Aim: To study overseas adventure therapy programs and crime prevention initiatives –
Focused on 3 key areas:


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INDEX

1. Introduction and acknowledgments  page 3
2. Executive Summary  page 4
3. Programme  page 8
4. Main Body
   i. Aim and scope of the study  page 10
   ii. Explanation of the terminology used  page 10
   iii. Follow-up  page 11
   iv. Family engagement  page 19
   v. Programs for younger participants  page 23
   vi. Indigenous
      A. Indigenous perspectives incorporated into programs  page 25
      B. Specialist programs for indigenous young people  page 27
   vii. Additional findings and links to crime prevention  page 30
5. Conclusions and recommendations  page 33

References  page 37

Appendix A. Summary profiles of programs visited  page 49

Appendix B. About the author  page 51

Ravens Way program paddles and hikes around this dormant volcano in Sitka, Alaska
INTRODUCTION

The Churchill Fellowship provided an opportunity to learn about a variety of adventure/wilderness therapy programs around the world. These unique programs were all focussed on utilising natural places and challenging experiences to help young people reach their full potential. However, these programs were far from homogeneous, and an additional report could be compiled only comparing the differences between adventure/wilderness and crime prevention programs around the world.

This Churchill Fellowship project was designed to learn from these diverse programs and to formulate recommendations about best practice in the areas of follow-up (post program activity), family engagement and indigenous perspectives. These recommendations will be brought into the Australian context of youth development and crime prevention and condensed into dot point format in the Executive Summary section and then elaborated in the main body of this report.

Acknowledgements

I would like to acknowledge the Australian Winston Churchill Memorial Trust for supporting Australians to gain knowledge and to improve their industry or area of interest. I also thank the Trust for selecting my project for funding. I would like to acknowledge the work of the past fellows, who had projects focused on Wilderness Adventure Therapy, Dr Simon Crisp 1997 and Paul Stolz, 2000. Their reports and recommendations inspired me to continue to investigate ways to improve aspects of our industry. I would like to thank my professional referees John Shepherd and Doug Knuckey from the Operation Flinders Foundation and to the Foundation for allowing me the time and support to undertake this study tour. During my Fellowship I was constantly amazed by the generosity of all of the people I met. I would firstly like to thank the organising team of the 6th International Adventure Therapy Conference. Whilst on my site visits throughout the UK, Canada and USA I experienced nothing but kindness and openness from hosts, contacts, coordinators, staff and most importantly participants. Special mention goes to Dr Stephan Natynczuk, Greg and Corinna Stevens, Becky Bains, Clint Simic, Mark White, Jill Hutcheson, and Chad Balagna for going above and beyond to make sure I was able to experience all aspects of their programs and regions. Finally thanks go to family for their endless support and to my mentor and past Churchill Fellow, Loris Glass, who supported me through the logistics of amending my plan to accommodate family priorities and the writing of my final report.
EXECUTIVE SUMMARY

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Project Description: To study overseas adventure therapy programs and crime prevention initiatives (Focused on 3 key areas: 1. Follow-up, 2. Family engagement and programs for younger participants and 3. Indigenous perspectives and specific programs for Indigenous young people).

Places visited: Czech Republic, Bohemia: 6th International Adventure Therapy Conference

UK, Essex: Wilderness Foundation --- Worcestershire: My Big Adventure

Canada, Vancouver Island: Canadventure Education

USA, Alaska, Wrangell: Alaska Crossings --- Sitka: Ravens Way

USA, Colorado, Durango: Open Sky Colorado --- Mancos: Deer Hill Expeditions---

Leadville: Outward Bound --- Denver University: Dr Christian Itin,

USA, Utah, St George: Red Cliffs Ascent

USA, Hawaii, Hilo: Pacific Quest, National Guard

*pending Psychology Board approval

Major general lessons

- International public acceptance of adventure/wilderness programs

In many countries around the world adventure/wilderness therapy is seen as a mainstream option for treating a range of behavior and emotional disorders. These programs are successfully utilised as a tool for crime prevention, as part of drug diversion and court ordered attendance to help youth with criminal convictions. The majority of programs operating in Australia are of the same high quality as
international programs and need to be marketed more professionally to the wider Australian community so they are respected and supported both publically and politically.

- Research
The body of quality academic knowledge about this sort of program is growing at the global level and this high quality research needs to continue in Australia so that critical appraisal of the effectiveness of programs is maintained.

Major lessons regarding best practice for follow-up

- Choosing an appropriate model for follow-up
  There are two models of follow-up to explore in the Australian crime prevention and adventure/wilderness therapy context:
  1. Parallel programs — where participants are part of a wider community program (pre and post) and the wilderness component is built into the bigger program. This allows for continuity.
  2. Continuous regular contact with the adventure/wilderness program after completion — sessions once per month are recommended this allows for the lessons to be reinforced.

The follow-up model needs to be chosen based on a range of factors: referral process, demographics of young people accessing the program, support systems already in place for the young people, length and type of adventure/wilderness program and desired outcomes for participants.

- Involving family and community support networks in the follow-up
  Regardless of the model chosen, it is vital to engage family and community support networks in the follow-up. This engagement can be achieved through direct contact from the follow-up service provider or utilisation of local alumni and carefully planned internet resources. This use of internet resources and positive alumni (if available) is especially important for participants referred from remote locations when the service provider cannot connect easily to participants post the program.

- Follow-up planned as an integral part of the main program not an “optional extra”
  Follow-up also needs to be planned into the program from the beginning and transference of learning to a practical sense during the program. Allowing participants to make the link themselves is important but the transference into longer lasting
behavior needs to be coached in a subtle way. Role modeling and positive relationships are very important. Transitioning after a program finishes needs to be carefully planned and finishing the adventure/wilderness program with a big graduation ceremony has both pros and cons, to be explored by each program.

- **Nature, Connections, Reflecting and Reminders**
  A final item learnt on the Churchill Fellowship is to remember the following suggested four key components and to incorporate these into follow-up recommendations for individuals and families:
  1. Nature: Keep connecting to nature/ spend time in outdoor activities
  2. Connect: Maintain positive relationships with people who shared the experience
  3. Reflecting time: Practise reflective/ mindfulness in everyday life
  4. Ceremony/ keepsakes: Recreate meaningful ceremonies and use tangible objects to take home and remind of experience

**Major conclusions regarding family engagement**

- **Use of technology**
  With careful planning and supervision by therapists technology is great tool to engage families while the young person is on the intervention program. Suggestions include a parent/carer portal with secure login and monitored content so parents/carers can chat with therapist or program coordinators.

- **Family made to feel like part of the program**
  - Involving parents/carers in a significant part of the program is recommended, whether it is part of the final transition or a graduation ceremony.
  - **“Buy in” of some type:** Unfortunately predominately financial buy in, seems to increase the engagement of the family into the program. The majority of Australian programs are not user pays, as were many programs in the USA visited as part of the Churchill Fellowship. Australian programs need to be creative with how they engage families who have not invested financially in their child’s attendance on the program.

- **Letters and communication** are an essential part of longer programs, often called impact letters and need to be carefully planned.

- **Younger participants:** The family’s engagement is more important the younger the participants are. If participants are younger than 12 it is recommended that a parent/carer attends at least part of the program with the child. This is because the young person under the age of 12 still has a developing brain. It is a big expectation
for a child to retain all the knowledge and new skills they have learnt on the program and then transfer this into a different context without someone to coach and guide them.

**Major conclusions regarding indigenous perspectives**

- Links with traditional rites of passage and key transitions within an adventure/wilderness therapy program strengthen the program outcomes for both indigenous and non-indigenous participants.
- Explore concepts of culture and heritage with all groups to instill a sense of pride with each individual’s unique background.
- Community consultation is essential.
- Indigenous elders and community members in the local area where program is operating need to be incorporated into the program where possible.
- Research with Indigenous populations needs to be carefully and collaboratively planned with the people being researched involved right from the start.

**Plan to disseminate and implement key findings of Churchill Fellowship**

Dissemination of the key findings and recommendations will occur at the local level, within South Australia, initially through the Operation Flinders Foundation Clinical Advisory Committee. This report will help guide changes with this non-profit organization which provides a crime prevention and youth development program to over 400 young people per year. More information about the Operation Flinders program can be found at their website [www.operationflinders.org](http://www.operationflinders.org) Subsequently, again at the local level I will make presentations to the Outdoor Education Association of South Australia and youth worker networks across South Australia.

At the national level, I plan to disseminate my findings through connections with the Australian Bush Adventure Therapy Network, their publications and a presentation at the annual National Forum. There is a National Outdoor Association Conference at which I plan to present my findings in early 2014. I am also open to meeting or communicating via email/Skype/phone with any people interested in learning more about adventure/wilderness therapy, crime prevention initiatives and the specialist areas I examined as part of my Churchill Fellowship. I encourage people to make contact if they have any questions.
PROGRAM

The Churchill Fellowship, under my special circumstances, was broken into two parts. The first section included attendance and presentation of my thesis research at the 6th International Adventure Therapy Conference, October 2012 in the Czech Republic, Bohemia Region. This opportunity allowed me to connect to leading academics and program facilitators and developers from all over the world. Twenty six different nations attended the conference. This fostered diversity of thinking and I was able to hear about a diverse range of program, because so many countries were represented at the conference.

The next destination, in the first part of the Churchill Fellowship in October 2012, was the United Kingdom. I started in Essex, in order to visit the Wilderness Foundation and to learn about their foci on extended follow-up, through a mentoring program for more than one year. Then I travelled to Worcestershire, to visit Dr. Stephan Natynczuk who presented at the International Conference which opened up the opportunity for me to visit his program, My Big Adventure.

The second part of the Churchill in April 2013 visited Canada and the USA. Firstly to Vancouver Island to find out about the Canadventure Education program. The study tour then went to the remote area of south east Alaska, Wrangell where the 48 day kayaking/canoeing focussed Alaska Crossings program is located. I also visited the island of Sitka to visit the indigenous specific SEARC drug and alcohol residential program with a kayaking/ hiking wilderness component, “Ravens Way”. 
From Alaska, I travelled to Colorado, Durango to visit the hiking based Open Sky Wilderness therapy program with its strong focus on involving families. Whilst there I organised a visit to the nearby town of Mancos to visit Deer Hill Expeditions (on recommendation of the Ravens Way therapist) as they have a unique service component to their program of volunteering in local Navajo villages. I drove to Utah, St George, to visit the hiking based program for young offenders and challenging behavior issues Red Cliffs Ascent. This program was featured on the popular TV program “Brat Camp” and it was interesting to see how the program differed in real life from the presentation on TV. After visiting Utah I returned to Colorado to visit the long standing outdoor leadership program Outward Bound to find out about specialist programs for families and their use of extensive alumni for follow-up. Before leaving Colorado I met with Dr Christian Itin, at Denver University, to gain an academic perspective on follow-up, family engagement and indigenous perspectives related to wilderness therapy and crime prevention programs.

Finally, in late April 2013, I visited the Big Island of Hawaii, Hilo, to visit the Pacific Quest organisation and see both the adolescent and young adult organic horticulture-therapy program. This unique program is similar to wilderness therapy in the contact with nature but has life skills in gardening and cooking incorporated with extensive family involvement and follow-up. Finally I had conversations with the Program Coordinator of the military based Hawaiian National Guard Youth Challenge Academy on recommendations of local indigenous Hawaiians as they identified it as program to which indigenous young people were referred when experiencing behavior problems. This program also has an extensive mentoring program built into the follow-up for one year post program.
A summary profile of all the programs visited with contact details, program aims and key statistics (duration, staffing, and therapy models and demographics clients) of each program can be found in Appendix A. I will include both pictures of the areas I visited into my study tour to give a sense of place to the report, and specific pictures of programs and activities.

MAIN BODY

i.  **Aim and scope of the study:**

The aim of the Fellowship was to gain a better understanding of the key underpinnings of adventure/ wilderness therapy and youth crime prevention. In particular, the study was focused on follow-up, specific programs for indigenous young people and family engagement or programs for young people under the age of 14. The learning and focus of the fellowship was driven by the author’s background and specific set of skills and knowledge (refer to Appendix B for more information about the author).

Through the Churchill Fellowship, I was able to gain a global perspective on an industry I have been working in and researching for over five years. The Churchill Fellowship aimed to make links between wilderness/ adventure therapy and youth crime prevention. This report aims to capture some of the diversity of programs that service young people around the world experiencing behavior or adjustment problems.

However, it must be acknowledged that the study tour did not visit every program in the world and the majority of programs visited were in the USA. This gives bias to the western style of program and although I aimed to counter balance this with the attendance at the International Adventure Therapy Conference (with a wide range of countries represented), it must still be noted that eight out of the twelve programs visited were in the USA.

ii. **Explanation of the terminology used:**

*Adventure Therapy*-Wilderness therapy and adventure therapy will be used as interchangeable terms for the purpose of this study. For the rest of this report, I will refer only to the term adventure therapy. In reality the main difference is based on the location of the program and those based in more remote areas are known as wilderness programs. There are other theoretical differences between the terms that can be explored by referring to the Therapeutic Recreational Journal (Ewert, McCormick and Voight, 2001) or the Journal of
Experimental Education. Both types of program are underscored by a focus on experiential learning and overcoming real or perceived challenges.

Participants- Young people (aged 12-18) attending the programs I visited will be referred to as “participants” in this report. The different programs referred to the young people as “guests”, “clients”, “students” or “kids” but for consistency, I will use the term “participant”.

iii. Follow-up

This project was focussed on the important component of follow-up, also called after care, which is needed after young people attend adventure therapy programs. Reinforcement of key lessons, new skills and behavior patterns gained from attendance on the programs are outcome of quality follow-up. Follow-up also assists with guiding the positive change process, which continues after the young person has left the intervention program. From a crime prevention perspective it can help prevent relapse. The study examined best practice for follow-up in a variety of settings with varied client groups and has condensed learning into the following sections: intra-program integration, post-program transfer, specific follow-up methods, barriers to overcome and key strengths of good quality follow-up.

Intra-program integration means to link the adventure therapy program to follow up while the participant is still on the program. To have good quality follow up it is important to have a strong therapeutic program. Respected facilitator, LukPeeters (Belgium) at the 6th International Adventure Therapy Conference, recommended certain necessary conditions to enhance the therapeutic outcomes of adventure activities. He recommended

- allowing time to reflect both after the activity and during (when safe).
- facilitators should not rush to save participants from frustration and emotions, as these are learning opportunities
- providing a safe environment (physically/emotionally)
- giving time and space for frustration to arise. Experiential learning requires facilitators to help participants to heighten the awareness of the person in the “here and now” by slowing them down and pointing out deflecting mechanisms (tell them how they are trying to escape from the here and now).

Luk Peeters goes on to suggest that adventure therapy facilitators should share observations of participants with respect. Video can help capture the experience and can be reviewed as part of follow-up. It is important to establish a safe reflective space (both in the action
phase of the program and reflection/debrief phase). Activities need to be processed—reflection after activity/ reflection in activity. This does not always need to be verbal reflection; it can be simply time alone or art activity. Reflection provides a chance to re-live the activity and may require some facilitator intervention to assist with framing and frontloading. If the adventure program is designed to be only educational it is fine to allow the process just to take place. However, if we want to enhance the therapy aspect, then disrupting the process to stop and reflect is part of the change.

When planning an adventure therapy program choose activities that do not require a high level of skill or technical equipment (e.g. good choices for therapeutic activities are, hiking, rock climbing/abseiling, canoeing, group sailing and challenge courses and bad choices are downhill skiing, scuba diving, solo-sailing and technical mountaineering). Personalise and individualise activities and challenge level. Allow scope within the program to adjust the activity to meet the participant’s level of readiness. Allow capacity to upgrade or downgrade level of challenge (e.g. in an initiative challenge rather than saying “if you touch the wire you will be blindfolded” it is better to keep consequences vague or secret, so they can be adjusted for the specific level of challenge).

A program I visited that did this intra-program integration well was My Big Adventure, Worcester UK, which used solution focused therapy as its primary intervention modality. In the words of Program Principal, Dr. Stephan Natynczuk, solution focussed therapy encourages participants to find their own practical solutions to problems they are experiencing during experiential activities. The facilitators then used this same framework to help the participants find their own solutions to problems they were experiencing in school or family life.

Another program which transferred learning whilst participants are on the program to the follow-up stage was Ravens Way in Sitka, Alaska. This residential style program, with a journey component and adventure activities, was able to link participants with support groups (that already exist in their local area) while they were still on the program. An example of this was programming time at Alcoholics Anonymous or Narcotics Anonymous meetings into the program. This link was explained, by therapists, as a positive method to encourage participants to continue to connect to these services when they return home and help prevent relapse. Pacific Quest, Hilo, Hawaii, was another program, which had good transference to follow-up as it utilised skills based around daily living, such as gardening, hygiene and
cooking. These skills are easily transferred to an everyday context, as opposed to complicated survival skills that many adventure therapy programs focus on.

I recommend that Australian adventure therapy and crime prevention programs ensure that the outcomes are heightened by linking the experience to follow-up while the participants are still on the program. Also by making sure the program has a strong therapeutic intent and time to reflect on what skills (practical or socio-emotional) participants will transfer to a different context, in a range of ways, both guided and non-guided needs to be programmed into the active stage of the program. This intra-program integration will strengthen follow-up and subsequent positive outcome for participants.

*Post-program transfer* means moving from the adventure therapy program on to the next step. This may be returning to original family or community situation or transitioning to another therapeutic program. From my visit to the Wilderness Foundation, Essex, UK, I learnt the importance of transitional work towards the end of the main experience/journey. One common technique is a nature based idea where participants collect rocks as an activity then choose two small rocks. One rock, the participants will keep as a reminder of the experience, and on another they will scratch or whisper into the rock a word/symbol that represents their problem(s) and leave it behind on the program, throw off a cliff/mountain top or throw into a stream. Another idea is to use a gateway/bridge/action/small ceremony to pass through to mark the start of the program/journey that you recreate to allow participants to pass back through at the end of the program/journey. Bridge building activities towards the end of the program are used as a metaphor for moving on.

Many of the North American based programs had traditional Native American “vision quest” type activities programmed into the final stages of their program and this concept will be explored later in the report in the section focused on Indigenous perspectives. An outcome of these vision quests is to facilitate reflection time for the participant to formulate their own mission or intent statement. This intent statement needs to be transferred into practical language to be put into action post-program by the participants.
This post-program transfer was particularly well guided in the Canadventure program, Sayward, Canada. This incorporated family/carer involvement in the final stages of the program. The programs with carefully planned and clearly communicated post-program transfer methods had a smoother transition for graduating participants.

One final consideration for Australian adventure therapy programs regarding post program transfer is deciding whether it is appropriate to have a public graduation and/or celebration at the end of a program. The majority of programs I visited had this built into the final stage of the program or as part of the follow-up. This is seen as a positive way to finish a program and reward the participant for overcoming the challenges of this type of program. However, after speaking to therapists at Pacific Quest, Hilo, Hawaii and Red Cliff Ascent, St Louise Utah (two very different programs) there is risk associated with building a program up to a “big finish”. The first risk is that the participant will view the journey as finished with a celebration and not see that is actually part of a change process that needs to be continually worked on post program. The second risk is that when a participant is built up to a state of elation there is the risk of a crash following.

It is my recommendation that when celebrations are planned as part of the final stage of an adventure therapy program it is vital that these are framed as part of a transition rather than a finish. Furthermore, that the participant is given adequate support and tools to deal with the “come-down” and setbacks after the elation of the graduation ceremony has passed.

Follow-up methods can vary according to a range of factors, including reasons for referral and referral sources, family/community support, location and resources of the adventure therapy program. Christian Itin, Denver University, USA recommended two models to explore when planning follow-up.

1. Parallel community based program to provide follow-up
2. Adventure therapy program to provide follow-up

The first model exists when participants are part of a bigger community program (pre and post adventure therapy intervention) and this allows for continuity. Many of the USA based programs I visited had Educational Consultants (self-employed consultants who advise parents possible educational pathways for their children) coordinate the follow-up which is not an Australian concept. Australian programs would need to partner with schools or
established community programs to coordinate parallel programs. This would involve linking community mentors, skills workshops and support for employment and further education.

The second model involves continuous regular contact with the adventure therapy program after completion. Candaventure and Alaska Crossings both used this model and therapists would contact the participants post program. Regular reunion sessions and/or phone contact is recommended. The follow-up time frames will vary according to a range of factors, which will be discussed in the limitation section. However, there needs to be a minimum of 12 months follow-up with staggered contact from the adventure therapy program. This means, contacting the participants twice in the first month then once per month for the next 3 months, and decreasing contact to once every two months for the final six months of follow up.

From my review of the various programs visited, I would like to recommend Australian programs explore a third model which combines the two proposed models. This will provide the most comprehensive follow-up for participants from a range of sources. However, this will also involve pre-planning and consultation to ensure communication between agencies and workers supporting the participants is adequate. Whichever model is chosen, it is essential that follow-up is supported by families (or social workers/probation officers) who have strong influence over the participants post program. This aspect of family engagement will be explored in another section of this report. In regards to follow-up, it is important to keep families and/or key workers up to date with changes the participant has made whilst on the adventure therapy program, so therefore the end of program transference of information is important.

Greg and Corinna Stevenston from Canadventure Education, suggested four key components for follow up after an adventure therapy program. These components need to be modified so they are specific to the program and then incorporated into follow up and communicated in
post program recommendations for individuals and families. The components recommended are: Nature, Connections, Reflecting and Reminders.

1. **Nature** — Canadventure recommends that participants keep connecting with nature and spend time in outdoor activities. This sounds straightforward, but many programs forget this in their follow up recommendations and focus on the clinical or practical aspects of follow up. Natural settings and time spent reflecting in a natural setting are seen as vital parts of this type of intervention, so they need to be incorporated into follow up for best results.

2. **Connections** — Maintaining positive relationships with people who shared the experience is another key recommendation for follow up. This can be done through facilitated reunions, alumni, online networking (with appropriate supervision and guidelines) and opportunities for participants to connect with the program and staff directly. Red Cliff ascent in Utah has a post program reunion in which all past participants and staff are invited to a camping weekend on the property. They also have a volunteering program called “Red Hands” where past participants can volunteer to mentor current participants. This may not be appropriate for every program in Australia but aspects of this should be explored to strengthen follow up.

3. **Reflection** — Canadventure recommends that participants make time to practice reflection or mindfulness in everyday life after they complete the program. Not every adventure therapy will have this strong focus on teaching the skills of mindfulness (which is a therapy technique). However, the majority of programs have programmed space for reflection of some type and again this vital component needs to be carried
through into follow up. This need for reflection time must be communicated to families and support staff so this time can be reinforced and planned for.

4. **Reminders** — This involves ceremonies or keepsakes that were important on the program being revisited when the participant is home to remember the experience and the changes they made on the program. Candventure recommends participants try to recreate meaningful ceremonies and take home tangible objects as reminders of the experience. Some examples I saw were medicine pouches on Ravens Way made by participants for each other, masks made on Pacific Quest to remind participants that we sometimes live behind masks. There are many other tangible items such as art or practical tools e.g. a tool kit used on the Wilderness Foundation was an actual physical tool kit to use but with links to learning outcomes from the program. Participants need tangible items to remember the experience.

**Barriers**

It must be acknowledged that not every participant who attends an adventure therapy program has a positive experience and they may not want to reconnect with the program as part of follow-up. This is why partnering, with other external support agencies, is recommended so participants have some other connections that can support them post program. The participants who do not want to reconnect with the adventure therapy program and any follow-up service provided must be provided with alternatives, where possible. Although the wilderness program is a powerful therapeutic experience, the realities of returning to the modern world can be disillusioning for young people, even those who had a positive experience. This barrier is a cultural attitude to behavioural interventions, where many believe “you have fixed them, we shouldn’t need to do anything when they get home”.

17
Programs need to shift this thinking to “intervention is not a cure but a way to teach coping skills and these still need to be coached in a range of settings”.

Another barrier to follow-up is geographical distance from services. This is the case in Australia where a percentage of participants live in remote regions or towns with lack of services. This was also the case for the programs I visited in South East Alaska, Alaskan Crossings and Ravens Way. This barrier was overcome by regular telephone calls with workers from the programs as part of follow-up. Clint Simic from Ravens Way also suggested expanding online follow-up services as many communities have better access to internet resources than ever before. These resources need to be carefully planned, monitored and regularly updated but can make a difference to participants in remote regions who want to access follow-up advice and services but geographical distances make it problematic.

A final barrier to be discussed is funding for follow-up. The active therapeutic intervention program can be funded in a range of ways (see Appendix A for a list of programs visited and their funding sources). However, as Alaska Crossings has found, the follow-up is not a billable service, unless it is provided in a certain intensive face to face method which is not sustainable for adventure therapy programs. This barrier can only be overcome in Australia as the public and political view of these intervention programs as being worthwhile, strong and empirically validated continues to build. With this public and political support the case for financial support not just for the initial adventure therapy program but also for the follow-up component will grow.

**Key Strengths**

Follow-up is an important way to build on the impact of the intervention program. A strength of at least two of the programs visited was the inclusion of a post program mentoring program. The Wilderness Foundation, UK, has mentors recruited from the community (and then trained) who assist with the follow-up for one year post program. The mentors assist the participants to attend reunion activities and other post program services. The Hawaiian National Guard program, in Hilo, Hawaii, has each participant identify two people they would like to be their mentors. These two people undergo training and then support the participant for one year post program. This includes one of the mentors reporting back to the National Guard program each month with updates. This mentoring of participants post
program is a strength of a follow-up model. Mentoring as part of follow-up could be built into Australian programs with mentors recruited from existing staff/volunteer base or by partnering with existing community mentoring program. There are fantastic resources of the Australian Youth Mentoring website.

Another strength is to have a case manager allocated to each participant who is responsible for coordination of return services. Case managers work together with local treatment teams to support the participants post-program. This was successfully utilised in the Alaska Crossings Programs which had a case manager assigned to each group of 8 participants. When replicating this case manager strategy, it is important to plan and budget for this follow-up service.

In summary, follow-up needs to be incorporated from start to finish and seen as an integral part of the program. Whilst on the program guide staff must provide a good quality therapeutic experience and assist participants to link their experience with the follow-up journey. These follow-up ideas need to be communicated to case workers who can start planning with home services while the participant is still in final stages of the program. Research into effective follow-up is expensive and time consuming but ultimately is needed to give empirical evidence to support recommendations.

iv. Family engagement

Originally the plan was to visit programs which provided services for younger participants (meaning below usual cut off of 12 years) because early intervention is shown to have an impact on crime prevention. However, during the study tour I expanded the scope of this section to include family therapy programs and family engagement or support for adventure therapy programs. There were two reasons for this, the first being that there are only a limited number of programs for participants under the age of 12. Mainly because research shows that the brain is not developed fully to comprehend the experience and sustain the changes without in-depth support. The second reason was that all the programs visited had valuable elements of family engagement and this is an area that could be strengthened within Australian adventure therapy programs.

The Canadventure program had a good model for strong family engagement in the program. During the pre-program phase after the initial phone conversations (as family referral is most common) an induction folder was sent out outlining the required family involvement During
the program the family resources and general information are on the secure portal on the internet and individually tailored information was sent specifically to parents by the therapist. This also included a therapeutic parent activity package which was also sent out at the beginning of the program.

An impact letter is written by parents/ caregivers to their child. A therapist guides this process over the phone or internet and encourages parents/ carers to focus on points of concern but also their care for their child in the letter. This impact letter is then read by the participant in the remote location and a response letter written back to the family by the participant. A therapist guides this process and this process can be modified for participants with low literacy. In addition to the impact letters normal correspondence letters can be written anytime.

A senior instructor or therapist contacts families once per week to give an update on their child, if they are not on expedition, participants can have a chance to speak to parents. During the last two and a half days of program parents are invited to base camp. They meet individually with therapist while the participants are on their final solo and the therapist explains outcomes and transformations their child has gone through whilst on the program. There are also parent group sessions to explain the program generally and allow time for questions. While this is occurring the parents maintain vigil on their child while on solo, (vigil means using a coded whistle system for child to communicate that they are safe).

When this final solo time finishes the parents are involved in a returning ceremony where the parents and Canadventure community welcome the participants back to base camp. While participants explore solo experience with therapists, parents prepare a special celebration feast for the final night. After the feast there is a final group fire with everyone. This is followed by a final day of individual family therapy and a closing ceremony and then parents accompany the participant home.
Another program visited with a strong focus on family engagement was Open Sky Wilderness in Durango, Colorado. The pre-admission phase includes discussion upfront about the price to attend the program. This is important as it highlights the level of commitment by parents. This emotional “buy in” to the success of the program is very important and with private programs it also involves a financial “buy in”.

During the program (approximately 60 days) letters are exchanged with the son or daughter along with weekly phone calls with the therapist. Each Sunday there is a one hour online support group. All parents of active participants on the program plus past participants can take part in or watch a videoed session facilitated by therapist. These are psycho-educational webinars and parents can link in and have therapists answer questions online. Notes, visual and audio information are always available on the parent portal that can be accessed while participants are enrolled on the program. Some of the online content is focused on what is currently happening on the program, however, sessions also cover other common family issues (e.g. divorce and family conflict).

Families are given therapeutic assignments similar to what young people are going through in a parent’s workbook. This is focused on self-care and positive parenting techniques. Parents/carers are strongly recommended to attend a “Wellness Weekend” while their child is participant on the Open Sky program. There is an 85% uptake on these wellness weekends and the aim is to bring together the holistic therapeutic program the participants experience in the 60 days, in a condensed version for the parents.

As well as the “Wellness Weekend” for parents-only, the Open Sky program conducts an optional “Family Quest”. This “Family Quest” has about 60% uptake and occurs over two to three days with parents, siblings, participants all hiking together, guided by a therapist. Lauren Lollini, the Family Liaison officer, often sees a positive shift in family dynamics on these “Family Quests” as parents are out of their comfort zone and young people become teachers of outdoor skills and this opens different communication channels. Finally, there is a graduation ceremony when the participant leaves the program, which is compulsory for
families to attend. The Open Sky take into account separated/ blended families and can do two smaller graduation ceremonies. These were two models that strengthened family engagement and Australian programs could take elements from these and modify to suit.

*Barriers*-The models to involve parents discussed above are useful for Australian programs provided the following barriers and limitations are acknowledged and planned for accordingly. The first barrier to family engagement relates to families who are overprotective and not willing to allow their child the opportunities needed to build resilience. Dr. Michael Ungar key note speaker at the 6th International Adventure Therapy Conference, Czech Republic, gave the following tips for talking to overprotective parents and key questions to ask regarding supporting their child to attend an adventure therapy program.

“What risks did you take growing up?
By taking those risks what did you learn?
Were those lessons helpful, unhelpful or both?
How will your child learn those same lessons?”

Climbing mountains and paddling remote areas involve risk.

The other barrier involves engaging the support of families who are the opposite of overprotective, and may be borderline neglectful or disinterested in their child’s participation in the intervention program. This barrier of lack of functional family support is also present in situations of dual custody and participants who are under guardianship (also known as ward of the state). It must be acknowledged that parents/carers are often doing their best in raising their children, but may not have the skills or have their own complex issues they are dealing with, that prevent them from being able to adequately cope with the demands of a challenging teenager.

Both Alaska Crossings and Ravens Way programs in South East Alaska serviced participants from low socio-economic backgrounds who were referred to the programs for substance abuse or diagnoses such as severely emotionally disturbed. These programs found they could overcome barriers with disinterested parents by good pre-program communication. During the pre-intake and assessment phase the therapist liaises with participant directly plus
parents/carers or parole officers to determine treatment objectives and establish a common language to speak in. This can mean using technical versus non-technical language depending on educational background or use of interpreters for people who speak English as a second language. They also found that telephone conversations with home support on a weekly basis during the program assisted with engagement and when biological parents were disinterested, therapists ensured that the term “family” incorporated extended family, caregivers and friends.

In conclusion, family engagement involves including families in as many aspects of the program as is appropriate. This may mean facilitated visits or letters while the participant is on the program or separate families’ resources and activities to complete in their home environment. The style of family engagement will depend on individual parents and the various barriers each adventure therapy program needs to overcome. Participants may have been referred by overprotective parents who have issues with risk taking and this parenting style has contributed to dysfunctional behaviour patterns. This will involve referring to research on resilience building and adequate information on the programs safety systems. Alternatively, participants may have been referred by an external agency such as a school or parole officer, and parents may need to be encouraged to be interested in the program and to support the changes post program. This will mean adequate communication and consultation about program objectives at the appropriate level for the parents. This “buy in” is important and may take the form of monetary contributions to the program or other creative ways to encourage the families to “buy in” to the success of the program.

v. Involvement of Younger Participants

The involvement of younger participants (below 12 years) was investigated as part of this project as early intervention is identified as an important part of behaviour change and crime prevention. At the International Adventure Therapy Conference Gabor Timur Szabo from Budapest, Hungary stressed the importance of involving parents and significant adults in programs for younger participants as they need additional scaffolding to help sustain behavior change. In the Hungarian program activities over the week allow for a combination of young participants only, parents only (sometimes separating mothers and fathers), young participants and parents together and siblings together. This allows for the complexity of family dynamics and all activities reinforce the importance of fun and play within a family system.
The Wilderness Foundation in association with “My Big Adventure” conducts Wilderness Therapy programs for UK families. These eight day programs located in the Scottish mountains, are conducted during summer and give a “unique opportunity to address the problems in their family” in a safe and supported environment with specialist solution focused therapists. There must be voluntary self-referrals from both a parent and a participant. During the eight days, the families spend two days together participating in group and individual activities, then four days on separate expeditions (parents and young people). During this time they are learning about their own strengths and new perspectives. After the expedition the families spend two days together at base camp participating in activities together plus planning a way forward. Follow up includes post program home visits by the therapist, telephone support, access to an online parent forum, and invitation to further day family outdoor activities.

When children under the age of 12 are participating in various components of adventure therapy programs, their lack of physical strength and endurance needs to be taken into account. Complex activities may need to be broken into smaller tasks and explained in simple language with plenty of time to practise new skills. In regard to the use of abstract constructs, younger participants may not be able to make links between abstract metaphors and real life situations unless guided. It may be more appropriate to use stories and role playing activities rather than attempt complicated abstract tasks. These same principles apply when working with participants with intellectual disabilities, some behavior conditions (such as Autism) and participants who are more practically focused. A strength of adventure therapy is that it is far more experiential and kinesthetic, compared to other therapeutic interventions, however, modifications still need to be made when providing a specialist program for younger participants.
To summarise, just like the adolescent participants, younger participants can benefit from attending adventure therapy programs and this early intervention can induce more significant positive changes. However, younger participants need to have additional support and it is preferable to have a significant parent/ carer share the experience and provide reminders and scaffolding to support behavior change when returning home. It is also important to modify the experience to take into account brain development and physical limitations of younger participants and maximise the learning opportunities.

iv. Indigenous

This project focussed on specialist adventure therapy and crime prevention programs for indigenous groups, because there is an over-representation of Indigenous people in the justice system. This seems like a negative aspect of Indigenous culture to focus on, but unfortunately, 2013 statistics show that indigenous youth imprisonment rates are 24 times higher than non-indigenous young people in Australia (Australian Institute of Criminology, 2013). However, the project also focused on the positive aspects of Indigenous culture that have shaped the Adventure Therapy field. Indigenous perspectives underlie many adventure therapy theories and guide many activities including teaching survival skills. I also acknowledge that I do not come from an Indigenous background so the following...
recommendations are based on my observations and research, not an in-depth personal understanding on the complexities of indigenous culture.

a. Indigenous perspectives incorporated into programs for general population

All of the programs visited in North America, as part of the study tour, incorporated traditional Indigenous practices into their program. These practices included use of sweat lodges and vision quests, teaching participants tracking and survival skills, collecting/cultivating traditional foods and making traditional handicrafts. The sense of journey and personal transitions/transformations through ceremonies and rites of passage is another indigenous practice incorporated into the adventure therapy programs. Incorporating indigenous perspectives and activities make the experience meaningful and are in context with the nature-based adventure therapy programs.

One aspect to be conscious of and to avoid (where possible), is the portrayal of Indigenous culture only as a historical traditional culture and to forget that there is a contemporary aspect that also needs to be acknowledged. One program visited which successfully incorporated and promoted both traditional and contemporary indigenous culture was Deer Hill Expeditions in Mancos, Colorado. This program included a service component where small groups of participants were hosted by members of the Navajo nation, in exchange for assisting with community tasks. This volunteering component brings an authentic cultural exchange as it allows participants to see who the Navajo people are now. This experience comes complete with the Navajo’s links to their traditional culture and to their developing modern culture. This has a combination of positive aspects (e.g. ceremonial combined with contemporary dance and music) and negative aspects (e.g. identification with gang culture and loss of language) which often accompany cultural transitions.

The Deer Hill Expedition program values this unique contemporary indigenous aspect of their program. The program director, Jason Kroll, acknowledges that there are occasionally challenges working with indigenous communities, especially regarding time and logistics. He
said it can sometimes be hard to lock in arrangements in advance. However, once this minor limitation is acknowledged and it is accepted that you will need to be flexible, the potential of this unique experience outweighs this challenge. It is also important to allow for time to build genuine relationships with indigenous communities rather than just focus on business. Although it is expected that Navajo hosts families will be compensated for out of pocket expenses, the labour and equipment costs for projects of their choice is provided free of charge.

In addition to the modern interaction with the local Navajo people, Deer Hill Expeditions is a hiking and river rafting based program and follows ancient trade pathways of Navajo and incorporates traditional practices into the “Deer Hill culture” such as the use of talking sticks and sweatlodges. This sensitive use of both traditional and contemporary local indigenous perspectives and activities is a sound model for Australian adventure therapy programs to build on. Connecting with local elders and communities to include a contemporary aspect of indigenous culture rather than only portraying historical aspects is important. However, allowing participants to understand how people lived in the region before modern times and traditional views and practices adds deeper meaning to adventure therapy programs and is also important for Australian programs. Canada version of a traditional sweat lodge

b. Specific programs for Indigenous young people

Indigenous young people are more likely to experience social problems and negative contact with the justice system and therefore it is important for intervention programs to target this vulnerable group. In Alaska, a perceived strength of the adventure therapy programs visited was that they are seen as positive initiatives in remote indigenous communities. This is because the young people return to their villages after the intervention programs as opposed to leaving their problems until a residential mental health service or incarceration is needed and then the young people need to move permanently away from the community. It is also because the therapy techniques used in adventure therapy programs are often in line with
traditional practices and ideology, and therefore meaningful and supported by the wider community. This understanding of adventure therapy programs by the wider indigenous communities needs to be strengthened in Australia so the programs are perceived by indigenous participants as meaningful and valued by their community.

MasegoThamukufrom Botswana gave a presentation at the International Adventure Therapy Conference focused on a Botswana Indigenous Wilderness Therapy program based on Rites of Passage. This unique program, mirrored but also modified the rites of passage already established and valued in the community. The example she gave was mirroring rites of passage where young people leave the community on a journey and return to be viewed as adults by the community. However, this was also modified, as this rites of passage program was without circumcision and other traditional practices and this was left to elders and families to discuss.

The program was designed for participants who had lost family members to HIV/AIDS and were experiencing social and behavior problems. The program gave participants opportunities to acknowledge and explore their grief through art and music. Masego reinforced the need for follow-up with vulnerable groups and with indigenous communities it is essential to involve caregivers and extended families in follow-up. She also believed it was important to take real symbols from the program to take home (such as clothing and traditional handicraft necklaces) to act as concrete reminders.

Dr. Stephan Ritchie from Canada gave another relevant session at the International Adventure Therapy Conference titled “Connecting to Anishinaabe Bimaadziwin (The Good life) through Outdoor Adventure Leadership Experiences”. In this session he spoke about not just modifying the program to make it relevant and meaningful for indigenous participants but also how to evaluate the outcomes in a culturally appropriate and sensitive manner. Stephan suggested working together with elders to find ways to describe (in the local language) the outcomes they want the adventure therapy program to achieve with the young
people. In Wikwemikong Unceded Indian Reserve, Manitoulin Island, the remote Native Canadian community Stephan’s program was working with, the elders wanted the participants to achieve “the good life” which translated to “imbarhim bishame”.

As with the programs for the general population it is also as important, if not more important to incorporate both traditional indigenous culture and local contemporary indigenous culture into programs specifically for young indigenous people. For follow-up it is preferable that the expedition finishes in community with a welcome home ceremony (refer to Professor Stephen Richie’s details in Appendix A for a link to view a welcome home ceremony). The choice of leaders is crucial and where possible utilising indigenous staff in all aspects of adventure therapy programs. It is also imperative to find an indigenous “champion” within the community to promote your program, possibly a past participant or staff members.

Furthermore, research within Indigenous communities needs to be sensitive and collaborative. It is important to check if the evidence you found was actually reflective of what the community believes, flexibility to develop a research model that is in line with traditional beliefs of how the program may help young people. Researchers need to have awareness that many of these communities feel they have been over researched and to realise the importance of first building relationships and mutual respect.

When researching, questionnaires need to be normed within the indigenous community in which the information will be used. As many indigenous cultures are oral communicators rather than written it may be more appropriate to audio tape talking circles rather than expecting participants to fill in paper-based questionnaires. This combination of qualitative and quantitative research is important for program development. It was explained using this analogy- “people want a professional doctor who has a broad understanding of the scientific aspects of medicine (quantitative) but also specific individual understanding of each patient/community (qualitative)”.

Finally, managing one’s own bias and preconceived ideas when researching or working with indigenous communities is vital. This links back to the previous section about viewing

Drums and artifacts, Canada
indigenous cultures as diverse, dynamic and evolving, rather than stereotyped, ancient and dying cultures. It also links with the concept of working “with” rather than “for” indigenous communities, the latter fosters dependence and lack of engagement, whilst working with communities allows forempowerment, creativity and self-determination. Australian adventure therapy programs need to continue to monitor this aspect of indigenous community involvement.

In summary, the programs visited as part of the Churchill Fellowship had valuable methods for incorporating both traditional and contemporary indigenous perspectives and activities into aspects of adventure therapy programs. There were also solid programs in Botswana, South East Alaska and Canada which are providing specialist programs for Indigenous participants. The strengths of these programs and the methods they have used to overcome barriers can help inform the Australian adventure therapy and crime prevention initiatives. In particular, involving the wider communities in discussions about the programs and fostering support for the program and the involvement in follow-up.

vi. Additional findings and links to crime prevention
This final section of the report will focus on additional findings, related to staff selection, training and retention along with safety systems and future research directions for adventure therapy programs. It will also explore the links with adventure therapy programs and crime prevention, along with discussion regarding the differentiation between boot camps and adventure therapy for crime prevention.

Australian adventure therapy interventions are sometimes confused with the boot camp punishment model by the general public. This is because both types of programs take young people away from cities and into remote areas and involve overcoming physical challenges within a team environment. However, the ideologies and facilitation styles differ greatly between these types of programs. Boot camps are based on a theoretical model of punishment and discipline with participants forced to march with an authoritarian facilitation style. Adventure therapy programs are based on a range of theoretical models, but commonly that of empowerment and transformation. The facilitation style is varied and flexible in these programs and, although it may need to be authoritarian when safety is an issue, it should mainly take a cooperative approach.

Research into boot camp programs as crime prevention initiatives, show that they are not significantly effective in preventing criminal activity and at times can have negative effects on participants. This is compared with extensive research (see appendix A and reference list) into adventure therapy programs showing effectiveness in a range of pro-social outcomes including crime prevention in young people. The two programs visited on the Churchill Fellowship that were publically perceived as Boot Camps were Red Cliffs Ascent (Utah) and Hawaiian National Guard (Hilo Hawaii) however, both of these programs distanced themselves from this theoretical model and worked on empowering the participants and using therapeutic interventions rather than punishment.

Professor Michael Ungar, key note speaker at the International Adventure Therapy Conference, reinforced the use of adventure therapy programs as a crime prevention tool. He has researched resilience on a global level and links to adventure therapy programs and found that adventure therapy programs give participants a chance to substitute antisocial risk taking activities (such as criminal behaviour) for acceptable risk taking activities. Young people want to take risks and overprotective parents often deny young people this “risk taking advantage” to build resilience. Young people want to resolve this tension of moving away from the protection of their parents and build resilience and will do so via two paths:
Path 1 competent, caring contributors to community
or
Path 2 dangerous delinquent and deviant disordered behavior.

Michael Ungar encouraged programs to embrace perceived risky activities rather than suppress these opportunities to develop resilience through the use of outdoor challenges (camping, extreme sports). Programs need to allow participants opportunities to navigate through challenges and opportunities to negotiate with adults. He identified seven themes of adventure programs designed to build resilience that Australian programs can build on in order to strengthen crime prevention outcomes. These themes are:

1. Positive relationships with others
2. Identity forming and a chance to show this new identity to significant others
3. Power and control (self-efficacy)
4. Sense of social justice (fairness)
5. Access to basic material resources (safety, food, shelter, clothes)
6. Cohesion (meaning)
7. Cultural adherence.

This report will focus on the theme of positive relationships but more information on the other themes and how to incorporate them into adventure therapy programs can be found at [www.resilienceresearch.org](http://www.resilienceresearch.org) As relationships are the key change agent of majority of intervention programs it is therefore important to select, train and retain good quality staff. Each organisation will have their own methods for this, but Dr. Stephan Natynczuk and Elizabeth Swenk at the International Adventure Therapy Conference suggested the importance of structured supervision sessions. Just as staff from other psychological and health fields have structured supervision, facilitators/therapists in the adventure therapy need to have regular structured supervision. This is seen as best practice in other therapy programs and helps prevent burnout, provides a safe place to debrief and different perspectives. Certain issues would need to be raised to higher management, but looking at
finding new approaches via a solution focused model, this is aimed to encourage practitioners to identify their own solutions to problems.

In addition to maintaining good quality staff who can provide the positive relationships for building resilience, adventure therapy programs need to balance safety and responsibility. Each program needs to regularly review safety systems and compare against world class standards. Although Outward Bound, Colorado was not a specific therapeutic program it provided adventure leadership training in challenging remote areas to varied groups of young people, including family programs, grieving teenagers, socially disadvantaged and returning soldiers. This program had excellent safety systems and standard operating procedures including extensive training for leaders. Australian programs are welcome to contact Outward Bound to compare their own safety systems with that of this world leading organisation.

In conclusion, the crime prevention aspect of adventure therapy programs is proven in research as compared to the boot camp approach. However, each program needs to strengthen this aspect by examining the theoretical model that underpins their program. Australian programs also need to look at themes to promote resilience in young people and strengthen aspects of programs that relate to these themes, in particular, strong positive relationships and risk taking activities. However, these risk taking activities are about “perceived risk” rather than “actual risk” and must be undertaken in a way that means a high level standard of safety is maintained throughout these programs.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions and recommendations regarding best practice for follow-up
A key focus of my current role is on follow-up, therefore, I view follow-up as an essential (and arguably the most challenging), part of a young person’s change journey. The follow-up needs to be planned carefully and be comprehensive in order to support the participants when they transition home after the intervention program. It is imperative that a follow-up program encourages family engagement and is sensitive to the demographics of the participants.

This report gives examples of adventure therapy programs creating partnerships with community organisations and mentoring programs as part of follow-up. The programs’ reported that this Further empirical research into follow-up is needed, in order to compare different models of follow-up and guide Australian programs when designing or refining their follow-up service.

**Conclusions and recommendations regarding family engagement**

Families need to be included in aspects of both the main intervention program and the follow-up as they are key components in sustaining the changes made on adventure therapy programs. The different parenting styles and barriers to engagement were discussed in detail in the report. These barriers need to be analysed when planning how to best engage families. Depending on whether parents are overprotective or overwhelmed/disinterested will dictate the type of engagement strategy.

Geographical barriers to family engagement may mean that programs need to develop sophisticated and safe internet resources for families to access. Letters are still powerful tools for families to communicate with participants when in remote regions and these letters need to be guided by facilitators to have maximum positive impact. Phone calls with therapists/facilitators can also be a useful tool. However, families must have some form of “buy in” (emotionally, practically or financially) to maximize their engagement with the intervention program.

Younger participants can have excellent outcomes from attending intervention programs, provided their physical and cognitive limitations are accommodated. It is recommended that younger participants have more family/carers involvement than older participants as they need more support to sustain changes when they return home.

**Conclusions and recommendations regarding indigenous perspectives**
Inclusion of traditional indigenous practices and perspectives into a wilderness-based program helps give deeper meaning to program both for indigenous and non-indigenous participants. However it is also equally important that each program acknowledges and plans methods to incorporate contemporary indigenous culture where possible.

Research with Indigenous populations needs to be carefully planned and collaborative with the community being researched, involved right from the start. Engaging the wider community, in planning culturally appropriate outcomes for a program, it a good strategy. Furthermore, celebrating the success of the participants when they return home to their community makes the program more relevant for indigenous participants.

**Conclusions and recommendations regarding links to crime prevention**

It is important for Australian intervention programs to encourage the general population to distinguish between boot camps and adventure therapy as crime prevention initiatives, by clearly articulating and promoting the theoretical differences. This needs to be publicised widely as adventure therapy programs have been successfully utilised as a tool for crime prevention, as part of drug diversion and court ordered attendance to help youth with criminal convictions. In contrast, there the minimal quality research to support the use of boot camps as youth crime prevention strategy.

Use research on building resilience in young people to guide program development and follow-up planning. Throughout all aspects of the adventure therapy industry it is important to ensure Australian programs are adhering to safety guidelines/ standards set by world leading programs. This could be improved by implementing regular structured supervision sessions with facilitation and therapy staff, as other health and social organisations have done.

**Plans to disseminate the information.**

I plan to present a session at the Australian Bush Adventure Therapy (ABAT) Conference and provide reports to ABAT Association and Outdoor Education Association of Australia to be distributed to members. Knowledge gained from the Churchill Fellowship may be incorporated into a potential masters project focussed on the follow-up component of adventure therapy programs and associated publications. This will allow an opportunity to continue my research into adventure therapy and the link with willingness to change.

**How to bring about improvements in the Australian context**
Improvement can be made by building best practice in all areas of what we provide to the participants when they attend our programs. Furthermore participants will benefit by having a more rounded follow-up program that can better support them after they have returned from the adventure therapy intervention program. Australia will benefit by networking our staff with organisations that are leading the world in this field. Especially in the area of follow-up after young people have been on intervention program, as this is the area we need to focus on developing to its full potential.

Further research will allow Australian adventure therapy providers to offer world standard specialist programs to better meet the needs of indigenous groups and younger participants and their families. Although this report was written with the focus on adventure therapy and crime prevention programs, many of the themes discussed overlap with youth development and leadership programs. Therefore, the findings of this report are useful for any youth focussed programs and general youth workers. These are also the programs that adventure therapy programs need to look to in order to formulate community partnerships. When programs that assist with positive behaviour change and crime prevention strategies work together effectively this has much wider community benefits.

Sunset in Hawaii

References


37


http://www.strugglingteens.com/opinion/wildernesstherapy.html
Appendix A. Summary profiles of programs visited

<table>
<thead>
<tr>
<th>Place 1- Czech Republic, Bohemia, 6th International Adventure Therapy Conference (26-30th September 2012)</th>
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<tbody>
<tr>
<td>Conference website: <a href="http://www.6iatc.eu">http://www.6iatc.eu</a></td>
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<tr>
<td>Key note speakers and sessions referenced in this report;</td>
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<tr>
<td>Dr. Michael Ungar, USA: <a href="http://www.michaelungar.com">www.michaelungar.com</a></td>
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<td>- Global Resilience research: <a href="http://www.resilienceresearch.org">www.resilienceresearch.org</a></td>
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<tr>
<td>MasegoThamuku, Botswana: <a href="mailto:masegoark@gmail.com">masegoark@gmail.com</a></td>
</tr>
<tr>
<td>Professor Stephan Richie, Canada: <a href="http://www.laurentian.ca/faculties/detail/srichie">http://www.laurentian.ca/faculties/detail/srichie</a></td>
</tr>
<tr>
<td>- Coming home ceremony: <a href="http://www.youtube.com/watch?v=Uld5b3cZ_eg">http://www.youtube.com/watch?v=Uld5b3cZ_eg</a></td>
</tr>
<tr>
<td>Gabor TimurSazbo, Hungary: <a href="http://prezi.com/z79vq0q_rjad/aha-counsellors/">http://prezi.com/z79vq0q_rjad/aha-counsellors/</a></td>
</tr>
<tr>
<td>Professor Christian Itin, US: <a href="mailto:emitin@yahoo.com">emitin@yahoo.com</a></td>
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<tr>
<td>LukPeeters, Belgium: <a href="mailto:luk.peeters@exponent-cts.com">luk.peeters@exponent-cts.com</a></td>
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Links to further research: [http://www.aee.org/](http://www.aee.org/)

The whole conference reinforced the need to incorporate play into learning and to accommodate different learning styles.
Place 2- UK, Essex, Wilderness Foundation 8/10/2012

Address and Contact Details Trinity House, 2 Whitbreads Business Centre, Whitbreads Farm LaneChatham Green, CHELMSFORD, Essex, CM3 3FE

Tel: 01245 443073
Fax: 01245 360942

www.wildernessfoundation.org.uk

Contact Person 1 Role Jo Roberts Executive Director

Funding or fee status Registered Charity with range of for profit youth leadership programs to support their Wilderness Therapy program

Referral Source agencies in Essex Shire (local only)

Diagnostic type - youth at risk, learning and engagement issues, offending behavior, family breakdown, drugs and alcohol misuse, low confidence and self-esteem

Duration - rule of 5’s (5 days - 25 days) Robert Johnson theory 5 days deep - minimum of 5 days to get below the surface. Program design clustered around days of 5, 10, 15

Summary / Mission Statement “Connecting Wilderness and People”

Number of Clients Age range (family therapy 8-18) (Wilderness therapy 14-17)

Therapy component - humanist approach “how life is lived in the moment” healthy choices

Provide a safe place to experiment with new possibilities

Links to evaluations and research

Research into impact of program on mood, self-esteem and connectedness to nature - University of Essex, University of Ulster
Place 3 UK Worcester My Big Adventure (Community Interest Company) 9/10/12

Address and Contact Details Unit 5, Site 8a, West Stone, Berry Hill Industrial Estate, Droitwich Worcestershire UK WR9 9AS

Phone 01905798222 Mobile 07810645222

www.mybigadventure.org.uk

Contact Person 1 Dr Stephan Natynczuk Role Principal

Funding or fee status- Non profit

Referral Source – schools, community agencies (local only)

Diagnostic type- in care, learning and emotional difficulties, low school attendance at risk of exclusion from school

Type of Program- climbing, caving, mountain walking, cycling, canoeing and kayaking

Duration sequential from day programs to longer programs

Summary / Mission Statement – reengaging vulnerable, disaffected young people with education, skills, knowledge and learning. Help turn hopes into reality for those whose lives have been too interesting for education to be a priority

Number of Clients- normally 1: 1 or small groups

Age range- 12-24

Staff numbers and staffing structure- not discussed

Therapy component- blending therapeutic adventure activities, counselling, mentoring and education, Solution focused

Links to evaluations and research- not discussed
### Place 4 Canada British Columbia Vancouver Island, Sayward,

**Canadventure Education 5th - 7th April 2013**

Address and Contact Details

Contact Person 1 Greg Stevenson Role Executive Director

Contact Person 2 Corrina Stevenson Curriculum Director

[http://www.canadventure.ca/](http://www.canadventure.ca/)

Funding or fee status - user pay (approx. $400 per day per participant) but with a financial assistance program available for low- middle income families

Referral Source - family referrals (worldwide)

Diagnostic type - youth at risk

Type of Program - hiking and kayaking

Duration 32 day struggling teen journey defined start and end dates but extended stays available for youth who require additional time before returning to home environment

Heroes Quest distance education program (approx. 3 months)

Summary / Mission Statement – live the adventure learn the lessons

Number of Clients maximum of 6 per group

Age range 13-19

Staff numbers and staffing structure 1:2 staff to client ratio, Minimum of masters level clinical counselor on staff

Therapy component - not discussed

Links to evaluations and research - not discussed
Place 5 USA, South East Alaska, Wrangell, Alaska Crossings 8-10th April 2013

Address and Contact Details

Contact Person 1 Steve Role Executive Director

www.alaskacrossings.org

Funding or fee status- state Medicaid funding, Denali kid care, 2% private health care or parent pays
Diversification includes Native Education Grant to conduct SYSTEMS program

Referral Source- family referrals, parole officers, hospitals (USA only)

Diagnostic type- severely emotionally disturbed

Type of Program- Alaska Crossings journey based (including river canoeing, ocean canoeing, and mountain hiking expedition SYSTEMS education program float house based 10 to 30 days in duration. Science education program focussed on engaging Native kids in science and education in general www.alaskasystems.org

Duration set time frame 48 days

Summary / Mission Statement – “helping kids…helping families… for a better future”

Number of Clients maximum of 9 per group (28 programs per year- approx. 150 clients per year)

Age range 12-18

Staff numbers and staffing structure 3 guides per group, behind the scenes- I operations manager, 1 therapist, I case worker per group (plus transport logistics manager for all programs

Therapy component- main Alaska crossings program is funded by state so every aspect needs to be linked to treatment outcomes.

Links to evaluations and research- previous program build on working on PADDLER acronym (Purpose, Affiliations, Discipline, Direction, Leadership, Efficacy, Resilience/ Risk Reduction) had good measured outcomes but was not individualized so under restructure principals are still maintained in new individualized therapy program but less structured. Integrated assessment during intake and evaluation, this guides individual treatment plan during the 48 days
Place 6 USA South East Alaska, Sitka, Ravens Way (Yeil Jeeyax) 12-14th April 2013

Address and Contact Details

Contact Person 1 Clint Simic
Contact Person 2 Brendan Casey Rebecca Brett, Mark White

http://searhc.org/services/behavioral-health/yeil-jeeyax-ravens-way

Funding or fee status- state Medicaid funding, Denali kid care, 2% private health care or parent pays

Referral Source- family referrals, community service providers, parole officers, schools and health councils (USA only)

Diagnostic type- primary diagnoses is substance abuse and/or dependence, participants must be voluntary and referred because they will benefit from physical challenges, group cooperation and team building

Type of Program- residential family style environment in Sitka and wilderness component either canoeing or hiking at sites in the Sitka area

Duration set program 40 days

Summary / Mission Statement – “our ancestors knew what it was to be strong… strong of body…strong of spirit”

Number of Clients 8-10 per group 62% males

Age range 13-18

Staff numbers and staffing structure- Alaskan Natives preferred. Look for staff with qualifications but dilemma as out of state staff more qualified but maybe not enjoy the Alaskan lifestyle. Look at Internships and student placements. Aim for staff with a therapeutic skills focus as harder to train counselling skills and youth experience than it is to train the specific kayaking and navigation skills

Therapy component- following revised version of the 12 steps program

Links to evaluations and research-

Results on website…82% completed the program 97% were satisfied with the treatment they received, 90% using less alcohol (44% none), 89% using less or no drugs

28% on admission raised to 61% after discharge of participants were involved in productive activity (school or work)

68% improved legal status since discharge
<table>
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<tr>
<th>Address and Contact Details</th>
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<tr>
<th>Contact Person 1 Role</th>
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<table>
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<tr>
<th>Contact person 2 Lauren Lollini Admissions/ Family Liaison</th>
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<table>
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<tr>
<th>Funding or fee status for profit $485 per day plus $2000 admissions/ equipment and additional for flights/ transport</th>
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<table>
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<tr>
<th>Referral Source families, education consultants (worldwide)</th>
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<table>
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<tr>
<th>Diagnostic type- anxiety disorder most common</th>
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<table>
<thead>
<tr>
<th>Type of Program- hiking</th>
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<table>
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<tr>
<th>Duration- open approx. 40 days</th>
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<tr>
<th>Summary / Mission Statement – “discover your true nature”</th>
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<table>
<thead>
<tr>
<th>Number of Clients – various</th>
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<table>
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<tr>
<th>Age range- 12-18</th>
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<table>
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<tr>
<th>Staff numbers and staffing structure- 3 field guides to each group 1 therapist, 1 field manager, back up logistics team, admission/administration and therapeutic team</th>
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<tr>
<th>Therapy component holistic approach</th>
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<table>
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<tr>
<th>Therapeutic- psychiatrist/psychologists to assist with processing, group sessions, journals</th>
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<tr>
<th>Cognitive- learning skills</th>
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<tr>
<th>Mindfulness- yoga, reflective time</th>
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<tr>
<th>Physical- food, exercise and sleeping</th>
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<table>
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<tr>
<th>Links to evaluations and research</th>
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<thead>
<tr>
<th>Place 8 USA Mancos Colorado, Deer Hill Expeditions 18th April 2013</th>
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</thead>
<tbody>
<tr>
<td><strong>Address and Contact Details</strong></td>
</tr>
<tr>
<td><a href="http://www.deerhillexpeditions.com/">http://www.deerhillexpeditions.com/</a></td>
</tr>
<tr>
<td><strong>Contact Person 1 Role</strong> Jason Program director</td>
</tr>
<tr>
<td><strong>Funding or fee status-</strong> for profit but Foundation established and majority on scholarships link with specialist programs being run in conjunction with partner parallel programs such as Summer Search with funds inner city low social economic background into college through a 4 year mentor program and summer camps</td>
</tr>
<tr>
<td><strong>Referral Source –</strong> families or partner programs (world wide)</td>
</tr>
<tr>
<td><strong>Diagnostic type-</strong> general voluntary summer camp style program but take clients with low level social anxiety, behavior conduct, Autism, ADHD, ADD (medication managed by field guides). Not set up to take complex clients</td>
</tr>
<tr>
<td><strong>Type of Program-</strong> various</td>
</tr>
<tr>
<td><strong>Duration-</strong> set program 21 days</td>
</tr>
<tr>
<td><strong>Summary / Mission Statement “Inspiring Journeys for Young People”</strong></td>
</tr>
<tr>
<td><strong>Number of Clients 8-30 per group (larger number for specialist programs)</strong></td>
</tr>
<tr>
<td><strong>Age range 13-18</strong></td>
</tr>
<tr>
<td><strong>Staff numbers and staffing structure</strong></td>
</tr>
<tr>
<td><strong>Therapy component-</strong> minimal</td>
</tr>
<tr>
<td><strong>Links to evaluations and research-</strong></td>
</tr>
<tr>
<td>Summer search evaluates educational outcomes, participants evaluate the program</td>
</tr>
</tbody>
</table>
Place 9 USA St Louise, Utah, Red Cliffs Ascent, April 19-20 2013

Address and Contact Details

http://www.redcliffascent.com/

Contact Person 1 Role Chad Balagna

Funding or fee status For Profit $440 per day $1400 admissions/ admin equipment fee

Referral Source – families, education consultants, court

Diagnostic type - various,

95% non-voluntary participation, therapeutic escorts used to transport participants from home or airports to the site

Type of Program - hiking only

Duration - open approx. 60 days

Summary / Mission Statement – “Your child is safe tonight”

Number of Clients – 4-10 per group approx. 40 at a time

Age range 13-17

Staff numbers and staffing structure 2-3 staff per group (rotate Wednesdays) therapist comes and visits the groups on Mondays and Tuesdays. Changeover of staff means therapists can work through issues of attachment and abandonment

Therapy component - individualised approach

Links to evaluations and research - not discussed
PLACE 10 Colorado, USA,

**General Program Info**

Program Name Outward Bound Colorado

Address and Contact Details [https://www.cobs.org/](https://www.cobs.org/)

Funding or fee status- non profit

Referral Source – self or family referral specialist groups referred through support agencies

General programs- specific programs for therapeutic groups- Heroic Journey-Grieving teens 14 – 18 on and 8 day mountain expedition), (veteran’s expeditions

Foster kids program

Summer search 21 days in back country inner city disadvantaged gives credit towards going to college,

Pathfinder program 18-24 dropped out of college 30 day rock climbing/ ice climbing winter expedition wilderness first aid

Type of Program various

Duration various

Summary / Mission Statement “To inspire character development and self-discovery in people of all ages and walks of life through challenge and adventure, and to impel them to achieve more than they ever thought possible, to show compassion for others and to actively engage in creating a better world.”

Number of Clients 200 plus in the field at a time

Age range various guided into suitable courses based on physical and motivation factors

Staff numbers and staffing structure 1:5

Therapy component- not discussed

Links to evaluations and research- OB Outcomes instrument been running for 15 years in conjunction with university of Denver pre post and longitudinal study on outcomes
**PLACE 11 Hilo Hawaii USA** Pacific Quest

Address and Contact Details [http://www.pacificquest.org/](http://www.pacificquest.org/)

15 Kanoa St. Hilo, HI 96720

Contact Person 1 Travis Slagle Role HORTICULTURE THERAPY DIRECTOR

Contact Person 2 Mark Dunn THERAPIST mark.dunn@pacificquest.org

Funding or fee status For profit (approx. $400 per day)

Referral Source – Families direct or educational consultants

Diagnostic type ADD, ADHD, Anxiety, Depression, mood disorders, trauma, and substance abuse. Those experiencing psychosis, are violent outside of their home, or refuse to engage in the medical recommendations of their treatment team are not appropriate for Pacific Quest. Students with Conduct Disorder, high levels of aggression, going through detox or who have a major un-medicated mental illness are also not appropriate candidates for admission.

Type of Program- horticultural with wilderness adventure outings

Duration open approx. 60 days

Summary / Mission Statement – “Sustainable growth”

Number of Clients – 10 max per group can be up to 6 groups

Age range “Ohana” adolescent program 13-17

Young adult program, 18-25

Staff numbers and staffing structure (2:1) 3 staff to max 10 students

Therapy component- Individualised treatment objectives and strategies are created by the clinicians and implemented by the entire treatment team. Horticultural Therapy, experiential education and natural metaphors.

Links to evaluations and research- not discussed
<table>
<thead>
<tr>
<th>PLACE 12 USA Hilo Hawaii, National Guard</th>
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<tbody>
<tr>
<td>Address and Contact Details: <a href="http://www.ngycp.org">http://www.ngycp.org</a></td>
</tr>
<tr>
<td>Contact Person 1: KuuleiKekuewa Program Coordinator <a href="mailto:kkekueuwa@hingyca.org">kkekueuwa@hingyca.org</a></td>
</tr>
<tr>
<td>Funding or fee status: Government funded (75% federal, 25% state)</td>
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<tr>
<td>Referral Source: self or family referral, good knowledge about the program in native Hawaiian community.</td>
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<tr>
<td>Diagnostic type: youth at risk</td>
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<tr>
<td>Type of Program: residential military school with outdoor pursuits combined into curriculum 1 year mentoring program post residential phase</td>
</tr>
<tr>
<td>Duration: 22 weeks for residential phase and 1 year for post-residential phase</td>
</tr>
<tr>
<td>Summary / Mission Statement: not found</td>
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<tr>
<td>Number of Clients: 50 per course (2 courses per year)</td>
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<tr>
<td>Age range: 16-18 years</td>
</tr>
<tr>
<td>Staff numbers and staffing structure: military staffing structure</td>
</tr>
<tr>
<td>Therapy component: not discussed</td>
</tr>
<tr>
<td>Links to evaluations and research: not discussed</td>
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Appendix B. About the Author

Kylie Pointon (nee Agnew)

Kylie Pointon has been involved in the South Australian Outdoor Education field since 1999. Working with Operation Flinders Foundation for the last 6 years has given her the chance to fulfil her passion for Adventure Therapy and develop a follow-up program for young people at risk. Along with her teaching background, she has tertiary qualifications in Clinical Rehabilitation and Behavioural Science (Psychology). Through her studies in psychology, Kylie has examined the impact of Adventure Therapy programs on willingness to change behaviour and components of self-forgiveness in the change process. A copy of this thesis can be obtained by contacting the author.

Kylie has also worked in East Africa as an Overland tour guide and has travelled extensively. She is an avid hiker and enjoys water sports, especially surfing, kayaking and scuba-diving.

Author hiking in the Grampians, Victoria Australia