EXPERIENTIAL APPROACHES WITH CHALLENGING ADOLESCENTS

Chris Jansen
Christchurch College of Education
Christchurch
New Zealand
chris.jansen@cce.ac.nz

Experiential approaches with challenging adolescents are numerous and widely varied both in New Zealand and around the world. This paper begins by defining 'challenging adolescents' and 'experiential approaches'. It then goes on to explore the relevant literature and reviews the strengths and limitations of an experiential approach with this population. It concludes that although there is no shortage of anecdotal evidence to support the notion that this type of programme is beneficial and can help an individual make significant changes during the programme, there is doubt over the longevity of these changes after the young person returns to their 'home' setting. This paper promotes the design and delivery of multi modal programmes, where the adventure approach works in partnership with other interventions focussed on other areas of the young person life. It also explores the diverse skills and knowledge required by staff to implement such programmes and suggests two possible alternatives to providing these competencies.

Introduction

Challenging Adolescents

The term challenging adolescents has been used in this article as a generalised 'catch all' phrase for a population of young people exhibiting a wide range of behaviours. Different sectors of society have a range of different terms used to describe this group such as; 'at-risk' youth, young offenders, truants, suspensions, clients, patients, trouble makers, behaviour problems, juvenile delinquents, alienated youth, disenchanted youth, and young people with Conduct Disorder. Conduct Disorder is a term from the Diagnostic and Statistical Manual (1975), a diagnostic tool used in the field of psychology. The criteria for conduct disorder include; 'aggression to people or animals, destruction of property, deceitfulness or theft and serious violation of rules" (DSM IV, p. 90).

A search of the literature with regard to the 'treatment' of conduct disorder reveals a distinct lack of proven options. Historically, the development of effective treatments for violence and criminality in adolescents has been an extremely challenging task, with several review articles in the late 70's concluding that "nothing works" (Borduin, Mann, Cone and Henggeler, 1995). A degree of frustration is evident in the literature with what many practitioners see as very limited long term effects and even in some cases, evidence of harm from some treatment modalities. (Tolan and Cohler, 1989, Moretti, Emmrys, Grizenko, Holland, Moore, Shamsie, Hamilton, 1997).

More recently some treatments such as cognitive problem solving skills training, parent management training, and functional family therapy have all been described as promising. (Waddell, Lipman & Offord, 1999). Treatment trials have found these to be suitable with mild forms antisocial behaviour but they have been unsuccessful in treating serious antisocial behaviour. (Borduin, Mann, Cone, Henggeler, 1995, Henggeler, Schoenwald, Pickrel, 1995).

Multisystemic Therapy has also emerged as a possible treatment option for Conduct Disorder, and trials to date have found some evidence of long term effects.

It seems conventional methods of therapy have limited benefits for some groups of adolescents. Many professionals who work with adolescents report being frustrated with the limitations of traditional modes of counselling for some of their clients, especially adolescents with conduct disorder type behaviours / substance abuse. These limitations include a limited range of services, the adolescents reluctance to become engaged in therapy, sessions being too short for trust to develop allowing real interaction to occur, the adolescents preoccupation with the present, an inability to see future consequences, and high levels of impulsivity and risk taking.
"Behaviourally problematic and emotionally disturbed adolescents present continual dilemmas for the mental health system in terms of effective treatment and prevention alternatives. (Eggleston, 1996, p.43).

The strength of the pervasive peer culture is often another barrier to change, the adolescent's environment often fosters and maintains dysfunctional behaviour, as they have no time out to experiment with different behaviours. In-patient settings are often too intense, encouraging a helpless and docile mentality, leading often to depression. (Moretti, Holland and Peterson, 1994). Clearly, innovative alternatives are needed for some groups of adolescents.

Experiential Approaches
The literature describing experiential learning, experiential education and experiential approaches is extensive and outlines a range of core philosophies underlying such a methodology. (Fletcher and Hinkle 2002, News and Bandoroff 2004). These include the design and delivery of emotionally engaging experiences in which groups of participants are progressively given extensive responsibility and choice leading often to a high degree of ownership in the process and programme. It also includes the concept of structured reflection where individuals in groups explore connections between what they have experienced in the group and their prior understanding and beliefs. The practice of power sharing and non hierarchical leadership are also core constructs as is a learner needs focus with opportunities for participants to stretch their comfort zones.

These core components of Experiential approaches are typically delivered through a diverse range of contexts which may include outdoor adventure, performance(dance, drama, song), team sport, event planning as well as cultural modalities such as Kapahaka (Maori performance). The specific setting of outdoor adventure is focused upon in this article although many of the concepts outlined below apply equally to other mediums.

Ringer, M. & Gillis, L. (1995) adapted a model proposed by Michael A. Gass (1993) which outlined a range of modalities possible within an experiential approach. These modalities are in the form of a continuum of recreation, education, enrichment/development, and therapy (Gass 1993, p74). This article focuses on the development and therapy end of the continuum in particular and explores the efficacy of this type of intervention with challenging adolescents.

This article does not seek to define a clear delineation of what is 'therapy' and what is 'development'. The assumption is made that both development and therapy approaches are therapeutic group interventions which use the processing of outdoor activities of an experiential and challenging nature to catalyse change in individuals on a cognitive, emotive and behavioural level. However in a therapy approach, although the intervention is based around a group, this is preceded by an individual diagnosis and treatment plan / goals for each participant

According to Crisp(1997) adventure approaches can be categorized into two methodologies. The first, Wilderness Therapy is defined by Gass as; "a therapeutic experience occurring in a remote wilderness setting and tends to consist of a small group, multiple day, round-the-clock intervention" (Gass, 1993, p.9). The key aspect here is the multi day residential nature of the programme which involves the creation of a 'therapeutic community' for some period of time. Activities involved could include tramping, biking, camping, mountaineering, caving, rockclimbing, canoeing etc. (Herbert. 1996, p.4)

The second methodology is Adventure Therapy which is defined by Crisp as; "a therapeutic intervention, which uses contrived activities of an experiential, risk taking, and challenging nature in the treatment of an individual or group. This is done indoors or nearby an urban environment, and does not involve living in an environment." (Crisp, 1997, p.58). Adventure Therapy uses many of the same natural (but not necessarily isolated) environments as wilderness therapy (i.e.: rockclimbing, abseiling, kayaking, caving) but is not residential so is always undertaken within a day format. Adventure Therapy also uses artificial settings such as challenge ropes courses, often built near urban areas or within therapeutic centres.

Wilderness and Adventure Therapy programmes have several key characteristics. Firstly, the use of an outdoor setting which is generally unfamiliar to the participants. Usually a programme will consist of a series of activities or group challenges which are progressive and incremental; increasing in challenge and difficulty but always achievable. These challenges are attempted by the participants as group and often require concrete problem solving and a high level of teamwork. These physical experiences are regularly reflected upon, either at the end of an activity or day, and often during an activity where an issue arises.

The group process is central to all programmes, based around discussion, reflections, debriefs or 'groups'. Techniques such as daily group and individual goal setting and feedback, solo reflection time, journaling, and staff modelling are often used. Sometimes metaphors are created to assist participants to recognise the links between their behaviours and experiences in the adventure setting and the experiences in their daily lives. A focus on creating a safe physical and emotional environment is also always a priority for the leader.

There are many examples of these types of programmes in New Zealand. Te Whakapakiri Youth Programme on Great Barrier Island caters for adolescents aged 13-18 with a primary focus on drug/solvent abuse but also targeting those who have suffered from a wide variety of problems including sexual/physical/drug abuse, neglect, and antisocial/violent tendencies. Te Whakapakiri is based on Maori Kaupapa, where participants survive in wilderness surroundings for one month in an isolated community on an island.
"The co-ordinators aim to break cycle of abuse and give participants both the skills, kaha (inner strength) and spirituality to do so." (Eggleston, 1997, p.267)

Adventure Development Counselling works primarily with adolescents with substance abuse and other related mental health issues. This programme utilizes a systemic based model which integrates individual and family therapy with a 9 day group wilderness therapy experience in the Southern Alps. (Mossman, Goldthorpe 2004). The primary goal of this programme is to assist young people to take more control and responsibility in their lives

The AIKI Programme that was operated by Child, Youth and Family Services in Christchurch worked with male youth offenders from 14-16 years, on Police Youth Crime Target list. Its main aim was to reduce both the severity and frequency of offending. The programmes had multiple components including individual, family, group and adventure based therapy as well as performing martial arts and physical training.

"The Journey" is a programme run by Adventure Specialties Trust in conjunction with other organisations such as Selwyn College (Auckland). Participants are secondary school students

wanting to make changes in their lives, and the aim of the journey is to provide the 'exceptions' for the Narrative therapy that takes place before, during and after the journey. It typically involves a 12 day journey from Waitangi to Auckland involving kayaking, tramping, cycling, followed up with narrative therapy during and after journey. (Cheshire et al, 1999).

Strengths of Experiential Approaches

An engaging and action orientated setting

Having an 'adventure' component to a therapy programme can be a very motivating initial 'draw card' for an adolescent considering therapy.

"One advantage of using adventure experiences with clients is that it turns passive therapeutic analysis and interaction into active and multidimensional experiences" (Gass, 1993, p.5).

Eisenbeis (2003) explains that most adolescents do not come voluntarily into in-patient psychiatric therapy and that an experiential therapeutic modality with its high attraction for adolescents can therefore contribute to them letting go of initial resistance and becoming more involved in the therapeutic process.

In many cases, boredom and lack of options is an issue for these young people. Action orientated adventure activities that have a high perceived risk, often appear exciting in very similar manner to the risk taking behaviours of these adolescents, thereby becoming very engaging.

Bruyere (2002) discusses the emotional and psychological needs of adolescents which may include a; "predisposition to risk taking which fulfilled inappropriately might lead to criminal behaviour, whereas these needs can be met in part through outdoor activities" p.210

An unfamiliar environment as a catalyst for change

Adventure Therapy often involves the young people entering a new and unfamiliar environment, sometimes with peers they don't know. This can result in a level of dis-equilibrium, which is a powerful catalyst to change and adapt. This in itself presents the young person with an opportunity to adapt in old familiar ways, or to experiment with new behaviours.

" The most crucial moment in the learning process is the one when disequilibrium is at its maximum. It is then, that the decision whether to turn back or break through into new territory is taken.(Nadler and Luckner 1992, p61).

As the participant is confronted with new and unique challenges in unfamiliar settings, typical coping mechanisms may not always work for him or her. As change or adaptation occurs old patterns of behaviour may be altered or new behaviour patterns emerge, creating the greatest potential for change to occur. (Voight 2003, p.161)

Thus the experience is often more intense than a traditional setting, and enhances the need to take responsibility for ones own behaviour. This setting creates stress, yet paradoxically it is also a relatively safe place to experience this stress and adapt accordingly. The new setting also allows old reputations and behaviour patterns to be left behind as the dynamics of peer pressure swing towards change rather than maintain the status quo (Scott, 1991, p.32).

Solution focused and success orientated.

Adventure Therapy focuses on solutions, the group facing challenges together, not highlighting past dysfunctional behaviour. Programmes are carefully planned to create specific learning opportunities for the participants and graduated challenges allowing the young person to experience success in a group environment (Scott, 1991, p. 31).

Individual goal setting is a large part of any Adventure Therapy programme and the concrete setting allows these goals to be worked on in the present, an important characteristic

considering the adolescent development level which focuses on concrete sequential operations as in the 'here and now'.
"We provide opportunities for young persons to set achievable meaningful goals and to reach them through their own efforts, enabling participants to experience success and to attribute this success to themselves rather than luck" (Ringer, 1996, p. 2)
Long (2001) describes the transition that often occurs where ; "the concept of success started to move from an individual focus towards a focus on success of the group. They realised that working towards a common goal they could also help each other reach their individual goals." (p.104)

Immediate consequences and feedback.
The adolescents inability to predict future consequences is addressed in Adventure Therapy. In an outdoor setting there are real consequences and immediacy of feedback which quickly creates a climate of change. For example if they don't put their tent up properly during the day, then it will be them getting up in the rain in the night to fix it. (Eggleston, 1997, p. 281)
"the cause and effect relationship of dysfunctional behaviours and their outcomes are explicitly and immediately clear in the wilderness setting. Thus the relevance and undeniable results of behaviour are directly translated into observable behaviours in the real world" (Berman and Anton, 1988, p. 44)

Supportive peer group.
A core aspect in Adventure Therapy is the development of a supportive peer group. This group focus is especially valuable due to its developmental appropriateness for adolescents. (News & Bandoroff (2004) p. 13) It is extremely important aspect particularly in the early stages of a programme where it is crucial that participants feel supported and emotionally as well as physically safe. This then becomes the foundation upon which the group therapy is developed, where adolescents feel comfortable to talk about personal matters because they trust their peers. This is a unique experience for many.
"Participants described the benefits derived from the experience of whanau (extended family): helping, talking, listening, trusting, respecting and disciplined working" (Eggleston, 1997, p. 275)

Group members are encouraged to give each other feedback about such things as their goals etc. and due to the importance of peer approval to the majority of adolescents, this feedback is usually much more potent in catalysing change than similar feedback from the therapist.
"Adventure Therapy uses the group process, whereby peer pressure can be used positively. Interdependency can be fostered whereby a genuine community or family system is formed. Whakapakiri prospers through the use of positively organised peer pressure." (Eggleston, 1996, p. 43)

An opportunity to experience restorative relationships
Adventure approaches have a strong behavioural dimension as described above but can also have a strong emotional focus. When a young person becomes part of a small group, this group can become like a fishbowl of life with peers, adults, challenges, boredom and excitement just like home. After perhaps an initially polite group forming stage, the participants often begin to relate to the other peers and adults in similar ways to the adults and peers in their home setting, often bringing up strong emotions. This concept is a type of transference where a person reacts to someone they are unfamiliar with because they remind them of someone else they know. This then becomes a prime therapeutic moment, where the young person has an opportunity to learn and try alternative ways of responding, resolving interpersonal difficulties and dealing with strong emotions. For example, it is generally easier for a adolescent to think about the anger that they are feeling 'now' rather than having to dredge up and try to remember feelings from the last time they were angry.
"As most of our clients present with relationship and related problems, re-experiencing corrective relationships with symbolic significant others such as mother/father figures, sibling

figures and so on becomes central to any therapeutic change" (Crisp & O'Donnell, 1997, p.354)

An opportunity to create new stories

This experience in a new setting often results in a young person experimenting with new behaviours, often very successfully. This success becomes a very powerful way of deconstructing the young persons old 'familiar story' by this fresh start. This then helps them to begin to form new story, an alternative view of themselves which is not dominated by the negative patterns they have been stuck in.

"it provides present tense exceptions that can be teased out along with past exceptions, creating lasting new stories of self efficacy and empowerment that replace the participants old stories of helplessness and failure." (Ringer, 1996, p. 3)

Role modelling and approachability of professionals

Modelling of alternative ways of communicating and behaving is often lacking for adolescents. In adventure approaches, the young person is able to see the therapist in a more life-like setting, and they can learn by observing the ways of inter-relating that they are modelling.

"as people who have come through an extremely turbulent youth and survived, the supervisors who were once participants provide excellent role models for current participants who chose to follow their path…" (Eggleston, 1996, p. 45)

Adventure Therapy changes the role of therapist to be more approachable, removing barriers by being less formal, more time intensive, and more multi dimensional. This therapeutic relationship may facilitate growth in clients based on this relational bond. (News & Bandoroff, 2004, p.24)

Natural places of healing.

Beringer (2004) describes the potential healing power of natural environments and natural features and states that the impact of the setting itself is often underestimated. (p.51) In their research on the Adventure Development Counselling Programme, Mossman and Goldthorpe found that for many clients the impact of the natural environment was significant. (Mossman & Goldthorpe, 2004, p.144).

In many adventure approaches, young people are given time to reflect on the past and the future in a powerful natural setting. This can be a valuable break from pressures of home, a break from drugs and other strong influences. It can also create a time and space where clients can experiment with new ways of being and thinking and learn new ways of solving problems.

Limitations of Experiential Approaches

Lack of research results

The most critical limitation on the implementation of Adventure based interventions with challenging adolescents has been the lack of thorough and specific evaluation results. Scientific evidence which has credibility with not only practitioners but also researchers and funding sources is crucial to the further implementation of this modality. Gillis (1995) refers to a meta-analysis of 2343 adventure programmes undertaken by Cason and Gillis in 234234 and concluded that although adventure programmes were found to have a 'positive effect' on all adolescent populations, that the longevity of change and transfer to other settings had not been validated, nor had any comparison been made with other psychotherapy approaches

Many programmes have been evaluated but the results are somewhat contradictory. Moote and Wodarski (1997) describe several confounding variables which undermine many of these studies such as the lack of an equivalent control group, the lack of randomisation in participant assignment, a lack of longitudinal follow up and measures, a lack of clearly defined methods for conducting a programme and a range of different foci and objectives.
"anecdotal evidence suggests that wilderness programmes have had a positive effect on participants but only a handful of published follow up studies describe their effectiveness in reducing offending. Most of the data comes from studies conducted up to twenty years ago" (Zampese, 2000, p. 34)

More recently there have been a number of extensive research projects of adventure programmes in Australasia which go some way towards addressing this issue. An Australian study undertaken by Crisp (2004) shows Wilderness Adventure Therapy to be; "extremely promising as both an effective clinical treatment for a range of severe mental health problems and well as a preventative and early intervention approach for at-risk groups in the community" (Crisp, 2004, p.23). The quantitative analysis of Adventure Development Counselling programme was able to show that; "adolescents who participate in the programme achieved statistically and clinically significant improvements in their mental health and that these improvements were maintained 6 months after completion of the programme". (Mossman & Goldthorpe, 2004, p. 156)

Limited long term change
Another significant challenge for Adventure Approaches is whether changes that are made by an adolescent in an adventure setting can be maintained when they get back into their normal environment. Zampese's (2000) review of research into adventure interventions with this population noted that of the studies that included control groups, despite significant difference between the groups immediately on conclusion of the programmes, results measured 6-12 months later revealed that the observed changes had largely 'worn off'.
"One important finding, however, is that most of the evaluations which make comparison with control groups report that the effects of the (adventure based) intervention 'fade' over time." (Zampese, 2000, p. 37)

Crisp (1997) differentiates between programmes that are either multi-modal or uni-modal. "Multi-modal is where Wilderness or Adventure Therapy is combined with other therapies either concurrently or in series. Uni- modal is where Wilderness or Adventure Therapy is the only therapeutic intervention used to treat a problem" (Crisp, 1997, p. 62). There is a large amount of evidence to suggest that multi modal Adventure Therapy has greater benefits where the adventure programme works alongside other interventions such as individual counselling, group work, seeking training or employment and family therapy. This multi systems approach focuses on creating shifts in all aspects of a young person's life or system which is more likely to allow change that occurs in the adventure part of the programme to be maintained in the adolescents home setting.
" while one intensive month in the outdoors and away from the troubles of the mainland can provide the impetus for change, this can only be considered as stage one of a process of untangling the abuse, abusing, and neglect spanning up to fifteen years." (Eggleston , 1996, p. 51)

Transfer of change can also be aided by having continuity of staff between the individual counselling and the outdoor programme. In this way, individual issues discussed in earlier individual work can be addressed in the peer group and then the changes that occur in the adolescents can also be supported and reinforced by the therapist back home after the programme.
"Participants who made a transition away from crime, drug and fighting behaviours received the support of whanau/family; social welfare agencies and additional community centred courses in order to do so" (Eggleston, 1997, p. 280).

Diverse training and experience for staffing

Implementation of Adventure Therapy requires highly skilled and diversely trained staff, a mixture of those with leadership and technical skills to facilitate the outdoor experiences, and those with counselling and therapeutic skills to process these experiences. Bunce (1997) describes the 'adventure' skills and attributes required as group facilitation, risk management, first aid, outdoor instructional skills, leadership, and judgement. She goes on to describe the therapy requirements as; "general skills in basic qualification, specific skills in a therapeutic modality (e.g.: family therapy, group work, mediation, therapeutic community) and specialist skills with particular client groups (drug and alcohol, justice system, mental health , abuse)" (Bunce, 1997, p. 53)

Ideally, staff will have skills in both areas, where the challenge is to be 'bi-lingual', familiar with both outdoor programming and therapy.

"today's adventure therapists are 'bilingual' in that they speak the language of therapy and outdoor education, with many practitioners now having an extensive background in both mental health and experiential education" (Berman, 1995, p. 62).

However the degree of specialisation and training required within each area makes it unlikely that many practitioners will be fully cross trained in both fields. Bunce describes a possible solution to this; "I support the concept of a co-leadership team which together includes the range of specialist skills required, with sufficient lower level cross training in general skills" (Bunce, 1997 p.54). As this field becomes more recognised, there are growing training opportunities becoming available.

Other Limitations

The literature mentions several other limitations to an adventure approach. Winterdyk & Griffiths (1984) suggest that one of the primary limitations of wilderness programmes has been their failure to specify a conceptual or theoretical basis. Others cite the fact the adventure programme are often reasonably cost intensive as a concern. Yet others are concerned with the way adventure approaches works with groups of challenging young people, where the concern is that there will be an escalation of antisocial behaviours due to the interaction between individuals in these groups.

Conclusion

There is no shortage of anecdotal evidence to support the notion that this type of programme is beneficial and can make a significant contribution to a young person's life. However, more research backed evidence is required to increase the credibility and long term viability of these approaches. Some recent research studies will go some way to addressing this, and more are required. It is crucial that any programme includes in its design and implementation plan a research component not only to evaluate its own effectiveness so as to fine tune its practice but also to provide more of this much needed public evidence of the efficacy of these types of programmes.

There is some doubt over the ability of adventure approaches to promote change in a young person over the longer term, ie; 6 – 12 months after completion. As mentioned earlier, 'multi-systemic therapy' where an intervention focuses simultaneously on all the systems of a young person (ie: home, work, school, peers, intrapersonal) has received good research outcomes to date. Its seems clear then that the most effective use of adventure approaches would be in a multi systems framework, where several interventions work together on promoting change in all areas of a young person's life. This change then is mutually self supporting, allowing significant shifts in behaviours and attitudes at home, school, work and with peers. To achieve this adventure approaches must be 'multi modal' and allow for long term intervention.

"Outdoor programmes must be supported by other efforts such as follow up counselling or employment if they are to effective over an extended term." (Zampese, 2000, p. 36)

Adventure approaches like this involve an integration of the unique fields of adventure and therapy. This integration results in an approach that can be a powerful catalyst promoting significant change in young people. This integration of the two fields creates a significant challenge in the diverse training and experience required to implement these programmes. In order to promote growth in this field there is a need for individuals from either the therapy or adventure background to cross train in the other field in order to gain the skills and knowledge required to design and deliver effective interventions. There is also huge scope for the therapeutic field and experiential/adventure field to work together, creating multi disciplinary teams with complimentary strengths, able to design and deliver highly effective interventions with challenging adolescents.

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