

Group Surf Therapy for Clients with Substance Use Disorders

Jessica Ripley

Brandman University

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Abstract

The goal of this paper is to provide evidence that a combination of surf therapy and process group be beneficial to the recovery of clients with substance use disorders. The effectiveness of group therapy, 12-step programs, and surf therapy are discussed and connected. A sample format for group surf therapy is proposed.

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Group Surf Therapy for Clients with Substance Use Disorders

Group therapy and 12-step programs have proven to be effective modalities in the treatment of substance use disorders (SUDs). Surf therapy is a new approach that has been shown to bring positive benefits to clients with Post Traumatic Stress Disorder (PTSD) and youth with developmental disabilities. The benefits of surf therapy can be applied to recovery from SUDs and be tied into group and 12-step therapy to create a hybrid that yields the most possible benefits.

Benefits of Group Therapy for Clients with SUDs

Yalom (2005) found eleven curative factors indicating how group therapy benefits clients: instillation of hope, universality, imparting information, altruism, corrective reenactment of the primary family group, development of social skills, imitative behavior, interpersonal learning, group cohesiveness, catharsis and existential factors. Yalom's research found that, among long term group therapy clients, the most commonly experienced therapeutic factors are catharsis, self-understanding, and interpersonal learning through input from group members.

Research specific to clients with substance use disorders found that early in recovery, during inpatient groups, catharsis, insight, interpersonal input, and cohesiveness were the most influential mechanisms of change in group therapy (Feeney & Dragner, 1976). Among outpatient groups of SUDs clients, instillation of hope, altruism, group cohesiveness and interpersonal learning through output were the most important factors (Kanas & Barr, 1981). Patients from different substance use disorder inpatient clinics in Central Norway reported great benefit from the support of co-patients and group therapy (Bergly, Grawe, & Hagen, 2014). Receiving therapy

in a group of their peers allows clients to attain hope for their own ability to recover and gain insight from others.

Effectiveness of 12-step Programs for SUD Clients

Many substance abuse treatment programs incorporate 12-step programs and bring clients to meetings of Alcoholics Anonymous (AA) and or Narcotics Anonymous (NA). According to the Substance Abuse and Mental Health Services Administration (SAMHSA) in the National Survey of Substance Abuse Treatment Services from 2013, 12-Step models are used by approximately 74 percent of treatment centers (SAMHSA, 2014). This is because 12-step programs are considered one of the most recommended and effective approaches to substance use disorders. Clients who participate in twelve-step programs have been shown to have a higher success rate than those who do not at both one-year and five-year follow up (Gamble & O'lawrence, 2016). Research further indicates that rates of abstinence are about twice as high among those who attend AA and that higher levels of attendance are related to higher rates of abstinence (Kaskutas, 2009).

Benefits of Surf Therapy

In research on which treatment benefits SUD clients value most, patients self-report that social skills and improvements in both the psychological and the physical health domains are the most beneficial treatment components (Bergly, Grawe, & Hagen, 2014). Surf therapy offers these benefits, and multiple others. Although the idea of surf therapy is fairly new, research has been performed evidencing its multiple benefits (Caddick & Smith, 2014; Rogers, Mallinson, & Peppers, 2014). The experience of learning to surf in a supportive group of peers, therapists, and experienced surf instructors leads to multiple mental and spiritual benefits which can help

recovering addicts on their recovery journey. These benefits compliment the highlighted benefits of both group therapy and 12-step recovery programs.

Physical Exercise

Not only is physical exercise highly recommended for physical health benefits, its benefits for individuals experiencing anxiety disorders, mood disorders and mental well-being has been well-documented (Saxena, Van Ommeren, Tang, & Armstrong, 2005). Physical exercise has been shown to reduce substance cravings (Taylor, Oh, & Cullen, 2013). Physical exercise has also been linked to improved mood, improved quality of life and higher rates of abstinence in clients with substance use disorders (Weinstock, Farney, Elrod, Henderson, & Weiss, 2017). When asked about the effectiveness of treatments provided to them, patients from different substance use disorder inpatient clinics in Central Norway specifically stated that they obtained a great benefit from physical activity (Bergly, Grawe, & Hagen, 2014). While active in their addiction, clients may not have had the time or resources to take care of their physical health and fitness. Surfing can be strenuous and thus provide the physical activity that has been lacking in clients' lives.

Stress Relief

Clients with SUDs are in great need of stress relieving activities. They may have co-occurring anxiety disorders and be overwhelmed with the daunting task of facing and repairing the damage caused to their lives and those of their family and the accompanying guilt. Participating in activities which induce a state of flow can provide relief from anxious and ruminating thoughts and other symptoms of anxiety. Participants in recreational surfing have been evidenced to attain a state of flow (Morgan and Coutts, 2016).

The concept of flow was discovered by Mihalyi Csikszentmihalyi who describes it as “a merging of action and awareness where consciousness, mind and body become ordered and harmoniously directed, without feelings of chaos, indecision or anxiety.” (Csikszentmihalyi, 1990). According to Csikszentmihalyi, flow occurs when an individual engages in an activity that meets one or more of the following conditions: challenge matches skill (participant is neither bored nor overwhelmed by level of challenge), participant is totally absorbed in the task, attainable goals are present, immediate feedback is available, participant feels a sense of control, a loss of self-consciousness and loss of sense of time (Guptil, 2011). During surf therapy, clients with SUDs would be fully absorbed in the activity at hand and thus receive a much needed break from the mental stress experienced during the recovery process. Surfers often say that when they get in the water, they leave their worries on the beach.

Being near the ocean puts you in a mindful state in which your brain is relaxed but focused. Wallace Nichols (2015) coined the term “Blue Mind” to describe “a mildly meditative state characterized by calm, peacefulness, unity and a sense of general happiness and satisfaction with life in the moment” that results from the human-water connection (p.6). So many surfers have experienced the calm and happy feelings produced by surfing that they use a special term to describe the feeling- stoke. SUD clients can experience stress relief through the stoke of surfing and the meditative qualities of the ocean.

Learning Coping Skills

Clients with SUDs have been relying on one very unhealthy coping skill: the use of drugs and alcohol. Especially in early recovery, clients need to develop new ways of dealing with unpleasant emotions. Surf therapy can provide a variety of healthy coping skills that will be

highly valuable to clients facing feelings they have been numbing with substances for years.

Surfing itself is a coping skill as it has a positive effect on well-being and has been shown to reduce symptoms of PTSD (Caddick & Smith, 2014).

There is no on/off button to activate waves in the ocean. Surfers must learn patience while waiting for the right wave. Clients with SUDs can use the coping skill of patience when facing painful emotions. While in active addiction, clients relied on the immediate relief and instant gratification of the high of substances. Sitting with and accepting painful feelings requires patience which can be practiced in the ocean.

Addiction is a chronic condition and relapse rates are as high as ninety percent for some populations (NIH, 1989; Smyth, Barry, Keenan, & Ducray, 2010). Determination and persistence are required coping skills for clients with SUDs to put in the repeated efforts needed to maintain abstinence. Although surf therapist usually ensure that every participant rides a wave, surfing is a sport that requires persistence to gain skill. Clients are motivated by the mood lifting effects of and state of flow caused by surfing to learn the determination and persistence that will be required on their road to recovery. In the process, useful problem solving skills are acquired through trial and error which will also aid clients in recovery. Research found that combat veterans gained a sense of acceptance and belonging through surf therapy (Caddick, Phoenix, & Smith, 2015). These feelings of acceptance can lead to the willingness to ask for and accept help, which is a necessary coping skill in recovery.

Improved Self-Esteem

People with substance use have significantly lower collective self-esteem than those without (Karamat & Ahmed, 2015). Outdoor adventure recreation programs have been

evidenced to have positive impacts on participants' confidence and self-concept (Widmer, Duerden, & Taniguchi, 2014). Participants in aquatic therapies specifically have experienced improved self-concept which led to increased locus of control (Driver, Rees, O'Connor, & Lox, 2006). Participants in high-intensity sports, including surfing, describe them as the resulting in positive personal transformations and courage gained through facing fear (Brymer & Oades, 2009). Fear of the open ocean and power of the waves is common. Participants in surf therapy get to face and overcome these fears with the help of supportive well trained staff. This provides them with evidence that they can be successful in the scary experience of the recovery process. Surf therapists ensure that participants' repeated attempts at surfing lead to improved skills. This gives the client a sense of mastery and a belief in their own ability to effect change and make improvements. This sense of confidence and control can be useful to SUD clients in undertaking the recovery process and in assertively removing themselves from situations that could trigger relapse.

Transition Skills

SUD clients have been living in an environment with different rules and operating with the constant numbing effect of drugs and alcohol. In early recovery, they have to learn to face the world feeling raw and vulnerable. Depending on when their use began, they may have never developed appropriate social and interpersonal skills, or they may have lost those abilities while actively using. The environment of hard core drug users is one of danger and survival. They have been forced to develop defensive ways of interacting that are not appropriate or effective outside of that setting. It is also indicated that interpersonal skills of empathy, responsibility, social support and interaction with others is important to help reduce the patient's the risk of relapse

after treatment (Broome, Simpson, & Joe, 2002). Research on a surf therapy program for young people with mental health issues shows significant outcomes for assertion, empathy, responsibility and engagement (Godfrey, Devine-Wright, & Taylor, 2015). The ocean provides a safe yet challenging environment for clients to practice needed communication and human interaction skills with surf instructors, therapists and other participants.

Many SUD clients feel that giving up drugs and alcohol means giving up fun. Since all of their recreation and leisure time has been tied up with drugs and alcohol, it can be difficult for them to imagine really enjoying their leisure time sober. A quick internet search of images from current surf therapy programs provides evidence that smiles, joy, cheering and laughter are status quo for surf therapy programs. Clients may also feel that their new sober life will be boring since they no longer have the excitement of risk and danger sometimes involved in drug use. Research evidences that high-intensity sports provide a socially acceptable alternative to risk taking behaviors (Rogers, Mallinson, & Peppers, 2014). A surf therapy day can give a SUD client hope that they will be able to have joy and excitement in their lives without the use of drugs or alcohol.

12 Step Work

As previously stated, 12-step programs are especially effective in recovery from substance abuse. Surfing and the ocean provide insight and metaphors which support the principles guiding the 12 steps. Clients who participate in surf therapy also develop qualities like humility and spirituality that they can apply to their step work.

SUD clients early in recovery may be working on step one: “We admitted that we were powerless over our addiction, that our lives had become unmanageable” (Narcotics Anonymous,

2008, p.17). Step one involves the client admitting that their previous way of living and trying to manage their substance use is not working. Despite their best efforts, they have not been able to control their addiction. Making this admission is what enables a client to ask for help and be willing to engage in the recovery process. Learning to surf can be a metaphor for this process because it requires clients to admit their powerlessness over the ocean and ask for help in learning to surf. Once they succeed in riding a wave, it also provides them with a positive experience relating to this process.

Step two states “We came to believe that a Power greater than ourselves could restore us to sanity” (Narcotics Anonymous, 2008, p.17). Many clients are deterred by the mention of God or a higher power. However, the steps only require that participants acknowledge a power that is greater than them and greater than their addiction. For some, the ocean is this power. For others, the ocean is evidence of their higher power. Few can deny a power greater than themselves in the presence of the ocean.

Step three states “We made a decision to turn our will and our lives over to the care of God as we understood Him” (Narcotics Anonymous, 2008, p.17). The ocean can be tumultuous and at times requires participants to let go of resistance. After a wipe-out, clients have to practice acceptance and wait for the breaking waves to pass before they can try again. While learning to surf, clients practice the humility and surrender they will need for step three.

Step eleven states “We sought through prayer and meditation to improve our conscious contact with God as we understood Him” (Narcotics Anonymous, 2008, p.17). Nature-based recreation has been found to be conducive to spiritual well-being and a sense of increased spiritual value, health and closeness to God (Heintzman, 2009). Surfing, and even just being near

the ocean can help participants feel closer to their higher power and encourage them to increase their engagement in prayer and meditation.

Step twelve states “Having had a spiritual awakening as the result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs” (Narcotics Anonymous, 2008, p.17). A surf therapy program as part of a SUD treatment center would include participants entering at different times and would thus enable more experienced members to practice the principle of altruism encouraged in step twelve by helping and supporting other participants. Research involving combat veterans with PTSD who participated in surf therapy supports this concept with evidence that participants experienced a sense of camaraderie and looking out for each other (Caddick & Smith, 2014).

Special Ethical Considerations

A combined surf therapy process group would have some special ethical considerations. Standard issues of informing the client of their confidentiality rights and therapist's mandated reporting obligations would be addressed with additional considerations for the unique setting. Although sessions would be held on weekday mornings, when the beach is less crowded, the therapist has limited ability to ensure confidentiality. The benefits of holding the session in the uplifting and relaxing environment of the beach would have to be weighed against the resulting limited confidentiality. Due to the potential for injury in the ocean environment, safety training and certifications would be required for all staff and at least one staff member trained as a lifeguard or emergency medical responder would be recommended. Staff who are not trained therapists would need to be trained on the specific needs and requirements of working with clients with substance abuse (who may have special boundaries due to experiences of abuse or

PTSD). There would also need to be specific boundaries put in place to protect clients from being triggered, including the requirement that all clients and staff come to therapy sober and with no drugs or alcohol in their possession.

Sample Program

The surf therapy process group combination could be well implemented with groups of ten or less from residential rehab facilities. Residential staff would transport the participants to the beach where they would start the day with a check in group. This would be a process group led by a mental health therapist who would facilitate interpersonal learning through discussion on the beach. Topics might include participants' highs and lows of the week, what step they are working and what are their goals for the day. This discussion would be followed by stretching, safety instructions, on land lessons, and finally surfing for one to two hours. After surfing, the therapist would lead a closing group in which participants discuss surf interactions, goal progress, and share critique and encouragement with one another. Participants would be directed to share the challenges they faced and how they overcame them. Finally, participants would relate their surfing experience to their recovery journey.

In conclusion, evidence supports the potential efficacy of a combined surf therapy, group therapy for SUD clients. Group therapy benefits clients through instillation of hope, catharsis, self-understanding, and interpersonal learning. Twelve-step programs are often the theme of group therapy for SUD clients because they are one of the most recommended and effective approaches to SUD treatment. Surf therapy can enhance the benefits of group therapy and provide a metaphor for the principles clients practice through the twelve steps. Surfing provides a safe but challenging environment for clients to reduce stress, increase self-esteem, learn

transition skills and practice the twelve step principles of acceptance, surrender, humility and spirituality. If combined, these treatment modalities could provide relief of suffering and improve success rates of clients embarking on the recovery journey.

References

- Bergly, T. H., Grawe, R. W., & Hagen, R. (2014). Domains and Perceived Benefits of Treatment Among Patients With and Without Co-Occurring Disorders in Inpatient Substance Use Treatment. *Journal Of Dual Diagnosis*, 10(2), 91-97. doi:10.1080/15504263.2014.906134
- Broome, K.M., Simpson, D.D., & Joe, G.W. (2002). The role of social support following short-term inpatient treatment. *The American Journal on Addictions*, 11, 57–65. doi:10.1080/10550490252801648
- Brymer, E. , & Oades, L.G. (2009). Extreme sports: A positive transformation in courage and humility. *The Journal of Humanistic Psychology*, 49(1), 114-126.
- Caddick, N., & Smith, B. (2014). The impact of sport and physical activity on the well-being of combat veterans: A systematic review. *Psychology Of Sport & Exercise*, 159-18. doi:10.1016/j.psychsport.2013.09.011
- Caddick, N., Phoenix, C., & Smith, B. (2015). Collective stories and well-being: Using a dialogical narrative approach to understand peer relationships among combat veterans experiencing post-traumatic stress disorder. *Journal Of Health Psychology*, 20(3), 286-299.
- Csikszentmihalyi, M. (1990). *Flow : the psychology of optimal experience*. New York : Harper & Row, c1990.
- Driver, S., Rees, K., O'Connor, J., & Lox, C. (2006). Aquatics, health-promoting self-care behaviours and adults with brain injuries. *Brain Injury*, 20(2), 133. doi:10.1080/02699050500443822

- Feeney, D.J. & Dragner, P. (1976). Alcoholics view group therapy: Process and goals. *Journal of Studies on Alcohol*, 37,611-618.
- Gamble, J., & O'lawrence, H. (2016). An overview of the efficacy of the 12-step group therapy for substance abuse treatment. *Journal Of Health And Human Services Administration*, (1), 141.
- Godfrey, C., Devine-Wright, H., & Taylor, J. (2015). The positive impact of structured surfing courses on the wellbeing of vulnerable young people. *Community Practitioner*, 88(1), 26-29.
- Guptill, C., & Kirchner, J. M. (2011). Incorporating flow into practice and performance. *Work*, 40(3), 289-296.
- Heintzman, P. (2009). Nature-Based Recreation and Spirituality: A Complex Relationship. *Leisure Sciences*, 32(1), 72-89.
- Kanas, N. & Barr, M. A. (1981). Outpatient alcoholics view group therapy. *Group: The Journal of the Eastern Group Psychotherapy Society*, 6, 17-20.
- Karamat, M., & Ahmed, S. (2015). COLLECTIVE SELF-ESTEEM AND HOPELESSNESS AMONG PEOPLE WITH SUBSTANCE USE. *Pakistan Journal Of Psychology*, 46(2), 69-80.
- Kaskutas, L. A. (2009). Alcoholics Anonymous effectiveness: Faith meets science. *Journal Of Addictive Diseases*, 28(2), 145-157. doi:10.1080/10550880902772464
- Morgan, J. D., & Coutts, R. A. (2016). Measuring peak experience in recreational surfing. *Journal Of Sport Behavior*, 39(2), 202-217.
- Narcotics anonymous. (2008). Chatsworth, CA: Narcotics Anonymous World Services.

National Institutes of Health (NIH). (1989). Relapse and Craving. Retrieved from

<https://pubs.niaaa.nih.gov/publications/aa06.htm>.

Nichols, W. J. (2015). Blue mind. Place of publication not identified: Back Bay Books Little Brn

Rogers, C. M., Mallinson, T., & Peppers, D. (2014). High-intensity sports for posttraumatic

stress disorder and depression: feasibility study of ocean therapy with veterans of

operation enduring freedom and operation Iraqi freedom. AJOT: American Journal Of

Occupational Therapy, (4), 395. doi:10.5014/ajot.2014.011221

Saxena, S., Van Ommeren, M., Tang, K., & Armstrong, T. (2005). Mental health benefits of

physical activity. Journal Of Mental Health, 14(5), 445-451.

Smyth, B. P., Barry, J., Keenan, E., & Ducray, K. (2010). Lapse and Relapse Following Inpatient

Treatment of Opiate Dependence. Irish Medical Journal, 103(6), 176-178.

Substance Abuse and Mental Health Services Administration (2014) National Survey of

Substance Abuse Treatment Services (N-SSATS): 2013. Data on substance abuse

treatment facilities. BHSIS series S-73, HHS publication no. (SMA) 14-4809. Rockville,

MD: Substance Abuse and Mental Health Services Administration, 2014.

Taylor, A. H., Oh, H., & Cullen, S. (2013). Acute effect of exercise on alcohol urges and

attentional bias towards alcohol related images in high alcohol consumers. Mental Health

And Physical Activity, 6220-226. doi:10.1016/j.mhpa.2013.09.004

Weinstock, J., Farney, M. R., Elrod, N. M., Henderson, C. E., & Weiss, E. P. (2017). Regular

article: Exercise as an Adjunctive Treatment for Substance Use Disorders: Rationale and

Intervention Description. Journal Of Substance Abuse Treatment, 72(Contingency

Management in Substance Use Treatment), 40-47. doi:10.1016/j.jsat.2016.09.002

Widmer, M. A., Duerden, M. D., & Taniguchi, S. T. (2014). Increasing and Generalizing Self-Efficacy. *Journal Of Leisure Research*, 46(2), 165-183.

Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.