal of the study** is to explore the experiences of surf therapy practitioners regarding the concept, the process, and the outcomes of surf therapy. The researcher hopes to develop an understanding of, why surf therapy should be chosen as a psychosocial intervention in social work, in which cases it should be used and how the current surf therapy practice needs to be adjusted to be more functional as a psychosocial intervention in social work. Given the goal of the study, the researcher chose to do **qualitative research**, based on **phenomenology** (Zahavi, 2018).

Phenomenology usually is used in the context of exploring new phenomena. It emphasizes understanding people's subjective experiences and interpretations of the world. Researchers aim to describe the phenomenon through the eyes of the individuals being studied, and to explore how they assign meaning to the experience of it (Zahavi, 2018). This approach was mainly implemented in the interviews, as they were constructed around the study participants experience and their understanding of surf therapy. This enabled the researcher to find new perspectives on surf therapy, and potentially gain greater understanding of a quite new phenomenon.

In this study, the researcher collected all the data by looking into already available academic resources regarding surf therapy, blue space interventions, potential clients, social work and psychosocial rehabilitation. Then, the researcher conducted **semi-structured interviews**, which were structured around the surf therapy concept, the surf therapy process, and the surf therapy outcomes. Each section had around 14 subcategories/topics, which were used to conduct the interviews in structured manner, with the option of adjusting and going into depth. Some study participants provided documents and program theories, which were later on analyzed as well.

In this study, the **sampling strategy** was a combination of criteria and convenience sampling (Bitinas, Rupšienė & Žydzūnaitė, 2008, p. 102). The benefit of criteria sampling in this case, was reaching the specific people, that could provide the researcher with the specific insights about surf therapy. Also, the researcher was specifically interested in the surf therapy practitioner's perspective, as it could provide a greater understanding of surf therapy as a method, rather than an experience. The benefit of convenience sampling, was the option to reach surf therapy practitioners, that were already available and ready to participate in the study, being more efficient and less time consuming. The combination of both sampling strategies enabled the researcher to gather relevant and detailed

data efficiently while keeping the recruitment process practical and flexible. The criteria used, were following:

- The study participant was recently or is currently working in an organization that provides surf therapy.
- Participants must be of age.

To find fitting organizations, the researcher used the openly available homepage of The International Surf Therapy Organization (ISTO) (International Surf Therapy Organization, 2024). There are a lot of organizations listed, that are members of ISTO and that currently provide surf therapy. A research request was sent to 29 of the organization, which eight responded to. In the end five organizations were able to participate in the study. California Surf provided two study participants. They also connected the researcher to another organization, which resulted in seven study participants, from six different organizations, two females and five males. Five of the study participants were surf therapists, one study participant was a surf facilitator, and one was an operational manager in the organization. The study participants were from Ireland, the United States, Chile, and New Zealand. The seven study participants were (all names and organizations are changed):

1. Tristan from Flow Surf (surf therapist) - Ireland
2. Cooper from Fairy Surf (surf therapist) - USA
3. Jennifer from California Surf (surf therapist) - USA
4. Martin from City Surf (surf therapist) - Chile
5. Doug from California Surf (surf facilitator) - USA
6. Margaret from Māori Surf (operational manager) – New Zealand
7. Wade from US Surf (surf therapist) - USA

Regarding the data collection process and methods, as already mentioned before, the researcher started with collecting all available academical information regarding surf therapy, blue space interventions, potential clients, social work and psychosocial rehabilitation. The goal was to construct a solid theoretical ground, which helped develop a basic understanding of surf therapy. This approach was based on an analysis of “The Wave” program theory (Marshall et al., 2019), which suggests separating surf therapy into separate parts. Then the researcher conducted semi-structured interviews (Krysiak, Finn, 2010; p. 103-105), that focused on the surf therapy concept, the process, and the outcomes. The researcher prepared a list of topics, that provided a structure and additionally gave the researcher the ability to adjust the questions to the study participant if needed. The interviews were conducted with the help of online video conferencing tools, such as Microsoft Teams and Zoom. The interviews were split into either two or three calls, usually ending up with between two and three hours of conference recordings, which resulted in more than 150 pages of raw transcribed material.

Talking about the **methods that were used to analyze the data**, the interviews were transcribed with the help of different programs and then conceptualized. After having cleaned up the transcriptions, there were around 135 pages left, which were used in the conceptualization. The conceptualization of the transcription of one interview, including the steps of reduction, coding, reflection of the ethic and emic perspective (Krysik, Finn, 2010), were usually done soon after the interview, using the help of tables. This enabled the researcher to adjust their topics and their questions in the following interviews accordingly. Then a data display was prepared to help with the following steps.

- 1) Developing the story based on the information given by the study participants, searching for theories and hypothesis;

- 2) Maximizing the information, comparing the information gained through the interviews and previous steps;

- 3) Publication of the study results (Krysik, Finn, 2010).

In the case of this research, those steps looked like the following. The researcher started to develop the story based on the data collected from the interviews. Theories, questions, and hypothesis were found, which then was the start of utilizing the sources, that were collected before, and seeing if there are unanswered questions that the researcher needs more understanding of. Then, based on the holes in theory, more academic articles were searched, to fill the shortage of information. Then the information was maximized, which was basically comparing the information that was gained through the theoretical research and interviews, and coming to a conclusion. This was done, after all the findings from the interviews were put in writing, and the theory base and the data from the interviews were combined. Then the last step was controlling if the study was conducted properly and if the conclusions, that were made by the researcher, are consistent with the data, which in this study was the academical process of defending the bachelor thesis. This resulted in the findings possibly being published.

For the study to be **ethical**, these **principles** were followed (Bitinas, Rupšienė, and Žydžiūnaitė, 2008): 1) The study participants must take part in the study voluntarily and give informed consent; 2) The researcher must inform the study participant about the goal of the research, potential risks, and how the researcher will implement the ethical principles in his research. In this study, implementing the first and second ethical principle, the participants were informed beforehand about the goal of the research, the potential risk and about how confidentiality will be enforced. They were provided the list of interview topics ahead of time as well, which gave them the opportunity to prepare. At the beginning of the first interview, the study participants were reminded again about their rights and all the factors mentioned before, and they were informed that their names will be changed in the final text. All study participants agreed to those conditions. The goal of the study is to

explore surf therapy as a psychosocial intervention in social work from the perspective of the practitioners. The study does not touch any sensitive information and is confidential. Therefore, there are no big risks connected to it. The process, how the ethical principles are ensured, were explained to the study participants either beforehand or at the beginning of the first interview. The participants were invited to take part in the process as much as possible, so, that they know what happens to the confidential data they provide, and therefore feel safer sharing.

Other ethical principles that were followed implemented are following: 3) The researcher must ensure the participants' safety in all stages of the study; 4) The researcher must ensure the confidentiality of the collected information; 5) The researcher must ensure the anonymity of the study participant. Those three principles, were implemented in the following ways. The personal information of the study participants or the organizations were and is not shared. To be able to retain the anonymity of the study participants, the names of the study participants, as well as the organizations, were changed. No information, that had the potential of being of risk to the study participant, was used or published. As mentioned before, to create a safer environment for the interview, the list of interview topics was provided beforehand, and permission was asked to record the interviews. It was explained how those recordings were going to be used, meaning transcribing, analyzing and using those results in the thesis. Summarizing, the idea was to be completely transparent with the study participants about the process of the study and use of the data collected from them, avoiding any feeling of secrecy and uncertainty.

2.2. The Subjectivity of the Researcher

There are a few reasons why I decided on my topic to be exploring surf therapy as a potential psychosocial intervention in social work. I have worked as a windsurf instructor for a few years. In my practice, I would notice that some people would come to their classes, and after being on the water, it seemed like the person changed completely. While they were incredibly closed off and to themselves in the beginning, at the end of the class they would be open, chatting happily, and much more. When this was the case for the majority of my clients, I started to understand the impact those few hours on the water had on the immediate mental state of my client.

Then I went to do an ERASMUS exchange to France, and I started to understand that the traditional systemic social work is simply not for me. I thought that there are some aspects missing, especially if you see humans as holistic beings, and you understand that not only the mental state impacts the overall wellbeing of the person, but the physical and spiritual as well. There, one of my teachers at the university, told me about a surf therapy project in South Africa. To me, this was the perfect combination between my work as a windsurf instructor and my social work studies, which I

both loved incredibly. Following that, I read up a lot about surf therapy and started understanding that this was a fairly new sphere which had a huge lack of research.

The following summer, I unexpectedly had a lot of clients with aquaphobia, that could not swim. They came to me with the request to teach them windsurfing and help them overcome their fear. So, we started working with them differently, emphasizing little achievements like, for example, simple standing on the board, or letting themselves drop into the water while sitting on the board, etc. With my supervision and their motivation, we were successful in getting them to windsurf a few meters in light conditions. That is when I understood, that water sports are so much more than a sport. The combination of water, being in a safe surrounding and the community allows people to push their limits, see success and failure in a different light, and understand that every single day on the water looks different, the same as life usually does.

Then reflecting on my own experience with water sports, I realized that when I started doing water sports, I experienced the same things I just mentioned myself. I started at a time when my personal life was quite turbulent, and I was looking for a community, where I would share the same values and understanding of life. I was lucky enough to have a friend who was a kitesurf instructor, and he offered to teach me kitesurfing. I agreed, but soon realized, that I am very afraid of kitesurfing. The pulling sensation, and the speed made me nervous, and I had the feeling that I could not control the whole process. There I understood that I had to work with myself mentally, if I wanted to be able to kitesurf. It took me a little while, but I managed to overcome my fear to a certain extent, and do some meters on the water. When I moved to Lithuania, I met another friend who offered to teach me windsurf. There I felt very comfortable and very happy. It gave me the opportunity to feel some respite from my turbulent private life, and every single moment on the water taught me that learning is a process, and the main instrument that you need to learn is patience. This was when I felt myself growing quickly, and now I am very proud to say that I am not the same anxious and impatient person I was before. Being on the water helped me to train my brain to calm itself. I learned that not everything is black or white, and that there is always sunshine after a storm. For me, watersports did wonders, so knowing about surf therapy made me really curious if surfing could have the same effect on other people as I witnessed in myself and my clients, and if you could use that systematically in social work.

Additionally, I had one more moment, that made me wonder if there are alternative ways to help people, other than the sole verbal one. At the same time, when I started my watersports journey, one person from my close social environment decided to go to therapy. After a while, it became clear that this person experienced horrific physical and mental abuse. He and his siblings were neglected, and the trauma became very apparent. He continued going to therapy for years, but even though he became more mindful of the things that happened to him, he struggled to change his behavioral

patterns. That was when I raised the question, if traditional verbal therapy is enough for him. Luckily, he himself is very active and sport if, so he managed to learn and calm his body and mind himself, but what about other traumatized people, where the trauma interferes with the person that much, that the mental, physical and social functionality of a person decreases.

All those experiences combined, made me become more and more curious about the idea of helping your mind, while using your body. Surf therapy became one of the ideas that intrigued me. However, being new as it is, I see lack of research impacting its credibility and therefore complicating its usage in social work or traditional therapy. To me, this study is an opportunity to gain a broader understanding of this intervention method, and to evaluate if it has any value to the social work practice. This is why I have a great interest in gaining a proper picture of the current state of surf therapy.

3. RESEARCH “EXPLORING SURF THERAPY AS A PSYCHOSOCIAL INTERVENTION IN SOCIAL WORK”

RESULTS

3.1. Surf Therapy’s Functionality as a Psychosocial Intervention

The first objective of the study was to examine surf therapy’s functionality as a psychosocial intervention. In order to get an answer, there needs to be a greater understanding of the organizations, the industry, and the professionals. That is why the study participants were interviewed about the concept of surf therapy, to provide a better comprehension of the strengths and difficulties connected to surf therapy as an intervention.

Starting with the **description of surf therapy**, it is quite interesting to notice that even though each organization has their own specializations and client groups, the definition is quite congruent within all the study participants. They all define it as a tool or a method, that uses blue spaces, to help people improve or even “heal”. Some do get more into depth, by specifying an improvement in the social, emotional and physical areas of people’s lives. A great example is following citation:

[Surf therapy is] anything that's facilitated in a blue space environment, that provides a therapeutic output or provides release of any kind, from the challenges that an individual is facing in that moment. (Tristan, Flow Surf)

This definition, can be interchangeably used as the one of blue space interventions (Britton et al., 2018). This simply reminds us of the importance of recognizing surf therapy as the blue space intervention it is. Then, the similarity between the definitions of all study participants, indicates a similar understanding of the intervention. This may be due to all organizations being part of ISTO and therefore using their provided definition as an orientation point (International Surf Therapy Organization, 2024). This may be considered as the beginning of a standardized practice and the effort to try to create common guidelines and regulate the surf therapy industry.

When talking about the **concept of each organization**, there are little similarities to be found. All organizations are built on past experiences of the founders, which is why the approaches differ quite a lot. Whereas Jennifer from California Surf has her background in Music Therapy, which is the reason for her using integrative approaches, US Surf has a clinical counseling background, and uses surf therapy as a tool to speed up the counseling process. Those organizations, that do not have a background in social sciences, as e.g., City Surf, and California Surf, use the organizational concepts

of other already well-established organizations. It is interesting to observe, that most of the study participants experienced the therapeutic aspects of surfing themselves, which adds to the organizational concepts and surf therapy practice being quite intertwined with personal experiences. Nevertheless, all share the same goal, of using surf therapy's greatest potential to improve their clients' lives and to help them find a new outlook, while adjusting their practice to their beliefs, their goals and their personal experience.

It's looking at the multiple layers of the benefit, and the question of, how do we unlock the potential of that blue space specifically for that group. (Tristan, Flow Surf)

The citation is a great phrasing of the common goal in surf therapy. Talking about basing one's practice off one's personal and professional experience, there are some benefits that lead to potentially more variety in the programs, which however can turn risky in the case of unaware and non-self-critical practitioners. Nevertheless, this practice is widely spread, in social work as well, and simply calls for self-awareness in the surf therapy practitioners and organizations (Kwan & Reupert, 2018).

Continuing with the **offered programs in the organization**, there is a huge difference in the practice of defining criteria for clients, their own client groups and formulating goals. For example, Flow Surf, a well-established organization operating well over 10 years, has nine different programs, specializing in families, people with disabilities, individual sessions, and mental health. Their specific goals are formulated for each session and program separately. California Surf, which only started their program last season, has one program, which is not defined to have a specialized group. The goal of this organization is held quite broad, which is to build an intentional community and a support system. One can summarize, that a great part of the goals is providing coping tools, improving the quality of life of surf therapy participants, providing companionship and guidance, becoming independent, and empowering their clients. However, often times those goals are not well communicated, which leaves them quite unclear for outsiders. The definitions of client groups are held quite vaguely by many organizations as well. The reason presented is the goal to include as many people as possible. The only organization, that defines their client group quite strictly, is Māori Surf. Clients being at-risk young men that are involved in gangs, drugs, crime and so forth. Nevertheless, looking at the past clients of the organizations, certain main groups crystallize. Those are service members, children with disabilities, at-risk youth, women, clinicians, and people experiencing mental health problems. Due to vaguely defining their client groups, another step becomes quite important, which are the criteria for the clients. Those may include being of lesser opportunities, being able to swim, being able to move independently in the water, and being able to contribute to a group

discussion. The requirements depend on the program and the organization, therefore, can differ quite a lot. The one organization jumping out with its practice, is Fairy Surf. They do not have any requirements. If they have more severe cases, they are able to provide resources accordingly. The common understanding between all organizations is, surf therapy being potentially beneficial for everyone.

I really see surf therapy being beneficial for most populations or treatment types. I don't know, if it would be good for severe and persistent mental illness, I think that would pose a lot of risk. I think, it would take a really seasoned clinician who also happened to be into surfing to know how to make that work. (Wade, US Surf)

Even though surf therapy may be potentially used for most populations, not defining one's client group can turn problematic, when practitioners are not aware of their own limitations regarding knowledge and expertise (Ferreira & Ferreira, n.d.). Nevertheless, most surf therapy organizations get a similar client demographic in their programs, which leaves the question if defining one's client group is essential, or if natural selection is enough. Also, defining at least minimal criteria, is already a help in ensuring the surf therapy participant's effective participation, without disturbing anyone else, and assuring safety. Regarding surf therapy mostly working with the client groups mentioned before, the main issue is that most surf therapy practitioners are not trained in the social work or counseling sphere and therefore, do not have the abilities to adjust to the more complex needs of other groups. Talking about goals, there are three areas, surf therapy tries to influence, which are social, emotional, and physical. The difficulty of surf therapy is, that organizations do not communicate their goals more effectively. This results in an overwhelming flow of information and a lack of a surf therapy process roadmap. For surf therapy to be used in social work, this issue needs to be resolved and goals should be defined. Otherwise, using surf therapy as a psychosocial intervention in social work may be complicated, as it would not be clear how and when to use it (Gvaldaitė, & Švedaitė, 2005).

There are different **challenges and issues each surf therapy participant experience in the beginning** of the program. Those can be internal and external as well. Some external factors that pose difficulties to the organizations are highly limiting to the surf therapy practice and are concomitant to it. That usually includes financial struggles, infrastructure, accessibility to the surf spot, weather conditions, and much more. Interestingly enough, the name "surf therapy" has been also recognized as an issue by some study participants, due to the immediate expectation such wording creates. It gives the impression that surfing itself is therapy, which is simply not accurate. Also, the word therapy is misleading, as surf therapy is a method to help people improve, rather than being therapy itself. Either way, most organizations try to eliminate those challenges, which unfortunately is not always

possible. Nevertheless, all organizations are really committed to make their program as accessible as tenable. When talking about the **psychosocial issues and challenges** of the surf therapy participants, there are certain words that repeat in all interviews. Depression, anxiety, trauma, little social skills, little capability of emotional regulation, etc. Depending on the organization and client group there are other issues as well, which generalized would be all things, that interfere with the ability to live a healthy and fulfilled life.

They all had experienced trauma. They all had some sort of emotional regulation problems, whether that would be coping with the depressive symptoms, coping with anxiety symptoms or coping with self-image issues. They were already aware, that they wanted some sort of change. (Wade, US Surf)

Looking at the common psychosocial difficulties in the surf therapy participants, gives us a great understanding in which cases and for which issues it may be instrumentalized in social work. Those mentioned psychosocial issues coincide with the ones found in other studies (De Matos, 2017; Drake et al., 2021; McKenzie et al., 2021). Identifying those helps to adjust the practice of surf therapy on a deeper level. Having external factors limiting the surf therapy practice, is simply the nature of being a surf therapy charity, but being conscious of which are constructed socially (e.g., accessibility) and which ones contextually (e.g., weather conditions) can help to understand how to minimize their impact. In the case of socially constructed challenges, having a social worker on the team, may help to have a greater understanding of the issue.

Talking about surf therapy **program theories and methodology**, there are many similarities in between the organizations. All organizations have their own program theory, adapted to their goals and client groups. However, most study participants were not able to say, which psychological or social theories their program theory based on. Only later on, when some of them provided a program manual, SDT and ACT were identified as the main ones. However, the majority of the study participants could not certainly explain how those two theories were exactly implemented in their program theory. In terms of SDT, the main guess was surf therapy fulfilling the basic psychological needs. A term that came up a few times is the Ripple-Effect. The idea is, that even a small change (i.e., a ripple) can already create a big change in other areas of the clients' lives, and the thing creating the ripple is surf therapy. Each of those organizations adjust the principle of the Ripple-Effect to their own needs. They specify and visualize said areas differently, e.g., Flow Surf uses a star diagram and Fairy Surf uses the Octopus approach. The one organization that stands out and connects their methodology closely to their culture is Māori Surf. They base their program off the four house walls in Māori culture, which are good family connections, spiritual connection, mental and physical wellbeing. Regarding the explanation just provided, US Surf and California Surf have to be looked

at separately. The reason being is, that both Wade and Jennifer have a clinical background, which they simply use as their tool kit. They do not follow any surf therapy program theory, they rather use their clinical knowledge. This results in Jennifer using an integrative approach and Wade using, e.g., CBTs, which includes ACT. Interestingly enough, most programs seem to be developed for groups and are of a follow-up nature (e.g., in Māori Surf). This gives the organizations the opportunity to provide long-term help, with always building up the skill set of their clients.

In terms of clinical frameworks, we use a few different things. Probably the main one that we would reference is a Māori sort of framework. It's based around the framework of a house. It talks about the four walls of a house and it being linked to your well-being. [...] it's all about having all of the walls of the house be solid. (Margaret, Māori Surf)

It is interesting to observe how the different organizations adjust each principle to their culture, client group and environment. Combining the approaches of those organizations, with Marshall's et al. (2019) analysis of The Wave's program methodology, we get a bigger picture of how surf therapy works and how those program theories are being constructed. This, combined with the stepwise approach (Feldman, 2017), creates a few weeks long program, that provides a lot of tools for the surf therapy participants to improve and to use outside of surf therapy as well. The follow-up nature of some programs, could be beneficial in the case of using surf therapy in social work as a psychosocial intervention (Gitterman & Knight, 2016). However, when evaluating surf therapy as an evidence-based practice, it is debatable if only knowing how to use their program theory practically, is enough for surf therapy practitioners. Even though, they are not mental health professionals, they are still working with vulnerable groups and topics. This is why surf therapy practitioners should have at least a basic understanding of the psychological and social theories used and the specifics their client demographic entails, as e.g., mental health disorders, symptoms, and treatment (Gvaldaitė, & Švedaitė, 2005). It would provide them with more tools and a greater perspective on the application of surf therapy and their program theory (Kelly, 2016). As the study participants could not answer to how exactly SDT and ACT are integrated in the surf therapy practice, this leaves the question unanswered. However, now we have certainty that SDT and ACT are integrated in surf therapy (Kirzner & Miserandino, 2023; Washburn et al., 2022), which provides a common theoretical ground with social work.

When talking about the **future tendencies of the surf therapy** sector, all organizations talked about growth, expansion to more places in the world, more programs and specialization in different client groups, more research regarding the efficacy of surf therapy, blue spaces and blue space interventions. Another big topic was accreditation of surf therapy as a mainstream therapy form, which some organizations had a positive and some a negative outlook for. The reason for a positive

prediction of a global accreditation of surf therapy, would be a better researched and a more widely spread practice. This could make the accreditation become a prominent question of health care facilities. The reasoning against it, are the challenges associated with creating a global standard. As the needs of the client groups are so inherently different, and each region differs in customs, values and much more, it presents to be quite difficult to create a standard, that would be fitting universally. Either way, the organizations predicted surf therapy being more accepted as a therapy form and it becoming more widely used in different constellations.

On a global scale, I think, surf therapy will have more scientific evidence, more research done. Especially on the benefits of the sea and surf therapy. So, I think it certainly will be expanding to a lot more other places. It's just going to grow in the next 10 years, and maybe we will have surf therapy in public schools, or a doctor will be able to prescribe surf therapy. (Martin, City Surf)

The predictions that were made by the study participants, are basically what has been happening in the industry in the last few years. It is difficult to prognose the future of surf therapy, but it is true that there are already many efforts to collect more research on surf therapy, by the organizations themselves, as well as ISTO (International Surf Therapy Organization, 2024). There are no official numbers that indicate how much surf therapy has grown in the last few years, but the study participants report this to be an exponential growth.

The **challenges in the surf therapy** industry are quite universal. Starting with funding issues, and therefore having difficulties hiring qualified and fitting staff. That presents a problem, because then organizations become quite dependent on volunteers, which results in an unstable and always changing team. Continuing with the difficulties, nature itself is quite challenging. The ever-changing weather, tides, conditions, etc. Depending on the location and the length of the season, those natural factors can be very limiting. Then remembering the issues with accreditation, the surf therapy industry is very unregulated and unstructured. This results in many organizations that only provide mock surf therapy programs, which takes away of the credibility of the whole industry. The last challenge is the access to beaches. Contingent on the region, the beach can be a very rich and therefore restricting place, which proofs to be a great challenge in dealing with underprivileged communities.

Access to beaches is a huge issue. In the US, beaches are very white people spaces traditionally. There's a lot of affluency around beaches, a lot of money. And so, a lot of people in the communities have never even seen the beach, because they don't have the means to get there or to even pay for the parking. (Wade, US Surf)

It is interesting to see, that the limitations, that were found by the study participants earlier, are congruent with the challenges the whole industry experiences. The most alerting challenges are the complicated access to the beaches, due to social structures and social inequality (Hurst, 2016), and the surf therapy organizations that provide mock programs. That issue of accessibility, and social inequality, is one factor that surf therapy only talks about in the context of people with disability (Muster, 2023). This screams for help in terms of advocacy and similar.

Summarizing, surf therapy is functional as a psychosocial intervention and a method, but it has some challenges that need to be resolved. Surf therapy professionals and the industry have to be clearer about their practices, which entail being better informed and more aware of the theoretical side of surf therapy. Even though the industry is quite unstructured, the organizations treated here, show huge similarities and a common ground they operate on. This can be explained by all of them being part of ISTO, which provides them the same guidelines and can be treated as the beginning of a standardized practice. Including social workers in surf therapy, would provide the industry a broader understanding of their clients and would provide the structure the industry needs so desperately.

3.2. Implementation of Surf Therapy Elements in Social Work

Exploring the options for using surf therapy in the social work practice, it is important to understand how the surf therapy processes and practice look like at the moment, and compare them with the social work ones. This is why the study participants were asked about the surf therapy processes, which was supposed to give insides to how the intervention aligns with the social work practice and if it may be used in social work.

Continuing with the process of how **surf therapy participants discover and enter the program**, the ways are more or less the same with all the organizations. Word of mouth, referrals by health care professionals or other organizations, social media and their websites, those are all the usual communication channels. Most organizations have the option to do self-referral or to refer someone else, which Māori Surf observed, that most of their clients are referred through someone else. Depending on the organization, the entering process is usually like this: 1.) the clients reach out and fill out an info questionnaire, 2.) the organizations reach out (usually a chat or phone call), 3.) evaluating the client's needs and 4.) placing them into a fitting program or group. In terms of reaching out to their clients, Māori Surf practices something called assertive outreach. This is basically a process where they visit their potential clients at their home. This approach is very specific to their client group, due to them being a little unreliable in the beginning.

So, most of the guys that we work with, get referred by other agencies, by family members, by the police, or by their mates, who have done the program. We have two different referral options on our

website. One is a self-referral and then the other one is referring someone else. Majority of our referrals come via someone else. (Margaret, Māori Surf)

The fact that most clients are referred by someone else or by word of mouth, shows quite well how the social network of a person participates in connecting them to the organizations. This is a great example, in which the environment identifies the need of the client and tries to help them. From a social work standpoint, said social network may be used in any following interventions (Gvaldaitė, & Švedaitė, 2005). Although, this goes beyond the scope of most surf therapy practices. The first few steps of entering the program, are similar to the first few steps of an intervention conducted by social workers. This includes the engaging, assessment and planning stages of an intervention, that provide the ground for any following steps (Bagdonas, 2007). In the description, we can see similar steps, as the first contact, trying to understand the needs of the client and then putting them into the according program. This may lead us to derive that the first steps of the surf therapy process are congruent with the ones connected to social work interventions.

When reflecting on the reasons and **motivation of clients entering the program**, the main one mentioned by all organizations was desperation from sides of the clients and their environments and a wish for change. Surf therapy is usually chosen, when nothing else has worked, or traditional interventions were hardly acceptable to the individual. As most referrals are by someone other than the client, it is important to notice that in some cases, the client themselves are not going to seem very motivated to do the program. But as the programs are not mandatory and there is a free choice to participate, that little motivation tends to grow quickly.

If they're a teenager, the motivation is, probably, because their parents told them to come. At least for the first session or two. But after that, I think surfing has helped with the motivation because it's not just like, I'm here to work on myself. There's something fun to do. So, there's some sort of like very readily available intrinsic value that they're getting back from it. (Wade, US Surf)

Unmotivated clients are something we deal with in social work all the time, which is why we are always trying to evaluate how to change that. Looking at this citation, it may be a great example of surf therapy triggering intrinsic motivation of their clients. This may be connected to the usage of SDT in surf therapy (Marshall et al., 2019), meaning the fulfillment of all basic psychological needs (Ryan & Deci, 2022). When there will be more concrete evidence how SDT and ACT is utilized in surf therapy, it may be strategically used in social work, especially in the context of unmotivated clients.

In order to be successfully doing surf therapy, **the relationship between surf therapy practitioners and participants** is of utmost importance. Describing that said relationship, study

participants used words like friendship, personal, vulnerable, intimate, a give-and-take, family, close, bonded, etc. All those words indicate that with the help of surf therapy, by default, the relationship between practitioners and participants becomes quite close. Even though the relationships were described as quite intimate, the organizations have some interest in keeping up the professional boundaries. Also, another issue that Flow Surf identified, was how there is some risk to creating programs that make the facilitator of surf therapy a hero. Tristan explained, that when you are facilitating change and helping, you do feel like a hero. Nevertheless, surf therapy is about the clients and empowering them. The clients should be able to be effective without the practitioners, so they are in no need of heroes. As a result, it is important to recognize that the relationships are close, but there is also a risk of misusing that bond, even unintentionally.

To separate yourself emotionally is quite hard to do, when you're seeing such joy and such transition. We realize while the emotion we provide is great socially, it has to be balanced. Simply because, you have to be setting them up to continue beyond your program. Whatever support mechanisms we put around the kids, it needs to be able to be taken away, so that they can be independent and autonomous in the water or on the beach. (Tristan, Flow Surf)

The surf therapy practitioner's relationship to their participants, seems quite similar to the one of social workers and their clients. The relationship between the surf therapy practitioner and the surf therapy participant is the most determining factor in the intervention process (Gvaldaitė, & Švedaitė, 2005). It is essential to understand the strengths and risks such a familiar relationship entails. Having a close relationship with the clients, is something that we see in social work quite often. A problem occurs, when professional boundaries are not upheld, and that emotional feeling of care is being used to fulfill the need of power (Sinai-Glazer, 2020). In surf therapy, this may be observed when surf therapy practitioners start to build the program in such a way, making clients dependent and themselves the heroes. Critical self-reflectivity (Ferreira & Ferreira, n.d.), understanding self-disclosure as a method (Dunlop et al., 2021), ethics creating professional boundaries (Sinai-Glazer, 2020), are the factors that may ensure a productive and safe client-practitioner relationship.

The role of the surf therapy practitioners, regarding the success of the program, is very important. This makes it essential to look at the **professional backgrounds and the hiring criteria** everyone has. As there is no standard and no requirements regarding surf therapy practitioners from the industry, you do not have to be a clinician or social worker in order to be a surf therapy practitioner. This means that organizations have to fall back on requirements to choose the best surf therapy practitioners possible. Those are quite minimal and different, as some value the love for the water, others empathy, and the next one passion. One main thing, that all organizations look for is

life experiences, especially with their client groups. The surf therapy practitioners, that are clinicians, do prefer someone with a similar background, though. In the case of the study participants, we can see the multiple professions as well. One has a marketing and leisure management degree, another one is a child development psychology major, the next one was working in the tourism industry, a music therapist, a clinical counselor, and much more. There is no restriction to who can be providing surf therapy. This makes professionalism, self-awareness, curiosity, and knowledge the most important traits in a good surf therapy practitioner. This also means that you can be a good surf therapy practitioner without the social science background. As there is a shortage of surf therapy practitioners with the said social science background, organizations try to counteract this deficiency by providing training. Also, most organizations are built in such a way that professional knowledge is ensured, which in the case of Flow Surf is e.g., their Panel of Experts.

Regarding the professional backgrounds, we have social workers, psychologists, athletes, architects, engineers, teachers, psychiatrists [...] We have a lot of people, which results in a multidisciplinary team. (Martin, City Surf)

Having a multidisciplinary team, can be a strength as it provides you different tools, knowledge and perspectives, that may enhance the possibilities of the program, organization, and surf therapy in general. However, the importance of recognizing one's limits as a professional is still present (Ferreira & Ferreira, n.d.) and is fortunately recognized by many surf therapy practitioners themselves. They seem to know, that in terms of providing a psychosocial intervention, there are theories and understandings which surf therapy practitioners should have a deeper understanding of (Gvaldaitė, & Švedaitė, 2005). The current hiring situation in the industry is greatly mirrored by the hiring criteria. Finding fitting staff proves to be quite a struggle, nonetheless, most surf therapy practitioners are incredibly passionate and try to provide the best care they can, which is why they try to find requirements, that help to filter out the best staff. However, there are little social science professionals engaged in surf therapy, which should be met by more efforts to include e.g., social workers in the process of surf therapy (Gvaldaitė, 2018).

When looking at the **typical day** of the surf therapy programs, they look very much alike. The day is structured around the sessions that will be provided that day. For example, for Fairy Surf, the day looks like this: preparation of the surf spot, sessions of the day camp, a break, a little team meeting and nightly surfing sessions. Depending on the number of programs and clients, the type of sessions during the day may differ. Nevertheless, all organizations seem very structured and very organized. They try to work as efficiently as possible, so the experience goes smooth and candid for the surf therapy participants. Contrasting the typical days, the **unusual days** seem a little more chaotic

and unpredictable. A great example was provided by Margaret from Māori Surf. Summarizing, they had within 20 min one client breaking their ankle, another one on the phone to the crisis team, and two other clients starting a bad fistfight. That is when it proves to be incredibly important to have a great team, that helps you to overcome those kinds of difficulties. Nevertheless, in the other examples, unusual days were mostly linked to complicated conditions or weather, which most of the organizations try to overcome by planning other activities.

The challenge was the wind, until we introduced bodyboarding and sea swimming. So suddenly you could go out in 16 and 17 knots. Another thing is when we have a lot of seaweed. We find when we get a really good run of warm weather, we get a lot of jellyfish as well. (Tristan, Flow Surf)

Interestingly, in order to provide an activity despite complicated weather conditions, most organizations start treating surf therapy as the blue space intervention it is (Britton et al., 2018). That means that they swap our surfing for other activities, that they can do under those said conditions, as e.g., body surfing. This enables them to do sessions, even when surfing itself is not possible. However, having complicated or even chaotic days, as e.g., the one of Māori Surf, is unavoidable, and the question is how the organizations deal with those kinds of days. Those days are not only irritating to the clients but to the practitioners as well. Which is why, on one hand, the organizations will have to meet their clients with greater empathy and vigilance than usual (Bagdonas, 2007) to help them overcome their difficulty. And on the other hand, they need to support their surf therapy practitioners, which can be done through team engagement, or e.g., supervisions and similar (Gvaldaitė, 2018). In general, though, the structure of the day in surf therapy, indicates quite well, the kind of experience those surf therapy participants will have. That said structure and smooth functioning of the team, is the result of professional experience and successful internal communication within the organization (Gvaldaitė, & Švedaitė, 2005). The organizations seem to have developed the most efficient way for them, to create a great experience for the surf therapy participants.

When looking at the **structure of the individual session**, not every organization was able to give a specific one. Either way, there are similarities and guidelines that the organizations do use. Usually, the sessions begin with some sort of welcoming or introduction, which include a reflection and a checking in on the current state of the participant. Then there are some intentional activities, which have a socioemotional educational function. Some organizations, that want to stress the connection to nature, have some activities like a beach-clean-up as well. Then the group goes surfing, and when they come back, they again have some activities that are of reflective nature. That way, the sessions are structured like a circle, and the participants are aware of the outcomes of the sessions.

At the beginning and end of the session, we do this thing called checking in [...] Then in the beach workshops each week, we address the 3B's, breathing balance and body surfing [...] Any of those things, they can practice away from the beach. (Tristan, Flow Surf)

Looking at the structure of social work with group, we can see the same steps being used within one session. This usually looks like this: 1) an introduction, 2) an activity, 3) and then a summary of the whole session. In surf therapy, the introduction can be in the form of an ice-break activity or a checking in, which gives more clarity on where the surf therapy participants are emotionally. Then the activity itself in surf therapy usually includes surfing and a psychoeducational activity. To sum everything up, there is another reflection or a checking in, to see what they have achieved, and what they take home that day. It is a structure that is well known and has been successfully used by professionals, i.e., social workers.

Continuing with the **duration of the surf therapy programs**, they differ greatly, depending on the organization, on the program and its purpose and available resources. Simplified, most organizations have an option, where you can try surf therapy, which would be going into the water solely a few times. That is usually followed up by a program that lasts for a few weeks or months, to have a more long-term process. In the bigger organizations, the longest duration of a program is either the entire season or even open-ended. With the smaller organizations, the resources are quite limited, which is why California Surf offers only a four-week-program, and US Surf has their program structured around eight weeks.

Our shortest program would be the Surf Experience, which is three sessions. Our longest program is probably like the Surf Club. Our shortest session could be like 20 minutes. So, it would be like 30 contact hours as our most, 20 minutes as our least. (Tristan, Flow Surf)

Generally speaking, if you want to achieve long-term outcomes in any intervention, it makes sense to continue the sessions over a longer period of time. However, there is a difference between providing actual care, and making the clients dependent on the organization. To avoid such outcome, surf therapy should, the same as social work, focus on helping the client develop autonomy and self-efficacy (Galuske, 2002). Formulating specific goals and an end for each program, provides a roadmap and allows the practitioner to understand if the surf therapy needs to be continued, or not (Gvaldaitė, & Švedaitė, 2005). However, a lot of surf therapy programs are more on the short side (Britton et al., 2018), which makes the question quite interesting, how surf therapy would act and what outcomes it would achieve as a long-term intervention.

At some point, the study participants were asked about their proceedings **if a surf therapy participant shows signs of bigger struggles**. Generally speaking, the bigger organizations have their

responsibilities sorted out. Meaning, if someone is in active crisis, they usually have a team or a responsible team member that does the first response, but then they will refer to the according organizations and institutions that provide the help needed. The surf therapy organization supports the client experiencing difficulties until help is assured, and they are in a safe and stable environment. In the case of the two smaller organizations, California Surf and US Surf, both of the surf therapists are clinical counselors and music therapists as well, which makes it possible for them to do the first response themselves. Nonetheless, the proceeding and goal is the same, to provide a secure environment and help, so the client in crisis does not leave the session without a safe and robust structure around them.

We have clinically trained staff, because not all of us know. In a case like this, the team would go straight to our clinical director. Then they would put together a risk management plan and figure out if they need to ring the crisis line, making sure that someone in their household knows what's going on and keeping an eye on things. Basically, just putting some really robust structures around them because we're not a full-on mental health agency. We know that these guys bring with them, but that's not our core thing. We would refer on and make sure that they're safe. (Margaret, Māori Surf)

As surf therapy organizations are not mental health institutions, and mostly do not have trained mental health professionals, referring their clients in crisis to specialized institutions, is the way to go. Here it was simply important to see how surf organizations themselves valued their ability to respond to such complicated situations, which were very adequate in each case. None of those, thought themselves to be able to help clients in crisis, which is where they drew a strict line. Nevertheless, they also made sure that according help is provided to their clients, which is very fortunate to see. A few study participants, reported having certain proceedings in their organization in the case of a client in crisis, that way organizational guidelines provide the support and the clear steps that are needed by their staff.

The role of **social workers as partners** in the process of surf therapy, were described by the organizations quite similarly. Possible tasks for the social workers were described by the study participants as referral to, collaboration with other organizations or services, assuring the basic needs of the clients, e.g., housing, consulting the organization in complicated cases, etc. Depending on the country, and what tasks social workers have traditionally there, many of the organizations talked about social workers surf therapy program development and leading of the surf therapy sessions and groups. The organizations saw the systematic and broad understanding of social workers of the system, the clients, and the possible services as a huge asset, as well as their tool kit regarding work with different client groups. In the case of the role of social workers in long-term help, most of the

organizations found bridging the care, between the surf therapy program and the time after, most important. That meant identifying the needs of the client and, e.g., their families, and referring them to fitting institutions and organizations. Also, managing the transfer process, and potentially help to build a supporting community in between the families. Only Flow Surf strictly drew the line and did not identify ensuring long-term help as their responsibility. The rest of the organizations, saw the privilege of having social workers on the team, in helping to develop the program, less regarding long-term help.

If we had an embedded social worker in the organization, that would be huge to be able to bridge the care. Making sure that they have their set up for continued care if they need it. Identifying different community resources that might be useful and connecting them with those for after. But also like if they're a clinical social worker, then in direct client care. Where they're engaged in therapy, but they're also like engaged in identifying treatment goals and facilitating progress towards the treatment goals. (Wade, US Surf)

The possibilities of using social workers are very broad, and the organizations seem to have quite some ideas, how to use the tool kit of social workers. However, they need to be aware if they are only seeing social workers' abilities in regard to case management. This would be a shame, due to social workers' huge assets, that not only provide them with a broad systemic understanding of a person, but also the ability to structure and manage care. Again, the Lithuanian Minister's of Health protection order on the approval of the procedure for providing psychosocial rehabilitation services for mental disorders (Lietuvos respublikos sveikatos apsaugos įsakymas dėl psichosocialinės reabilitacijos paslaugų psichikos sutrikimų turintiems asmenims teikimo tvarkos aprašo patvirtinimo; 2012 m. rugpjūčio 21 d. Nr. V-788) shows quite well, what role the social workers have in psychosocial rehabilitation. This includes evaluating and developing programs, leading groups, helping structure proceedings, advocacy, and much more. The options are endless, which is why it would be interesting to see how social workers participate in the surf therapy process, and how it changes the practice, especially regarding long-term help. However, at the moment, social workers are being overlooked by many surf therapy practitioners as the asset they are. They seem to prefer therapists, which is probably due to surf therapy being called therapy.

Summarizing, there are many similarities in the surf therapy and social work processes, which can be easily adjusted to the needs of social work. At the moment, as surf therapy organizations do not consider themselves mental health facilities, there is some lack of certain processes and knowledge, which could prove to be problematic in social work. However, these issues do not present in all organizations, which leaves it to social workers self-awareness to identify, if an organization

would be fitting to conduct a psychosocial intervention for them and in which cases, they want to instrumentalize said intervention.

3.3. The Outcomes of Surf Therapy

The last objective of the study was to search for different client groups and the hoped outcomes desired in social work. This is why the study participants were asked about the usual outcomes of surf therapy, and how they measured those. From the client groups that are currently most spread in the surf therapy industry, the study participants worked with at-risk youth, people with disabilities, and people experiencing mental-health issues.

Looking at the outcomes of surf therapy, we can observe a broad spectrum of positive impact on the emotional state of the clients and their social and physical abilities. **The immediate changes, the first time the clients hit the water**, are usually a good indication of the future changes facilitated by ongoing surf therapy. From sudden smiles, a more relaxed body, and quickly improved mood... The emotions and little changes the clients go through are quite broad.

Right away, we noticed a change in mood, primarily in happiness and self-esteem. A lot of the times, they come nervous, scared, timid and after the lesson they leave confident, happy and wanting more. So those are some of the immediate noticeable benefits right away. You'll see the joy in all their faces. It's like the smiles prove what it's doing for their mental wellbeing. (Cooper, Fairy Surf)

The important thing to notice here, is how fast surf therapy already impacts the mood of the surf therapy participants. In the first few moments, entering the water, there has no psychoeducational activity happened, so there is no influence to it yet. However, there are already improvements observed, which seems to be quite impressive and a great indicator of the importance of water in surf therapy (Hermanski et al., 2021). The calming effect of the water on the client plays a huge role in the equation of surf therapy, and enables changes from the very first moment in, next to, or on the water.

Then continuing with the long-term changes, regarding **physical abilities**, we can see a great improvement in the client's fitness levels, as well as a higher body awareness. Another thing is the improved sleeping quality and pattern, which are reported by the majority of the organizations. Then the last thing, is the observed relaxation of the body and the body language. The emotional state is highly intertwined with the physical state of the client, which is why they are mutually dependent.

The most common physical change, is a feeling of relaxation, feeling of being able to facilitate that, become more present and feeling that in their body. But also, depending on what sort of presenting issues are going on, there's been other sort of physical changes that happen. Like feeling more

comfortable with your body and yourself, noticing less stress in your chest or in your face, being able to work that out in the water. So, definitely, the emotional and physical are intertwined there.
(Wade, US Surf)

Curiously, the organizations do not emphasize the physical changes the surf therapy participants undergo. Relaxation of the body (McKenzie et al., 2021) and improved sleeping patterns (Walter et al., 2019) are aspects that were recognized in other studies as well. Higher body awareness and fitness levels, have only been talked about more thoroughly in the context of people with disabilities, being called physical wellbeing (Lopes et al., 2018). This may be explained, by surf therapy for people with disability, putting an emphasis on physical rehabilitation as well.

Regarding the **emotional state**, there are a lot of changes observed, probably because most organizations focus on that. So, one of the most important ones, is the feeling of respite during surfing. Then other terms that come up are reduction of anxiety and depression symptoms, improved confidence and self-esteem, sense of peace, being more present and aware, greater tolerance for stressors, as e.g., failure, feeling connected to nature and their social environment, and much more. Simplified, the study participants report their clients feeling happier and more attuned, which was not normal for some of their clients before. That is where Tristan had a great thought on how their clients realize, that they are capable of happiness.

They're in a world where like nothing's OK, and they don't even have respite from their stresses and anxieties. And when you're in this flow state at the beach, you're distracted by life. Even if you're just happy for an hour. When you reflect on that, you realize, like, I am capable of happiness.
(Tristan, Flow Surf)

Those values of enhanced confidence and self-esteem, a sense of peace, increased mindfulness and presence, and a greater tolerance for stressors, reduction in anxiety and depression symptoms, and the sense of respite, can be found in nearly all research connected to measuring the outcomes of surf therapy (McKenzie et al., 2021; De Matos, 2017; Lopes et al., 2018; Clapham et al., 2020; Marshall et al., 2019). The connection to nature and one's social environment was only stressed in one study conducted with institutionalized youth (De Matos, 2017). However, most studies and surf therapy organizations, focus on positive mental health, most research measures the same areas and has similar outcomes. It would be interesting to see, why researchers decide to study those said areas and why other ones have been neglected in a sense.

Looking at the **social** category of the **changes**, we can see a broad but connected palette of changes that promote a big difference in before and after. We are talking about a sense of belonging, an identity, a social support group or structure, increased willingness to socialize, improved social

behavior and treatment of others, less involvement in risky behavior. A huge factor is how the clients have the option to relate to their fellow surf therapy participants. They suddenly have a place, where they are not only accepted, included and seen, but well appreciated and understood in their difficulties and experiences, that they went through. The outlook on life changes, which can be greatly observed in other parts of their lives as well.

Also, we promote respect, using a good language... So, in the water, on the beach, in the sessions, the kids have better communication between themselves, and they treat each other better. (Martin, City Surf)

Improvement in the social abilities, social connectedness, social inclusion and social skills have been observed in most studies as well (McKenzie et al., 2021; De Matos, 2017; Lopes et al., 2018; Clapham et al., 2020; Marshall et al., 2019). Even though social changes oftentimes were not as emphasized, as the emotional improvements, social improvements were quite big and very noticeable, especially outside of surf therapy as well (e.g., school). However, reading the studies creates the impression, that social improvements are treated mostly as a positive byproduct of their mental-health intervention. Only in a few studies, social improvements, as e.g., social inclusion, have been the main focus of the research (De Matos, 2017). Nevertheless, the impact surf therapy has on its participants is of importance, and can be used effectively in social work.

When asked about the **most important change** surf therapy participants go through, the practitioners all had a different opinion. One that all agreed on, was the improved mental wellbeing and the increased ability to emotionally regulate. The other options were the sense of respite, connectedness to nature, the ability to be present and to be able to express themselves. Personally, my favorite explanation was the following by Martin.

The most important is how they change from a red mind to a blue mind. It's when they pass from a very stressful, angry, or agitated state to a state of calm, to wonder, to happiness, to peace. (Martin, City Surf)

To create that shift from a “red mind” to a “blue mind”, the combination of physical, emotional and social impact is what makes that change possible. It is a great explanation, of the change most study participants tried to expound, and which was mostly observed throughout all organizations. The choice of the most important change is very personal, and expresses the preference of the surf therapy practitioner given to certain abilities and factors.

In order to be able to evaluate and to observe the changes that the clients go through, the organizations have their own structure regarding the assessment of the clients’ progress. Firstly, the

assessment at the beginning of the program, is quite similar in between the organizations. Some organizations conduct a presurvey or a clinical assessment, which is usually by the surf therapy practitioners, that are clinicians. Others do a more informal assessment, which is observing, checking-in and getting to know the client. For those that do the presurvey, they all use the rule, the presurvey has to be conducted one to two weeks before the first session. The reason provided is, that on the day of the first session, the clients are too excited to answer the question properly and truthfully. Continuing with the ongoing **assessment during the program**, we can see a tendency to use informal ways to gain a greater understanding of the state of the client. Most of the organizations use checking-ins, which are basically the client's self-reflecting on their mood, feelings, day, etc. It not only gives the practitioners an understanding of the client, but it also teaches the client to reflect and to communicate their feelings, etc. Those checking-ins can look quite different, as e.g., evaluate yourself and draw where you are (above or below the line), drawing a smiley face, finding an object on the beach that represents you today, and much more. It is a great, ongoing, and fun way to keep track of the process, and to give the client some tools of self-reflection and expression. The only organization that uses additionally pre- and post-session surveys, is California Surf. This short survey provides the clients with a great visualization of the change they underwent during the session. Then, in order to **understand if the program was successful**, all organization use the same assessment methods as in the beginning. It is supposed to measure the difference between before and after the program. The organization that depend on informal ways of assessing, such as Fairy Surf, base their assessment in the end as well on the verbal feedback they get from the parents, the school, and the children themselves. Generalizing, the **type of feedback and the way of collecting it** are quite similar throughout the organizations. The ways it is collected is either verbally, by talking to the clients or the environment directly, through self-reflection parts of the session, clinical assessments and simple communication, or in a written form, which are the surveys, texting, written testimonials, reports and similar. Using more means to get feedback from their clients, gives the organization the opportunity to gain greater insides. That is the reason each organization, **focuses on similar areas**, which are connection to self, family, social environment and nature; self-esteem and confidence; positive outlook for the future; empowerment and autonomy; stress levels; physical well-being; mental well-being; spiritual connections; changes; etc. All of those areas can be condensed into three main ones, the client's emotional state, connection to their environment (nature included) and their psychosocial abilities.

We get all of our participants to do a feedback and evaluation form at the end of our program. So, that gives us a really good overview. Here's some examples of what we asked them. Has the program helped you to believe more in yourself and feel more positive about your future/ be more confident?

Has it shown you that you can achieve things you didn't know? The list goes on. (Margaret, Māori Surf)

As the assessment and evaluation methods in the beginning, during and at the end of a program are very much connected, they will be commented on together. When looking on the website of ISTO (International Surf Therapy Organization, 2024), there is an Evaluation Framework presented, which is used by most study participants. This Evaluation Framework is based on a case study of The Wave Project Scotland, from 2014, which is considered the showcase example of how to conduct a program evaluation. There, e.g., we can find this specification of doing the pre- and post-program study two weeks prior and after of the program. Things like the use of descriptive words can be found there as well. This framework also explains the importance of using the same assessment methods in the beginning and in the end, to have actually credible measurements. There are more guidelines presented, which will go beyond the scope now. However, there are some indications of most organizations are using those guidelines in their practice, which is an industry standard in a way. The combination of formal and informal assessments is quite commonly used in social work as well, which in addition to the reflection methods that were presented before, is a great way of checking in with their clients, allowing a lot of creativity and fun in the process. The only question that remains is, if surf therapy organizations use certain achievements as an indication of their program's success, or if an improvement in overall measures is the epitome of success. It seems like there are no concrete things of what the client has to achieve, moreover it seems to be more about the process and improvement in general, regarding their life and their abilities. Nevertheless, it is great to see how ISTO and the organizations themselves show interest in tracking their client's success and the efficacy of their programs. This also enables the industry to collect the data about surf therapy, that is so much needed, and provide the ground for more research to be conducted.

The last topic that was touched, regarding assessments and evaluation, was **how do the organizations solve misunderstandings** between the surf therapy practitioner and participants, regarding their success in the program. Half of the organizations have reported to not have had those kinds of situations. The other half reported that those misunderstandings mostly come from different expectations or imaginations regarding the surf therapy program and what needs to happen. It is the same example of parents imagining their children surfing the first day, but the child still needing some adjustment time, and potentially only sitting in the shallow water for the first session. All organizations said that the only thing to eliminate any misunderstandings, and not create any disappointments, is communication. If the situation comes up, one has to see and understand where the client is coming from, what one can do to help them and improve the situation.

Out of 5000 Sessions, maybe 5 to 10, we'll get like a little not as positive feedback. To me, it is important to try to assess, why it is they feel that way and then try to create a strategic plan forward to address that deficit that the family may have experienced. (Cooper, Fairy Surf)

This shows the importance of communication, not only internally, in the organizations, but even more with the clients and their environment as well. This importance of communication has been mentioned before. Gvaldaitė and Švedaitė (2005) say that any if there are any hang-ups in any group processes, this is the result of missing communication. The solution is to improve that said communication, which can be seen here, in terms of trying to understand what went wrong in the surf therapy session. Inferring from this, the way the organizations try to find a solution to the issues, is probably the most functional one in the long run.

When asked, if **surf therapy can be a psychosocial intervention**, all study participants agreed and said that it already is. The explanation for that was, that surf therapy helps to improve the emotional and social state of the client, which then improves their quality of life. Of course, that process needs to be overlooked by professionals from the field, as e.g., social workers and psychologists, but the way it works right now, it is already quite effective in providing a form of psychosocial interventions. Some do think, that surf therapy is most effective as a complimentary intervention. However, surf therapy does what it is supposed to do, which is improving their client's quality of life. According to Cooper, an advantage of surf therapy is the little risk it entails. In his opinion, the worst thing that could happen, is someone not liking it.

So, if it's accessible, it makes a lot of sense for social workers, therapists, and doctors to enlist their patients in a surf therapy program. Like, what are the negatives of getting someone physically active, getting someone in a safe space where they feel confident to be themselves, where they feel a part of a community and where they're getting tangible physical and mental benefits right off the bat? (Cooper, Fairy Surf)

Remembering the definition of psychosocial interventions, those are activities or strategies that focus on improving various aspects of a person's life, such as their behavior, thoughts, emotions, relationships, and environment. The goal is to enhance their health and overall well-being (England et al., 2015). Taking this definition, the study participants are right with their assumption and explanation, as surf therapy does indeed improve all those aspects, and therefore the quality of life of their surf therapy participants. Additionally, the definition of surf therapy by ISTO (International Surf Therapy Organization, 2024), provided in the beginning, overlaps with the one of psychosocial interventions as well, which is another great indicator of surf therapy being a psychosocial

intervention by definition. Even though surf therapy is still a little unstructured, it does already fulfill its function as a psychosocial intervention, and therefore can be identified as such.

The last thing, the study participants were invited to do, was to share their favorite **success story of surf therapy**. They were all very similar but unique at the same time. Being about people, that experienced a lot of difficulties, a lot of traumata, during their lifetime, and then overcoming it with the help of surf therapy. My personal favorite is the one of Wade from US Surf. It is such a great example of a person, where surf therapy was the only possible and successful intervention.

I had a 14-year-old, who had trauma, had never surfed, and had recently been diagnosed with bipolar[...] But she told me, Kiss my ass. I'm not going to tell you shit. I've been to like 5 different therapists, and I'm just here. Can we just surf? [...] Within 10 minutes, they were talking about their trauma. The water just made them totally comfortable so fast. They started opening up and that didn't change the whole summer. [...] they came back the next summer, and they had done a lot of work over the past year. They had participated in good medication management, so they stayed on their meds. They stayed with an art therapist consistently throughout that entire year. They had one period where they had sort of gone back and had some self-harm. But previous to the year before, where self-harm was like a monthly or weekly thing, they were actually super stoked to tell me about.
(Wade, US Surf)

This change from having a person with their issues, not wanting to share those, and then opening up within a few minutes, is the incredible effect surf therapy has on its participants. It seems like it triggers something positive inside those people, which then they use to stay on track, as, e.g., here in the form of participating in medication management. Another factor, that is incredible to see, is how that person fell back into old patterns, and then was able to bounce back and recover from the destructive behavior, which had dominated their life for quite a while. This is, of course, a showcase example, of what surf therapy can do for someone. Nevertheless, it is a visualization of surf therapies incredible effectiveness, and how it can change one's life around.

Summarizing, the outcomes that one can expect from surf therapy are well-defined, those are improvements in the social, emotional and physical aspects of people's lives. Surf therapy starts to impact its participants from the very first moment they hit the water. As psychosocial interventions hope to have the same outcomes as surf therapy, surf therapy can be used for whatever clients' social workers would appoint psychosocial interventions to. This means again a broad applicability, which needs to be evaluated by the social worker in each case separately.

DISCUSSION

The goal of this study was to explore surf therapy as a potential psychosocial intervention in social work, and the results are quite diverse. While surf therapy itself is a great and functional method, which works quite well in the examples provided, using it in social work, comes with a different set of criteria, that were explored in this study. Surf therapy has many similarities to the social work practice, as e.g., the structure of the interventions and programs, the values, perspectives and much more. Nevertheless, the surf therapy practice differs in terms of professional knowledge and the use of theories.

It seems like, there are two types of surf therapy organizations, the ones that use surf therapy as a complementary method to enhance their clinical practice, and the ones that use surf therapy as a standalone intervention. In order to provide a better understanding, what to expect from the programs and organizations, goals, proceedings, and values need to be well-defined, which most organizations must improve at. The reason being is, with different goals and practices in surf therapy, there should be different minimal requirements for the surf therapy practitioners. For example, if an organization does not facilitate a psychosocial intervention, but rather tries to make surfing accessible to more people, knowing every psychosocial theory there is, does not seem of utmost importance.

When surf therapy is being used as a psychosocial intervention, it should be facilitated by a trained professional in that specific sphere, as e.g., social workers. This proves to be a little complicated, as there are not enough surf therapy practitioners with such a background. However, there are great examples of organizations trying to fill this lack of knowledge, by including professionals of that area in their surf therapy program development. Nevertheless, using such things as surfing, as a method in psychosocial interventions in social work, seems to be a great and new way of facilitating change more effectively.

Surf therapy seems to enhance the intrinsic motivation of the clients, as well as introduce mental improvements right away, which would be of incredible value to the social work practice. In terms of places like Lithuania, where surfing is not accessible, surf therapy is a great example of a blue space intervention, which its principles may be adjusted to other bodies of water as well. There is a lack, though, of a broader understanding of the methodology and the theories used in surf therapy, which needs to be evaluated before trying to adjust its principles somewhere else. Nevertheless, the potential applicability of surf therapy in social work is quite broad, ranging from using it as a psychosocial intervention, to using it as an example of how to use bodies of water for other methods. Nonetheless, surf therapy may be the answer for social work in regard to unmotivated clients, or clients that other interventions did not fit. The expected outcomes are quite clear, which summarizing are improved mental health, social abilities and physical fitness. From this, one can also conclude,

that social workers could instrumentalize surf therapy for all its clients, that they are trying to achieve those set outcomes for. However, as there are little standards and requirements in the surf therapy industry, it calls for social worker's critical awareness, if the specific program of one organization fits their ethics and practice.

Summarizing, depending on the organization, surf therapy is very functional as a psychosocial intervention. It may be applied in social work preventively, as a complementary and a standalone intervention as well. As mentioned before, the possible outcomes are well-defined, which may be used strategically by social workers, in terms of using social work for clients that need those specific outcomes. However, as surf therapy is a very new phenomenon, using it in the social work practice calls for critical consciousness of the strengths and risks surf therapy and its industry experiences. Nonetheless, there are many efforts from the side of the surf therapy organizations themselves and the industry, to provide more evidence-based standards, to clean up the surf therapy practice on a global scale. It will be interesting to observe, what changes and developments the next few years will bring to surf therapy.

CONCLUSION

1) Regarding the first objective of the study, examine surf therapy's functionality as a psychosocial intervention; surf therapy holds significant potential as a psychosocial intervention, with a broad consensus among organizations about its definition and objectives. Despite varying backgrounds and methodologies, these organizations share a unified goal of leveraging blue spaces to enhance clients' social, emotional, and physical health. However, the industry faces considerable challenges, including funding limitations, restricted beach access, and a lack of standardized practices and accreditation. Overcoming these challenges, particularly by incorporating social workers, could strengthen the industry's structure and effectiveness. For surf therapy to gain broader recognition and application as a therapeutic practice, ongoing growth, extensive research, and efforts towards standardization are essential.

2) Regarding the second objective of the study, explore the options for using surf therapy in the social work practice; surf therapy and social work share many processes, making it feasible to adapt surf therapy to meet social work needs. However, since surf therapy organizations do not view themselves as mental health facilities, they may lack certain processes and knowledge crucial for social work. These gaps are not universal across all organizations, so it falls to social workers themselves to assess whether a surf therapy organization is suitable for conducting psychosocial interventions and to determine the best contexts for utilizing such interventions. Nonetheless, the options of using surf therapy in social work are endless, and the combination of surf therapy and social work are a great ground of new, innovative, and alternative social work practices.

3) Regarding the third objective, search for different potential client groups, and the specific hoped outcomes desired in social work; the outcomes of surf therapy are well-defined. The immediate and long-term benefits observed include enhanced emotional states, improved physical abilities, and better social interactions. Participants often experience a quick shift in mood and increased self-esteem, facilitated by the calming effect of water. Over time, they also report improved fitness, sleep quality, and body awareness. Given that psychosocial interventions aim for similar outcomes, surf therapy can be effectively used for clients who require such interventions. This broad applicability requires social workers to evaluate its suitability on a case-by-case basis.

Summarizing, surf therapy demonstrates significant potential as a psychosocial intervention, with organizations unified in their goal. Despite challenges such as funding, restricted access, and lack of standardization, integrating social workers could improve its effectiveness. Surf therapy's processes align closely with social work, making it feasible for adaptation, though suitability must be assessed case by case. The well-defined outcomes of surf therapy, suggest broad applicability for various client groups in social work.

RECOMENDATIONS

In terms of recommendations for the **organizations**:

- Surf therapy practitioners have to develop a higher sense of critical-self-awareness. There needs to be a greater understanding of the surf therapy practice and even most importantly, of the clients and their presented issues. Even though, surf therapy organizations are not mental-health institutions, they still work with very vulnerable topics and client groups, which needs to be recognized.
- Due to no regulations for the surf therapy practitioners, there should be evaluated, if having surf therapy ethics, may be the answer to regulating the practice.
- They need to evaluate if their programs actually facilitate empowerment and autonomy in their surf therapy participants. There have been examples, where surf therapy programs were constructed around the surf therapy practitioners, rather than the clients, which proves to be very problematic and even risky in terms of the surf therapy participant's wellbeing.
- Surf therapy organizations should include social workers in their practice more actively, and reflect if there are other professions, that could be beneficial to them. In the surf therapy industry, therapists seem to be preferred by the organizations, which is a little misleading, as there are professionals as social workers, which do have a similar and fitting skill set to participate in the process of surf therapy as well.

Recommendations, in terms of **social workers**:

- There should be more efforts to look for alternative methods and try them out. This is why, social workers should include surf therapy or blue space interventions in their practice.
- Also, it would be interesting to see how social workers adjust surf therapy to their methods, consequently social workers should participate in surf therapy, or develop a program themselves that uses the same methodology as surf therapy. This may potentially make social work easier and provide a new method for clients that traditional therapies and intervention methods do not work with.

The last set of recommendations, in terms of **surf therapy research**:

- There should be more efforts evaluating surf therapy in combination with other professions. This means, it would be interesting to see, if it fits more than only social work.
- As most of the research is regarding the efficacy of surf therapy, there is a huge lack in methodology, etc. This calls for a broader research approach to surf therapy.

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SUPPLEMENTARY MATERIAL

1. First Transcript Margaret, Māori Surf

Sprecher 1

I have to tell you about confidentiality obviously, like everything that I'm going to use is going to be generalized. I'm not going to use your names nor the organizations name. You always have the right to retrieve from the study. Let's start. How would you describe in your words surf therapy?

Sprecher 2

I would describe surf therapy as; surfing is a tool that we use to engage with individuals that otherwise wouldn't seek out or wouldn't receive therapeutic intervention in any other way. So, it's really like the carrot and then the stickers. You know the clinical counselling and stuff that they received at the same time as being on our program.

Sprecher 1

In which way do you provide clinical help?

Sprecher 2

We, as an organization, provide clinical counselling as well as the surf therapy. So, the people that are delivering the surf therapy are the same people that are delivering the counselling. It helps them to build trust and relationships out in the water by doing something fun and challenging themselves and learning something new. That kind of builds a relationship so that when they go into a room and do some counselling together, you're not like having to get to know each other and it's not awkward. These young guys that we work with don't necessarily want to speak to people that they've not met before. There's often a lot of walls up. But when they've spent time together doing something fun and overcoming fears in the water it just naturally fuels the therapeutic work in a really organic way.

Sprecher 1

Could you explain to me a little bit the concept of your organization?

Sprecher 2

Our organization started in 2015 and it was started by our founder. She still works here. She was a drug and alcohol counsellor. She was doing it just in a room (clinical). She would sit there counselling young guys that were referred to her through the court system. They've been in trouble with the law. There's some sort of addiction. And she was trying to help them but found that., she would spend 8 weeks with them and only kind of get to this point of getting to know each other. There was no real change or there wasn't enough movement actually happening. And she's always loved surfing, and always wanted to combine her two loves of being a counsellor and surfing. And so she managed to convince her bosses at that time to do a pilot program. She ran it for four weeks. The guys that were coming along to just the counselling, she had about 50% attendance rate, that they would actually

show up. But then when she started this surf pilot program of four weeks, she had 100% attendance for all of the guys that came along. They all loved it and then also received that clinical support at the same time. So, she was on to a winner there, and so eventually she wrapped up at that job and took the plunge, starting her own organization at very small grassroots in her garage. Her garage was the office. She had a van that she would drive around and pick up the boys and that's kind of how it started. It's grown over the last 7 to 8 years, to what it is now. So, we work with young men aged 17 to 25 that are involved in gangs, going down a path towards being in gangs, drugs and alcohol, crime and just any sort of mental health stuff that's sort of tied in with that. So, we're not specifically a mental health agency or we're not specifically drug and alcohol, but we're just serving those young men that have got all of that stuff happening in their lives.

Sprecher 1

Awesome. Could you tell me a little bit more about the programs that you offer right now?

Sprecher 2

Right now, we have 4 programs and they all have mildly names. So, the first one's name translates to "Waves of Change". That's like our initial program. So, all of our programs serve like a pipeline. You start at the "Waves of Change", which the purpose of it is just to build relationship, to get the guys to come along. There's no commitment. It runs once a week. There'll be some sort of fitness. We've got a gym at our offices, with punching bags and stuff. We'll do a bit of light fitness and then have a quick group session of just chatting and getting to know each other and finding out what their goals are. That's kind of like our vetting process. So, we find out pretty quickly whether the guys are ready to commit to something a bit longer term or not. And then they also find out whether they think we're legit and they're like, I want to be here. I trust these people. That runs throughout the year, so it's open-ended. The next program that they can jump onto translates to "Waves of Freedom" and that's the program that our organization was kind of founded around. It's the first program that we ran and it's kind of like our core program. We run those three times a year. We've got one running right now with the graduation happening next week. So, 3 intakes per year, and we can take up to 8 boys on those programs. So, it's really important that they're committed because we don't take large groups. We're like small groups, high intensity. We really invest a lot into those eight guys. So, that runs for eight weeks and on that program, that's when they start to surf. So, today the program is running, they'll go out surfing and then they'll get some cultural learning. So, we do what's called Pepeha. I don't know if you know much about the multi culture in New Zealand, Pepeha is a way of introducing yourself in the multi culture. So in in the multi culture, if you're meeting in a meeting house for Māori, you'll introduce yourself in a certain way before you say anything else. It's all about connecting to your roots. Where are you from? What's the mountain there? What's the river there? What's the fun or the family that you come from? And so, the boys learn their people hard while they're with us, so

it connects them back to their culture and back to maybe some family roots that they've not known about for a little while. They also learn a Hakka. Most people around the world know New Zealand for the Hakka. So, the boys that are on our "Waves of Freedom" program, they learn a Hakka during those eight weeks from start point. They learn it together, and usually they have never learned a Hakka before in their life, so it's a really big challenge for them. But they do it together as a group and then on the night of graduation they perform it to the people that are there. So, that's part of what they learn on Tuesdays as well. Then they also get to hear from a guest speaker. So, we have six main guest speakers for this program and they all have stories of overcoming something. Whether it's one lady that we've got, she was born with her heart outside of her chest. So, she talks about overcoming that, still being alive. And then we've got someone who was suicidal and then he found God, the way that's changed his life. Or someone who was in prison and did a lot of crime, drugs and alcohol and they've changed their life. So, hearing stories of people that have experienced similar things to what our young men have, to show them, not just from us as staff, but other people that change is possible, and here's how. So, they hear from a guest speaker and then lastly, they'll get a basic psychoeducational session. Just something small, it's not too much, but just whatever theme is for that week. Each week has got a theme. There's purpose, empowerment, connections... Some basic content around that, what does it look like to have good connections in your life and how is that going to help you. So, we really pack a lot into one day on a Tuesday. And then still on this program on Wednesdays and Thursdays, the boys get one-on-one support from a counsellor. We call it a youth navigator, which is kind of like a social worker, who just helps them with basic things like drivers' licenses, going to a GP or making a resume, things like that. There's a lot that happening in eight weeks. So then jumping along to our next program that we offer, we've got a program which translates to "Waves of Healing". That's like a follow up program of the "Waves of Freedom", and that's only available for graduates. It's a bit more intensive. It's a full-time program, so they're with us Tuesday through to Thursday for the full day and there's surfing every day. Way more psychoeducational quite intensive learning about addiction, learning about healthy relationships, how to have good sleep routines and healthy eating. And they also do a fitness session every day on that program as well. So, it's kind of come in, have a fitness session, go for a surf session, learn some stuff, go home and that happens throughout the week. That's the typical order and it also finishes with a graduation, which is just a bit more low key. It's a good way of for the boys to learn routine. We're trying to get them ready for work at this point, so they have to make their own way in and home, which on "Waves of Freedom" we pick them up and drop them off. So just a little bit more independent. We're trying to teach them a little bit less hand holding as we call it. Then our 4th program that we have offer, is also for "Waves of Freedom" graduates and it translates to "Waves of Support". It runs every Friday, unless we've got a graduation or a public holiday. And that's just like a keeping in touch. It's just an

open door for anyone that's out there that still needs a bit of support and wants to reengage with us. They do that through coming to that program. So, it's open throughout the year and they can come along. We message all the boys every week, let them know what's happening, the guest speaker we have. And they just communicate with us if they would like to come. Then we organize pickups and drop offs and have lunch together. It's a bit more low key, but just a good way for them to know that we're always here. I mean, you always graduate, but you you're also always part of the family. And that's our four programs in a nutshell.

Sprecher 1

How did you discover surf therapy?

Sprecher 2

Yeah, personally, I just discovered it by applying for the job. So, the job that I do here is operations manager. So, it's a bit more behind the scenes and just running the day-to-day, you know. A bit of finances, a bit of health and safety. So, it's not necessarily in the water, the client facing stuff. I applied for the role because it interested me being in an organization that's for helping people. I was working as a retail manager for a big company in New Zealand and I was just over working for someone to line the inside of their pockets lots of profit. So, I really liked the idea of working for a nonprofit, with the whole purpose of being helping people. So that's how I discovered surf therapy. I didn't even really know what it was when I started working here. I just knew that they did something with surfing. And I've slowly started to understand that a lot more. And yeah, I can definitely see huge benefits just from what I hear from the boys. About when they're out on the water, the peace that they feel, the sense of being able to leave their troubles on the land just for a little bit, to be able to breathe for a little bit, to have a break from the chaos of life. To me, that's the goal of surf therapy. It's not just about catching waves or looking cool, but the peace that comes from being in the water. Yeah, I'm sold on it and I'm not even a surfer.

Sprecher 1

Basically, your clientele at the moment, are young guys who are struggling with criminality, drugs or whatever, right? Are you kind of aspiring to open up to more potential client groups and if yes, what are those potential client groups?

Sprecher 2

Yeah. Good question. One of the main questions that we get asked most of the time, is do we do it for girls? Or is it just boys? To us right now, we wouldn't do it for females because our whole structure is around creating a brotherhood and it's aimed at men. Bringing young females into the mix, we don't want to blend the two. So, it would need to be a whole separate thing and. On the other hand, the reason for that demographic is that typically speaking, there's a lot of support available for young women in New Zealand. Also, young women are often more open to talking. But then on the flip side

to that, young men in New Zealand do not like talking. Even the healthiest and emotionally well young men don't want to go around talking about their feelings. So, I guess, our founder just saw a real need for some sort of intervention for this age group and this demographic. Young men, that have been often born into some really traumatic households, families and situations, and that have not been given a chance. If they don't have some sort of intervention, they're either going to end up in prison or dead quite often. And so just wanting to kind of get in there and be the fence at the top of the cliff instead of the ambulance at the bottom of the hill. Rather than waiting for something awful to happen, to be able to get in there, inspire and give hope to these young men who are about to become fully fledged adults. So, there's just so many benefits to working with this age group for the wider community because of the impact that it can have on their families that they're about to start raising and all of that kind of thing.

Sprecher 1

Your clients obviously bring the topics of substance abuse, criminality, etc. with themselves? But what other issues and challenges do they bring when they enter the program?

Sprecher 2

They come to us with everything you can imagine. Sexual abuse, emotional neglect... Just all of the things that you can think of, they've experienced them. Around 69% of our men have reported to us that they have been suicidal before coming to work with us. So, we know the reality is probably higher than that because those are just the ones that have told us. So yeah, there's some suicidality. A lot of our guys don't actually have like a fixed abode, you know, homeless. So, really kind of starting at the bottom level of the hierarchy of needs that we're kind of having to get past before we can even start working on some of the emotional needs that they have.

Sprecher 1

From all the challenges that bring with themselves, what are you targeting? What are you trying to improve?

Sprecher 2

So, our purpose statement is to empower young people to find freedom from their travel paths and be inspired to live positive, fulfilling lives. So that's on our website. Then we have a 6 long-term outcomes or goals, that we're trying to achieve for every single young man that we work with. So, that they are free from drugs, free from crime, free from prison, free from gangs, to have positive mental health and to be working or studying. So, that's our goals for all of our young men. So, we survey them at six monthly intervals and we track our progress across all of the graduates that we've worked with to get a percentage of how we're going and whether we're meeting those.

Sprecher 1

Where do you see the limits of surf therapy?

Sprecher 2

I'm probably not the right person to answer that, but my observation with surf therapy is that, it's one of those things that you get out of what you put in. So, if the guys are really into it and they're getting heaps out of it, it's something that can be with them for their whole lives. Like once you know how to surf and you've got this therapeutic tool. They don't necessarily need us to get surf therapy, once they've done all our programs. They can still keep surfing, go down to the beach and stuff like that. So, I don't think there is a limit, it's just something that they can add to their toolkit for life.

Sprecher 1

And what about the possibilities?

Sprecher 2

I would say, as an organization, we've grown a lot in the last year and a half. We've just been through this phase of massive expansion. We've got quite a large contract from the New Zealand police to run our program. So that kind of propped up our budget and enabled us to get a much larger office. So, in terms of where we're going, we just want to do this well. We're not trying to take over the world or make new spots across New Zealand necessarily. We're really just very focused on what we're doing here, doing it really well and being solid. Basically, just to keep doing what we're doing. There's no shortage of work to be done, and there's plenty more guys in the community that need our support and that we want to help.

Sprecher 1

And what about like more on the global scale, where do you see there the possibilities?

Sprecher 2

That's a good question. So, there's a conference annually, where all of the organizations in New Zealand, that do surf therapy, come together. So, there's definitely like a strong network in New Zealand and then globally as well. From what I've seen, definitely it's a growing movement. There are just new things popping up everywhere all the time, filling up and people are wanting it. So, it's definitely not something that's shrinking away. It's only going to grow more and more, I think.

Sprecher 1

Do you maybe know what kind of theories do you guys use in your programs? If not, maybe you could tell me like the factors that you find essential for driving the positive change?

Sprecher 2

For me, what I've seen and what we use as kind of a practical tool of linking surfing to change in people's lives is the weekly themes that we have. But for example, they talk about connections and how having good connections in our life helps us to grow, become better and to do more with our lives. They link that practically to a surfboard and having a good connection to the surfboard. You're going to be able to ride the wave much better and it's the same in life. If you've got good connections

and good people around you, you're going to be able to ride the waves of life much better than if you don't. Otherwise, you just going to fall off. So, it's just a really practical. We don't go to extreme with the boys that we work with. We just try and keep it really simple so that they can understand. And then I guess the other one would be, we have heaps of surf analogies that we talk about. So, some examples would be and we just use this kind of language to try and connect with the boys and help them understand life by connecting it to the ocean. If someone said, you know, I'm really depressed at the moment or things are really hard or whatever then we can say things like, high tide and low tide. Like, low tides come but there'll be a high tide coming in as well. So, you know, like we can kind of link it to those themes of the ocean. Or if someone's experiencing heaps of troubles and got lots going on in life, we talk about getting out the back. Which means pushing past the breaking waves that are rolling in, if you stay where you are and you don't keep moving, they're just going to keep smacking you. But if you can push past them and get up the back, it's peaceful, it'll be worth it. So just keep going. So those are some of the kinds of conversations that we might have, where we talk about these surf analogies and kind of link it to the struggles that our young men are experiencing. It just gives them a language to be able to go like, I can keep going. I can do this.

Sprecher 1

Do you base your program theory on anything?

Sprecher 2

In terms of the surf, I don't think there's one particular theory that we would pinpoint. In terms of clinical frameworks, we use a few different things. Probably the main one that we would reference is a Māori sort of framework. It's based around the framework of a house. It talks about the four walls of a house and linked to your well-being. Having good family connections, is one of the walls. Having good spiritual connection. Then mentally, where's your where's your mind at? And then your physical well-being, that you can't have if one of the walls isn't good. So, it's about having all of the walls of the house be solid. We use that framework quite a bit.

Sprecher 1

OK, awesome. So, you were talking a little bit about a program where social workers help your guys figure out stuff. Is there anything else where social workers become your partners in program?

Sprecher 2

So, when I say that they're kind of like social workers, they're not necessarily qualified social workers. But they're doing a lot of stuff that social workers would do. So, they're kind of mentoring the young guys and helping them to get just the basics sorted, of signing up with the doctor, getting birth certificates and stuff like that. Sometimes we'll get a referral, who's been referred by another organization and another social worker. So, there might be a bit of collaboration of discussing the client, finding out when their court dates might be... Just different pieces of information that can help

us to support that young man. But we don't have any formal arrangement or anything. It's just case by case, depending on where the clients come from and what the other supports they might have access to in the community.

Sprecher 1

Where would you see the privileges in having a social worker on your team?

Sprecher 2

That's a good question actually, because we've just hired 2 new people who are registered social workers. They literally just started last week. So, they're still learning of what we do here and they probably haven't been able to fully spread their wings and do their full social worker business. But and I'm probably not as clued up on what the full scope of the social workers is. I might not be able to answer your question fully. But what I would see, that they can bring to the team a wider scope in terms of support for the young men. So, our councilors can obviously help them unpack trauma and all the emotional stuff. Whereas I kind of see having social workers for a wider understanding of what support is available and helping to address some of those needs on the bottom of the hierarchy of needs, e.g., helping them to access housing and all of those different things. They need to be able to climb up the ladder and to be able to do more with their lives. That's kind of how I would see.

Sprecher 1

What challenges do you see in the surf therapy industry?

Sprecher 2

Conditions. You can't get perfect conditions all the time. So sometimes you just have to adapt and find what works best. Health and safety, having to check our boxes and make sure that we're covered from liability and stuff like that as an organization. Challenges specific to us and the clients that we work with is engagement and convincing the young men that they want to access the services and kind of encouraging them along. Funding. You've got a lot of organizations starting from really small and having to work that way through. And as it most surf therapy organizations wouldn't be businesses, so when you're a charitable organization, you've got to be able to access funding from somewhere. So that's just an ongoing thing that you always have to be maintaining. Other than that, I can't really think of much more.

Sprecher 1

So, I want to talk about the process now. How do your guys discover the program?

Sprecher 2

So, most of the guys that we work with, get referred by other agencies, by family members, by the police, or by their mates, who have done the program. We have two different referral options on our website. One is a self-referral and then the other one is referring someone else. Majority of our referrals come via someone else. So, for most of our young men, someone else has identified that

need. Then we do an assertive outreach. So, we've got like a hit list and it's just about going and finding them really. And our team is amazing at that, they have so much patience to do what they need to do. To reach the guys, encourage them along and getting them out of their homes, off the couches and stuff like that. So that's how we do it. And a lot of our resources, a lot of our time is spent on that. Even once they're on a program, keeping them on the program and calling them. Like the team does so much texting and phoning and reminding them when the pick-up times are and that the programs on tomorrow. It's just constant communication. So much can change in one evening for the guys in in their homes. So just having to keep communicating over and over again is really important.

Sprecher 1

How do they then enter the program?

Sprecher 2

Yeah. So, I guess like, referring back to when I described the four different programs, that serve like a pipeline, any of our referrals that come in to our system that meet our criteria (the right age range, not working or studying at the time and obviously some sort of challenges that have got them either caught up in crime or drugs and alcohol). If they meet all of our criteria, they pretty much just drop straight into the title of the category and our minds. We want to hunt them down and get them on time order, so it's just a process of going and doing an initial meeting, like a home visit. So, we'll send two staff members to go, meet them, see if they're actually interested, get them to sign like a bit of a safety waiver and sign up for our program. Once I've done that and I've said yeah, I'm keen, then we pretty much put them straight onto the tile order list and they get invited to attend those program days and start building that relationship.

Sprecher 1

Alright, what is the motivation of your guys when they enter the program? Like, what are they expecting or hoping?

Sprecher 2

I think the motivation for most of them, even if they're in really bad situations, is that they're sick of it and they want some change deep inside. They might not be showing it on the outside and they might be going through court and doing all sorts of bad stuff. But there's something inside of them that wants to change. So, it's tapping into that and helping them to understand that they can change and it is possible. Here we are, ready and able to help them to start that process of change. Then the other probably side of it, would be the sense of brotherhood, a sense of belonging, coming and being part of the family here. We try to just make it a really warm environment for them to be in.

Sprecher 1

We were talking about the selection criteria of the guys. Anything else that you use as criteria?

Sprecher 2

No, those would be the main ones. Obviously, if we had a large cohort, it would be who's good for it, who's committed and been showing up heaps and is ready to commit to the full program. But that's not necessarily something that we struggle with. It just seems to kind of work out nicely

Sprecher 1

So, my other question would be, how would you describe your relationship with the clients?

Sprecher 2

I'll just answer it like us as an organization, as a team. I would say it's like family. Like obviously, we have some professional boundaries and we don't spend time with clients outside of work. We're quite clear on that. But when we're all here and we're together, it's family.

Sprecher 1

What type of professionals do you have on your team?

Sprecher 2

We have quite a cool mixture and split of staff here. We've got two social workers. We've got two clinical counsellors. One of them is the founder. She doesn't do as much client stuff now, but she's still got her clinical registration. Then we also have some staff, that have been through the same sort of life transformation that we're after for our clients that have spent time in prison. They've had addiction in their lives and they've turned their lives around and are now kind of providing the perfect role models for our young guys and are able to connect really well with them. We're very blessed to have both sides of the coin. They're really well trained, but with the experience to be able to connect with the boys.

Sprecher 1

How do you select your professionals?

Sprecher 2

One thing that's really important for us is passion. Our team here is very passionate about what we do. So, anyone new that's joining us, they have to be oozing with passion when we interview them. Experience of working with high-risk young people is important to us as well. Like the people that we've just hired have both been in government agencies and worked with really vulnerable high risk young people. So that's really important to us because it shows us that they know what they're coming into and that they won't be shocked or surprised. That's probably the main things. Really, it's just understanding the clients and having passion.

All of our program staff that are involved in running our programs, they get their surf instructor's certificate. We pay for that, and they go and learn how to do rescues and stuff like that. We try to pretty much keep it in the house, part of one unit. So, that our clients can see the same people every week and it's really consistent. That's really important to us.

Sprecher 1

OK. How would you describe a typical day in your program?

Sprecher 2

Well, it's different for each program. A general surf therapy program day, there's obviously some surfing. Usually, we'll travel to the beach before the crew goes into the water. They do a beach circle. So, you sit in a circle, you reflect how you're feeling on a one to 10 scale, physically and emotionally, share any highlights from the week and just check in. Then we have a quick prayer before we go in the water and then and then they spend some time surfing. Then it changes depending on which program. But usually after surfing there'll be some food. So, we provide lunches for the go and we always try and eat together as staff and clients. It's like a big family feed and then there'll be some sort of group session. It changes from program to program what that group session looks like, but there'll be some element of sitting together and might be hearing from a speaker or it might be just learning some content. But that's sort of like in a general what a typical program day would involve.

Sprecher 1

Did you guys have a super unusual day and could you share?

Sprecher 2

Yeah, we've definitely had a few of those. I mean, like the boys that we work with they come with all sorts of baggage from home. So, we do a lot of de-escalation here in terms of making sure that we don't get fights. I can think of, when within a space of like 20 minutes, we had one client break their ankle because they were riding their skateboard. Which we told them not to bring, but they brought it anyway, so they broke their ankle. Another client was on the phone to the crisis team, because he was quite suicidal at the time. So, we had a staff member supporting him. And we had two of our other clients start to have quite a bad fist fight, which had to be pulled apart by staff members. So, all of that happened within 20 min and we were just like, what the heck happened?

Sprecher 1

What do you do when someone comes to you and says hey, I'm suicidal. What is your proceeding?

Sprecher 2

That's one of the reasons why we have clinically trained staff, because not all of us know. I guess we just try and talk about it as much as possible as a team, asking more questions. Like, do you have a method? If they've got a method, it's pretty serious. It doesn't happen very often that people disclose it. It's usually more after the fact. But in a case like this, the team would go straight to our clinical director. Then they would put together a risk management plan and figure out if they need to ring the crisis line, making sure that someone in their household knows what's going on and keeping an eye on things. Basically, just putting some really robust structures around them because we're not a full-on mental health agency. We know that these guys bring with them, but that's not our core thing.

We're not necessarily trained to work with really intense mental health things. We would refer on and make sure that they're safe.

Sprecher 1

Can you remind me of the duration of the programs?

Sprecher 2

So "Waves of Change" is open-ended, it runs throughout the year, but on average the boys might attend for six weeks. Then the "Waves of Freedom" runs for eight weeks or nine weeks, but the graduation is on Week 8 and then week nine is awards celebration week. "Waves of Healing" is 10 weeks. And then "Waves of Support" is again open-ended, they come and go as they want to.

Sprecher 1

OK, awesome. Would you agree that the structure of a typical day, is basically, picking up the guys, in the sense, of emotionally, through reflection. Then the guys either go for surfing or you do your program first, which depends on the program. Then you do your activities and then come back, reflect again and then let them go.

Sprecher 2

Yeah, kind of. There's always a bit of reflection even at the end of the day. I didn't mention this, but there's always a round of highlights. So, every day, even if it's a staff day, we do the same thing. What was your highlight today? To kind of end on a positive note.

Sprecher 1

Do you know about self-determination theory?

Sprecher 2

No, I can imagine what it might be.

Sprecher 1

I'm just going to explain it really quick to you. So, the theory says that, for a person to have the highest intrinsic motivation, there are 3 basic psychological needs that need to be fulfilled. Those are competence, acceptance, and relatedness to others. So, how do you think you fulfill those basic needs in your programs?

Sprecher 2

Not that we've taken this theory and woven it into all of our programs obviously, but I would say we do. Acceptance, we do quite intensively and intentionally. Like, we just celebrate everything that the boys do. If someone gets a job, we celebrate it as a group. At lunchtime, we say a prayer before we eat. We try and change who does it each week, and it's a really small thing. Like, just the smallest things to uplift and celebrate, so that they get that sense of accepting. The third one, relatedness to others, that's like our special source of why the boys love the organization. That belonging and that sense of becoming part of a brotherhood. They're learning something new together, performing it,

and sharing some vulnerable stuff in the group together. Just the ability to connect with people, when they might have been really isolated before coming in here, is very important to us. In terms of competence, it's probably not something that we're as intentional about, apart from obviously teaching them to surf, trying to help them to learn a new skill and do some basic stuff in life. But the second two, we're very intentional about.

Sprecher 1

OK. Thank you so much. Actually, we're done for today.

Sprecher 2

Ohh wow, look at us go.

2. Interview Topic List

1. Surf therapy concept

- Surf therapy description
- Offered programs in the organization
- Organizational concept
- Discovery of surf therapy by the surf therapy practitioner
- Potential clients
- Issues and challenges of surf therapy participants entering the program
- Challenges and issues the program targets
- Limits of surf therapy
- Possibilities of surf therapy
- Used theories in surf therapy
- Program theory/methodology
- Future tendencies of surf therapy
- Social workers as partners
- Challenges in the industry

2. Surf therapy process

- Discovery of the program by surf therapy participants
- Entering the program
- Motivation of surf therapy participants entering the program
- Selection of the surf therapy participants
- Relationship with the surf therapy participants
- Types of professionals on the team
- Selection of the surf therapy practitioners
- Typical day in the program
- Unusual day in the program
- With signs of bigger struggles, following proceedings
- Duration of one program
- Parts of surf therapy
- Integration of SDT
- Social work in surf therapy as long-term help

3. Surf therapy outcomes

- Observed immediate changes of participants
- Physical changes participants report
- Emotional changes participants report
- Social changes participants report
- Surf therapy practitioners' opinion on most important changes' participants undergo
- Assessment of the participants in the beginning of the program
- Assessment of the participants during the program
- Assessment of programs success
- Collection of feedback
- Feedback focusing areas
- Surf therapy practitioner and surf therapy participants different perspective on success of the program, reasons and proceedings
- Surf therapy as a psychosocial intervention
- A success story in the context of surf therapy