Evaluation of Wilderness and Adventure Therapy Programs for Young People.

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Abstract

The Outdoor Experience program (TOE) is a Melbourne based wilderness and adventure therapy program targeted to young people experiencing problematic substance use. In 2000 Turning Point Alcohol and Drug Centre was commissioned by the Drugs Policy and Services Branch of the Victorian Department of Human Services, to conduct a process evaluation of the TOE program. External to this, TOE undertook an ethnographic based evaluation in conjunction with the LaTrobe University Department of Outdoor Education and Nature Tourism, Bendigo.

These two distinct approaches to evaluating wilderness therapy programs will be discussed, with reference to the service needs of the TOE program. The focus is to compare and contrast both the inherent value and limitations of each approach. The vital need for evaluation to be responsive to the specific needs of the service is examined and strategies are suggested to better achieve this goal. Issues associated with resource limitations and the practicalities of service involvement in ongoing data collection are also discussed. Drawing on a review of recent literature in the field, alternative approaches to evaluation will be explored, addressing the issue of wilderness therapy as part of a holistic alcohol and drug treatment approach.

Introduction To The Outdoor Experience Program (TOE)

The Outdoor Experience program (TOE) has been running wilderness and adventure programs for “at risk” young people for 16 years. TOE has been a program of Jesuit Social Services for the last five years and is funded as a drug treatment program by the Drugs Policy and Services Branch of the Victorian Department of Human Services. Based in Collingwood, an inner city suburb of Melbourne, Australia, TOE takes referrals from anywhere in the state of Victoria and journeys into the most remote and wild regions of the state.

Briefly, TOE runs two types of programs – the six-week wilderness therapy program (on which this paper will focus) and agency-contracted adventure therapy programs. The adventure therapy programs are developed and implemented to meet the specific needs of external youth and drug/alcohol agencies and are run collaboratively with the particular agency. Commonly these programs are shorter in length, and may involve a number of day activities and/or a 3-5 day camp.

TOE is staffed by a Wilderness Therapist and two Outdoor Educators, and works with young people (aged 15 – 25) experiencing, or at risk of experiencing, problematic substance use. The young people who participate in the program present from a broad range of circumstances and with a wide range of substance use issues. Histories of violence, abuse, problematic family relationships, social marginalisation, homelessness, mental health issues and suicidal and self-harming behaviour are not uncommon, and often the young participants are still living fairly chaotic lives.

The Wilderness Therapy program

At the core of Toe’s wilderness therapy program is the belief that wilderness journeys (12 days or more) undertaken in the context of a small, self-sufficient group, compel participants into the exploration of new relationships – new relationships with place, with others and with self. Through careful programming and the inter-weaving of group and individual support, TOE facilitates a safe and supported experience of journeying in the wilderness for “at risk” young people.

An extended journey in the wilderness is a completely holistic experience and facilitates change on all levels – physical, psychological, social, emotional and spiritual. Because of the often fragile and vulnerable nature of young people with substance use issues, TOE works firmly within a framework of “do no harm” and has well-developed strategies and processes which ensure that, despite the challenging nature of the program, participant safety (physical, psychological, emotional) is always the priority.
Program structure:

The wilderness therapy program is a six-week program which has as its focus a 12-day wilderness journey. The program structure is as follows:

Pre-program:
- Information session held for all interested parties
- Initial interviews with prospective participants and their key support workers

Program:

Pre-trip: 2 weeks (Mon-Fri) of group program, based in Melbourne.
  Focuses on assessment, group development, trip preparation and individual goal setting and relationship building.

Journey: 12 days - 1 day drive
  - 9 days wilderness journey (bushwalking, rafting, or cross-country skiing)
  - 2 days travel back to Melbourne.

Post-trip: 2 weeks of group program. May include a short 2-3 day trip away in the final week, for reflection, problem solving and closure. A graduation celebration is held on the last day of the program.

TOE encourages all participants to be involved with an external support agency. In order to maximise the potential for change which the program offers, a high level of involvement in the program is sought from these support workers. Workers are invited to participate at key points of the program (eg: initial, goal-setting and debriefing interviews, graduation celebration), and TOE aims to work within the case management plans which participants have with these services.

TOE’s wilderness therapy draws on a wide range of concepts, theories and practice techniques, and it is always a challenge to effectively describe the program in a brief way. Following is a list of key concepts and strategies utilised by TOE. The list is by no means comprehensive, but it is hoped it gives a general sense of the program.

Key concepts

- Harm minimisation and safe risk-taking
- Challenge by choice
- Participant responsibility
- “Do no harm” – psychological, physical and emotional safety
- Participant ownership of the journey
- Self-sufficient, remote, group journey
- Solution-focused
- Experiential learning
- Strength-based
- Development of trust and exploration of relationships
- Edgework and comfort zones
- Goal-setting and achievement

Key strategies

- Group work
- Individual counselling and support
- Non-directive staff
- High staff:participant ratio (3:8)
- Allow the journey to unfold
- Journey designed to suit participants
- Individual goal-setting
Involvement of external support workers
Group decision-making
Simplicity of living (including minimal reliance on technology)
Process-oriented
Presence of therapist to ensure the emotional and psychological safety of all participants at all times.

Evaluations

Over the last three years, TOE has been involved in two significant, yet quite different investigations into its programs. This paper, whilst briefly outlining the two approaches, will primarily focus on the experience of these two processes, as reported by TOE staff.

Tracking Toe – Latrobe University

In 1999, TOE and Mary-Faeth Chenery from the Department of Outdoor Education and Nature Tourism at LaTrobe University in Bendigo, received a LaTrobe University Industry Collaborative Grant to support a project which became known as “Tracking TOE”. The project aimed to be ongoing and to develop, implement and evaluate a comprehensive research database and analysis system for TOE. The project also collected and analysed data about the program, its dynamics and its outcomes for participants (2000, p.3). The significance of the program lay not only in its provision of information about TOE, but in its establishment of research and evaluation methods which could be used in other wilderness and adventure therapy programs. (2000, p.3)

In the introduction to her report on the study, titled “Sleeping in the quiet of Mt. Jim. A study of the wilderness therapy programs of The Outdoor Experience”, Chenery writes:

“Sleeping in the quiet of Mt. Jim is a phrase which reflects one of the central elements of wilderness therapy. A certain mystery, peace, rest and contrast are at work when young people journey in the bush together with staff in a search for help with their goals, their desires to change their behaviour, their simple wish for a break from challenging lives at home. Other elements are at work as well – not mysterious but intentional, active, and directed. The study reported here set out to document and clarify the processes and outcomes of the wilderness therapy programs provided by The Outdoor Experience, and to establish practical methods to build research and evaluation into the professional practice of wilderness therapy.” (2000, p.3)

Research objectives -

The objectives of the Tracking TOE project were:

1. To conduct research into the outcomes for young people of participating in TOE programs, and into the influences and processes which contribute to those outcomes.
2. To develop, implement and evaluate methods of data gathering and data analysis appropriate to the programs, the objectives, and the participants of TOE.
3. To develop, trial, revise and report on best practice in:
   • Accurate and objective assessment/selection methods for participants in TOE programs;
   • Ascertaining the most appropriate length of time for clients in wilderness therapy;
   • The prospects of longer-term after-care in partnership with other agencies; and,
   • Development of documented outcomes for clients. (2000, pp.5,6)

It is evident from these objectives that the Tracking TOE project encompassed both evaluation and research. “It is evaluation because one of the purposes of gathering data is to find ways to improve the TOE program.” (2000, p.42) And it is research because one of its purposes is to contribute to the body of knowledge about wilderness therapy (2000, p.42)

The project employed a part-time research assistant for the year of the grant (1999), who participated in two programs.

Data gathering methods –

• Participant-observation by research staff, to build the descriptive base of “what happens”; that is: what IS the program, and also to document what seems to work, why does it seem to work and so forth.

• Document review: Inquiry forms; participant applications; selection interview notes; staff planning notes; participant goal statements; program fliers, newsletters, other public documents; trip reports; debriefing minutes; follow-up and case reports.
• Staff journals (with guiding questions provided for staff notes during trips and other aspects of program).
• Staff interviews (focusing on dynamics of the program, collecting “stories” of how participants interacted and changed).
• Follow-up participant interviews (3-12 months after program; focusing on their experience of the program, immediate and longer term outcomes, transition after the program, context surrounding the issues that brought them to TOE, dynamics of program).
• Past participant interviews (as above, with participants from previous years). (2000, p.7).

**Data analysis**

Through the collection and analysis of data, Chenery developed eight categories of participant outcomes –

1. Insight into one’s behaviour and the expressing and working out of feelings
2. Development of new skills and strategies for dealing with life
3. A stronger body and mind, clearer mind, natural high, and high energy
4. A great time, lots of fun
5. Can see positive alternatives to how to spend time, other possibilities
6. Increased positive feelings about self
7. Increased environmental consciousness
8. Problematic or negative outcomes (2000, p.12)

One of the interesting aspects of Chenery’s study is her categorization of the processes of the wilderness therapy program which lead to change for participants. She groups the rich descriptions of the processes leading to change in the following way:

1. “Body-challenge-outdoor adventure”
   The set of: 12 days drug-free, success in physical challenges, adventure, hardship with no escape, simplicity of living, here and now experiences.

   The set of: therapy, counselling, conversation, reflection, instruction, modelling, and structure.

3. “Relationships-trust-caring”
   The set of: positive relationships with staff and peers, sense of community, developing trust, caring for others, and taking responsibility.

4. “Fun”
   The set of: play, fun, lightheartedness.

5. “Healing through nature”
   The set of: healing effects, mystery, and freedom of nature or wilderness.

6. “Time”
   The set of time and space. (2000, p.18)

Overall, the LaTrobe study, although requiring a high level of input from TOE staff, has been a very worthwhile project. The study looked closely at the wilderness journey experience, and in her analysis of the data Chenery has developed some interesting and useful categorisations, which effectively capture the holistic nature of the experience. The study increased TOE’s capacity to critically evaluate its work, as well as providing some useful frameworks within which to evaluate the program and some sound and practical recommendations for the ongoing collection of data.
In 2000/2001, Turning Point Alcohol and Drug Centre was commissioned by the Department of Human Services to conduct a process evaluation of TOE. The project’s aim was to conduct an independent evaluation on behalf of the department. The evaluation was concerned with service performance against funding obligations, as well as examining barriers and innovations related to service provision. (2001, p.8).

As the report of this evaluation is a confidential, unpublished report, there are limitations about what can be discussed regarding this evaluation. Whilst the content will not be explored in any detail, this paper will discuss the process as experienced by TOE staff.

**Terms of reference** –

Specific objectives:

1. To determine the extent to which the service is operating within the general key services requirements.
2. To document the service model in particular its approach to treatment as well as to ascertain innovative practices and areas where limitations exist.
3. To identify issues which impact upon successful delivery of the service to particular target groups.
4. To determine the extent to which the service has met the original and its ongoing service performance measures and targets as specified in its Funding and Service Agreement with the DHS.
5. To document the organisational structure of the program and its impact on service delivery with reference to the Jesuit Social Services. (2001, p.8)

**Data gathering methods** –

- Service documentation and the site visit
- Interviews/focus groups with service staff, volunteers, clients and key stakeholders
- Observation of a day-trip with clients.
- Alcohol and Drug Information (ADIS) Reports
- Service data
- Client files

(2001, p.8)

Overall, the Turning Point evaluation was a valuable experience for TOE on a number of levels. Because of the unusual nature of the TOE program as a drug treatment service (it is the only one of its type in Victoria), the evaluator found it necessary to undertake a thorough study into the principles and practices of wilderness therapy, as well as a very descriptive reporting of the TOE program’s processes and rationale. To this end, the final report includes a literature review, discussion around wilderness therapy and its uses as a drug treatment and detailed descriptions of how TOE works. The evaluation looked at TOE through a drug and alcohol treatment/therapy lens and the use of such a framework has been useful in terms of the development of TOE’s theory base and rationale. The evaluation also highlighted areas of service strength and identified areas where TOE could develop to more satisfactorily meet the requirements of its funding agreements.

**The Evaluations**

The very different nature and aims of the two evaluations means that any comparative reflection about the two is difficult. The following discussion does not attempt to “evaluate the evaluations”, but rather aims to reflect upon the processes of the evaluations, as experienced by TOE staff, to provide the reader with some insight into a few important issues to consider when evaluating wilderness and adventure therapy programs.
Aims of the evaluations

The LaTrobe university research and evaluation was undertaken over a much longer period of time (2 years), and was a collaborative venture with TOE, initiated by TOE. The study set out “to document and clarify the processes and outcomes of the wilderness therapy programs provided by TOE, and to establish practical methods to build research and evaluation into the professional practice of wilderness therapy” (2000, p.i, Exec. Summary).

The Turning Point evaluation, on the other hand, aimed to “conduct an independent evaluation on behalf of… (the government funding body) …” and was concerned with “service performance against funding obligations, as well as examining barriers and innovations related to service provision”. (2001, p.8)

Obviously these are two very different approaches to service evaluation, and as the focus and methods of the investigations were so different, so were the experiences for staff.

Who “drove” the evaluations?

Both processes were welcomed by staff, who were keen for the opportunity to discuss, explore and examine the program in a structured way. The LaTrobe project was an integrated part of our program and staff were involved in the development of the research questions, the exploration of the questions and then the development of further questions. The study developed out of the program staff’s desire to enhance program development through improved understanding of the processes and factors at play.

The Turning Point evaluation was much more externally driven and focussed around questions pertinent to TOE’s funding agreement. Obviously, when a service is undergoing an external evaluation upon the request of its funding body, a certain pressure is inevitably experienced by the service, as the outcomes of the evaluation may impact on future funding.

Time periods

Another significant difference between the two investigations was the time periods involved. The LaTrobe study actively involved TOE staff for 12 months, whereas the Turning Point evaluation was of a more “snap-shot” nature. This had implications for staff, as well as the outcomes of the evaluation, because much of the information collated in the evaluation came from what was happening right there and then. This increased the stress for workers when difficult situations were occurring with the young people, as there was little scope for the evaluation to place events in a broader context of time. When the evaluator was present in the post-trip phase of the program, staff had initial concerns regarding how the presentation of individual participants on a particular day might be interpreted by the evaluator, who was only able to “view” the program in a very short period of time. The LaTrobe study, on the other hand, occurred over a long enough period of time to observe a number of different participants in a number of programs and a range of circumstances and states of being.

Who is the evaluator? (background, training, personality)

This leads to the very important issue of who the evaluator or researcher is. Fortunately for TOE, both the research assistant employed for the LaTrobe project and the evaluator employed by Turning Point, were people with backgrounds in therapy, and this proved to be of vital importance in terms of impact on the participants and on the program.

The research assistant for the LaTrobe study also had a background in adventure therapy, and this was invaluable, both in terms of her ability to cope well in the 12 day journey which she undertook as part of the study, and also in terms of her understanding of the concepts and processes underlying TOE’s programs. Both people were well versed in the concepts of wilderness therapy, which allowed them to approach the program with a degree of important background conceptual knowledge.

The skills of both these people significantly reduced the potential stress for TOE staff, as we felt confident that their interactions with the participants would be appropriate, respectful, sensitive and non-damaging. It is important to ensure that whatever research or evaluation is undertaken does not in any way hinder the therapeutic process.

What was needed from the staff?

The sort of investigation undertaken by LaTrobe University (and the type recommended by the research to continue with) is highly dependent on sound teamwork and a shared commitment to the process. It involved quite a lot of work, and relied very much on the commitment of the workers. Although there was some individual note taking, etc. much of the information gathering came from team discussions.

Staff found the process very useful in assisting their own thought processes and development of ideas about the program. Although workloads were increased by the investigation, staff felt supported in their work by the knowledge that the program, its processes and outcomes were being studied in a structured way.
Staff did find it a challenge to record information whilst out on the wilderness journeys. At times, a dictaphone was used and written notes were also required. The dictaphone was a less demanding way to record information, but it was challenging to find the time to remove ourselves from the group and record into it. Writing daily records also presents a challenge for field staff, as the days are usually long and tiring, and a high degree of motivation is required to find the time and energy to write more than we already do out there.

The Turning Point evaluation was much less demanding of staff, although it did add an extra pressure at a busy and hectic time of year – the end of a program and the end of a year. Staff at TOE valued the opportunity to explain and discuss the program in detail to an evaluator who would be reporting to the funding body – it was good to feel there was an ear that was listening. The time restraints, however, did leave a feeling of being a bit rushed and a sense of urgency that this was an important opportunity to really relay the intricacies and complexities of the program to the funding body.

Key Issues/Questions To Consider When Evaluating Your Wilderness Therapy Program

1. What is your purpose in evaluating? Who is it for and who is your audience?
2. What questions do you want to answer?
3. What are your resource limits?
4. How are you going to answer the questions?
5. What impact could the data collection have on a program operation and participants?
6. What are you going to do with the end product? What is the best utilisation of the evaluation report?
7. What further questions have arisen from your evaluation?

Conclusion

Both evaluations have contributed valuably to TOE’s understanding and development of its wilderness therapy programs and have provided a useful basis from which further investigations can develop.

The Turning Point evaluation, in its use of drug treatment/therapy language and concepts has provided a meaningful appraisal of the program as a particular model of drug treatment. By highlighting the intricacies and uniqueness of the model it has provided a framework for the furthering of the relationship between TOE and its funding body, particularly by assisting the process of exploring how to more effectively measure the outcomes of program participation.

The LaTrobe study, with its focus on the wilderness journey, has become an integral part of the development of thought which accompanies the operation of TOE. The TOE wilderness journey is a complex, multi-faceted, extended holistic experience which can be challenging to define, describe and understand. The analysis of information in Chenery’s report, and the recommendations for future research (including structured pages for data collection and journal writing) provide TOE and other similar programs with a framework for on-going research and evaluation.

The drug treatment/therapy lens of the Turning Point evaluation and the outdoor education lens of LaTrobe’s research provide well thought out frameworks and language by which to evaluate and research the phenomenon of wilderness therapy as a “treatment option” for young people experiencing problematic substance use. The synthesis of the two lenses provides a sound start from which to analyse, understand and develop the kaleidoscope which is wilderness therapy.

References


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