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Adventure Based Counselling: Promoting Positive Interpersonal Behaviour in
Mentally Ill Offenders

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Abstract

The purpose of the current study was to examine the effectiveness of an adventure-based counselling (ABC) program on interpersonal behaviour within a forensic psychiatric population. Very little research has examined the effectiveness of an adventure-therapy approach with this population, and to our knowledge, an ABC program has never been attempted, much less examined for efficacy. Participants in this study were offenders at the Southwest Center for Forensic Mental Health Care in St. Thomas, Ontario who were designated not criminally responsible on account of mental disorder. Offenders took part in a 12-session ABC program which addressed interpersonal skills through various challenge activities. Interpersonal behaviour (i.e., the way clients interacted with each other) was assessed using measures of anger, cognitive and affective mindfulness, quality of life, coping style, physical assault, and events requiring seclusion or restraint. These variables were measured before starting and after completion of the program using both self-assessment and file review. It was hypothesized that participants would show statistically significant improvements on all six measures following participation in the ABC program. A multivariate analysis of variance was conducted to analyze the effect of the program from pre- to post-test. Results indicated that several variables did change in the hypothesized direction; however, two variables actually decreased significantly following participation. Though none of our hypotheses were explicitly supported, sample size was a serious limitation and these findings represent only the first iteration of this ABC study. Future repetitions may benefit from methodological nuances that aim to increase statistical power.

Keywords: mentally ill offenders, adventure-based counselling, adventure therapy, interpersonal behaviour, social skills, rehabilitation

Acknowledgements and Dedication

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Adventure Based Counselling: Promoting Positive Interpersonal Behaviour in Mentally Ill Offenders

The social and economic consequences associated with interpersonal violence and crime have a profound impact on society. In 2002, interpersonal violence claimed the lives of approximately 500,000 people (World Health Organization [WHO], 2002). On top of this, violence-related loss of productivity including health care and legal expenses created an annual financial loss of billions of dollars (WHO, 2002). Correctional programming designed within the Canadian criminal justice system has sought to reduce these startling costs by addressing the underlying factors that surround criminality. By directly targeting criminogenic risk factors, corrections have aimed to reduce the occurrence of maladaptive behaviours like interpersonal violence and eventually facilitate an offender's successful reintegration into the community (Gustafsson, Holm, & Flensner, 2012). In doing so, the criminal justice system ultimately aims to reduce the chances that an offender will recidivate following their release (Goff, 2013). Criminal recidivism is defined as a return to patterns of criminogenic behaviour and has often been measured using variables such as rearrest, reconviction, probation violation, or recommitment to an institution (Cottle, Lee, & Heilbrun, 2001). Reducing rates of recidivism has been an important objective of offender corrections (Moore & Hiday, 2006). Traditionally, this has been accomplished through deterrence and punishment models within the correctional system (Goff, 2013).

The Correctional System

Within the federally-oriented correctional system, offenders are sentenced to a period of jail time. Along with this, offenders take part in several treatment programs developed by the

Correctional Service of Canada (CSC) that have been designed to address criminogenic risk factors (CSC, 2009). Incarcerated offenders may be referred to several programs including: crime prevention, violence and family violence prevention, substance abuse, and addictions counselling (CSC, 2009). The majority of inmates take part in life skills programming such as anger management and emotion regulation, and several community-based correctional programs are also available (CSC, 2009).

A recent issue within the correctional system has been the provision of mental health services. It has been noted that an increasing number of people with mental health issues have been accumulating in correctional facilities over the last several decades (Gagliardi, Lovell, Peterson, & Jemelka, 2004; Hean, Heaslip, Warr, Bell, & Staddon, 2010; Mullen, 2000). Point estimates have suggested that approximately 6-16% of prison inmates meet criteria for a diagnosed mental disorder (Gagliardi et al., 2004). It has also been proposed that as many as 45-65% of inmates in jails and federal prisons possess some type of mental health issue (Brandt, 2012). As Schaefer and Stefancic (2003) suggested, these statistics are alarming, given the fact that most jails and prisons do not have the necessary resources to manage mentally ill offenders effectively. Correctional systems worldwide have been criticized for the inadequate mental health services provided to prison inmates (Miller & Metzner, 1994). Brandt (2012) explained how time, space, and money are limited within the correctional system, and less than half of mentally ill inmates receive any kind of treatment. This is problematic given the fact that most mental health issues tend to worsen when left untreated (Mullen, 2000).

Recognizing that some offenders cannot be considered culpable because of psychopathology, a series of provincially-mandated forensic psychiatric systems were developed

within the correctional system. This was in response to the assertion that mentally ill offenders should be rehabilitated, as opposed to punished (Brandt, 2012).

Forensic Psychiatric Rehabilitation

Rehabilitation within the forensic psychiatric system has operated to serve the needs of the increasing number of mentally ill individuals who come in contact with the law (SJHC, 2011). Instead of being sentenced to a period of incarceration, those offenders who have been identified as having a mental disorder are diverted to a secure institution. Psychiatric drugs are typically administered as a component of the treatment plan and mental health care is provided to offenders through a variety of programs (SJHC, 2011). These treatment programs have historically addressed mental health issues including: mood and anxiety disorders, psychosis, forensic psychiatry, adolescents, concurrent disorders, and dual diagnoses (SJHC, 2011). Cognitive Behavioural Therapy (CBT) has also been used extensively within the forensic population (Beech & Hamilton-Giachritsis, 2005; Blackler, Watson, & Beech, 2008; Garrett & Lerman, 2007; Miles, Ellis, & Sheeran, 2012; SJHC, 2011).

Cognitive Behavioural Therapy (CBT). Garrett and Lerman (2007) demonstrated the effectiveness of CBT for psychosis in a group of inpatients with a history of violent behaviour. Twenty sessions of individualized CBT were administered to the inpatients whom had all been hospitalized for more than ten years, most being diagnosed with chronic paranoid schizophrenia (Garrett & Lerman, 2007). Following the 20 sessions, Garrett and Lerman (2007) determined that CBT significantly increased insight among six of the eight patients.

Miles et al. (2013) demonstrated the efficacy of CBT within young offenders. In this case, young offenders incarcerated in the United Kingdom participated in a low-intensity CBT

group workshop (Miles et al., 2012). Miles et al. (2012) found that the CBT workshop caused a decrease in maladaptive beliefs about responsibility, as well as a decrease in avoidant and detached coping style. Finally, CBT has been shown to be effective as a group therapy for women in secure psychiatric facilities (Long, Fulton, Dolley, & Hollin, 2011). Significant improvements on measures of anxiety, coping, and suicidal tendencies, as well as the ability to recognize mood changes were noted following treatment (Long et al., 2011).

Despite the effectiveness of CBT as a therapy, there are still some obstacles surrounding its utility with this population. As Garrett and Lerman (2007) suggested, developing an open and trusting environment can sometimes be difficult in a forensic setting. Patients may be distrustful in general, or think that what they divulge in therapy will be used against them in court (Garrett & Lerman, 2007). In addition, the traditional nature of discussion-based therapies like CBT, (i.e., which rely heavily on literacy and verbal expression to express thoughts and feelings) may be difficult for some patients, especially those with existing cognitive deficits (Blackler et al., 2008). This is often the case with forensic psychiatric populations (Garrett & Lerman, 2007). Miles et al. (2012) further discussed how CBT is most effective when undergone in multiple sessions and longer durations (e.g., a minimum of 10 hours at the lowest dose), though a significant proportion of patients often drop out of the program before completion. In assessing the effectiveness of a CBT workshop with young offenders, Miles et al.(2012) found a 58% attrition rate after referral, as well as further attrition at the follow-up session six weeks later.

In addition to these limitations, programming within the forensic psychiatric system has primarily focused on treating mental illnesses and their symptoms, while largely ignoring the underlying factors that influence criminality (e.g., pro-criminal attitudes, a history of antisocial

behaviour, poor interpersonal skills, etc.; Brandt, 2012). All of these issues surrounding traditional rehabilitation in a forensic psychiatric setting have highlighted the fact that alternative treatment options are lacking. The aim of the current study was to explore other potential therapeutic philosophies that would address both symptomatology as well as criminogenic risk factors. This was done in hopes of extending the number of effective treatment interventions available to mentally ill offenders. Blackler et al. (2008) suggested that a drama-based approach combined with CBT can be effective for rehabilitating high risk populations like violent offenders. With a large body of research supporting this approach, the current study wished to explore its characteristics and applications.

The Drama-Based Approach

The drama-based approach described by Blackler et al. (2008) involves identifying distorted attitudes and cognitive processes that promote violent and aggressive behaviour, while providing a supportive setting in which to practice alternative anger management strategies. Drama and role-playing allow clients to practice the skills and tools learned within therapy and have been shown to enhance self-control, problem solving, and social skills (Baim, Brookes, & Mountford, 2002). Additionally, role-playing and skills training have been shown to be crucial components of successful rehabilitation programs for offenders (Antonowicz and Ross, 1994). Lending support to this, significant reductions in the expression of anger were found in violent offenders who took part in a nine-day combined drama-based and CBT program (Blackler et al. 2008). Drama-therapy techniques were used in tandem with key components of cognitive behavioural anger management training in order to “help inmates with problems of emotionally-driven violence to identify strategies and skills for dealing with potentially volatile situations in

an appropriate way” (Blackler et al., 2008, p. 132). Beech and Hamilton-Giachritsis (2005) discussed the importance of interpersonal interaction in the therapeutic environment, highlighting its relevance to successful community reintegration. Given this promising literature, the current study wished to investigate the use of a drama-based approach, referred to as Adventure Therapy (AT), in a forensic setting.

Adventure Therapy (AT)

AT is a therapeutic application used to enhance the effectiveness of behaviour change through participation in adventure-based activities (Buckner, Meyer, Hamilton, & Norris, 2011). Many of the philosophies and principles behind AT are rooted in the field of experiential education. Experiential education is founded on the idea that direct experience must be incorporated into the process of learning and behaviour change (Gass, 1993). Furthermore, it is based on the idea that learning is enhanced when multiple senses are actively included in the learning process and when individuals are placed outside their comfort zone (Newes & Bandoroff, 2004). The key component of AT is the direct application of the tools learned in therapy through role-playing and practice. In AT, program facilitators recognize and help make clients aware of maladaptive behaviour patterns. Clients participate in activities meant to challenge these maladaptive patterns and are rewarded for positive change (Gass, 1993). In this sense, clients are required to be self-motivated and become active participants in their own therapy. The activities have real and meaningful applications for the client, and reflection is an important part of the therapeutic process (Gass, 1993). AT is based in a group setting and utilizes the concept of *challenge by choice* where clients choose the level of challenge they are most comfortable with (Newes & Bandoroff, 2004).

AT has been employed in a wide variety of settings. Gass (1993) discussed several variations of AT, including wilderness therapy (WT), long-term residential camping, and ABC. All of these forms of AT utilize essentially the same principles; the main differences lie in the environments in which they take place. WT typically involves continuous intervention over a multiple-day period (e.g., 24 days) in a remote wilderness setting (Gass, 1993). Outward Bound is one of the most well-known WT programs to date and has been used extensively for at-risk youth (Clark, Marmol, Cooley, & Gathercoal, 2004; Davis-Berman & Berman, 1989; Wilson & Lipsey, 2000). Long-term residential camping is similar to WT, but clients are placed in outdoor camps as opposed to in remote wilderness areas (Gass, 1993). Instead of being situated in a wilderness setting, ABC occurs at or very close to the client's psychiatric facility. ABC programs tend to be inpatient-based and are usually used in combination with several other therapeutic interventions (Gass, 1993). Adventure experiences tend to focus on teamwork, trust, and problem solving and include activities such as low and high ropes courses, rock climbing, route-finding, and trust-building exercises (Newes & Bandoroff, 2004).

Arguably the most important component of AT is the application of adventure activities to daily life. Program facilitators actively engage clients in understanding how the challenge activities metaphorically relate to real-life experiences and how the skills and tools learned can be practiced in the future. Clients "can be provided with concrete examples of dysfunctional behaviour and shown that alternative behavioural and interpersonal choice can lead to success" (Newes & Bandoroff, p. 7). In doing so, adventure therapies like WT and ABC have found considerable success in enhancing client interpersonal skills (McNamara, 2002).

AT and Interpersonal Behaviour. McNamara (2002) found that AT led to significant improvements on all measures of interpersonal behaviour (i.e., problem solving, conflict resolution, cooperation, sharing, asking for/giving help, anger management, responsibility, communication, and trust) in children of abuse and neglect. Similar findings were noted in a general psychiatric population (Hattie, Marsh, Neill, & Richards, 1997). Hattie et al., (1997) evaluated 96 studies to determine the effects of AT programs on several client outcomes and concluded that AT led to significant improvements on all dimensions of interpersonal behaviour. In this case, measures of interpersonal behaviour included: cooperation, communication, social competence, relating skills, and recidivism (Hattie et al., 1997). Furthermore, ABC has been used to promote social skills within adolescents (Tucker, 2009). Tucker (2009) discussed how skills such as sequencing, interpersonal learning, social skill development, problem solving, and physical trust were all improved through participation in AT programs. Ultimately, these social skills help facilitate positive interpersonal behaviour.

Other variations of AT have been shown to be just as effective at enhancing interpersonal behaviour as well. As previously mentioned, WT has been employed extensively within the population of at-risk youth and juvenile offenders.

WT and At-Risk Youth. Wilson and Lipsey (2000) conducted a meta-analysis of 28 studies evaluating WT programs in delinquent youth. They found WT to be effective at reducing antisocial tendencies, delinquent behaviour, as well as rates of recidivism (Wilson & Lipsey, 2000). Furthermore, in a study by Clark et al. (2004), a 21-day WT program resulted in significant improvements in defense style and maladaptive behaviour scores. Specifically, Clark et al. (2004) found that troubled adolescents who participated in the WT program showed a

significant decrease in immature defense style (i.e., projection, passive-aggression, acting out, isolation, devaluation, dissociation, displacement, etc.). Finally, Davis-Berman and Berman (1989) found that at-risk youth who participated in a 30-day WT program had rates of recidivism 15% lower than youth in a standard hospital program. It is important to note that some research has not found significant differences in juvenile offense activity following participation in WT (Minor & Elrod, 1994). Given that the WT in this case was only a three-day program, the authors suggested that the results of their study indicated a need for longer-term interventions (Minor & Elrod, 1994). This is consistent with the previous suggestion made by Miles et al. (2012) regarding program effectiveness.

As Blacker et al. (2008) discussed, drama-based techniques have frequently been employed as an adjunct therapeutic approach for offenders in community and secure hospital settings. As the studies above illustrate, they have been used with considerable success. That being said, the application of drama techniques such as AT are still relatively under-studied within the criminal justice system. Through reviewing the literature, it became apparent that no research has assessed the effectiveness of any AT, WT, or ABC program within a forensic psychiatric population. This highlighted a major gap in the AT literature in that no studies to date have investigated how ABC affects interpersonal behaviour in mentally ill offenders confined to a secure institution.

The Current Study

The present study sought to fill this gap in the existing literature by empirically investigating the effect of a twelve-session ABC program on several measures of interpersonal behaviour in a sample of mentally ill offenders. For the purposes of this research, ABC referred

to the twelve-session program which took place at the Southwest Center for Forensic Mental Health Care in St. Thomas, Ontario. Each of the sessions involved group activities which addressed various interpersonal skills such as anger management, problem solving, conflict resolution, teamwork, responsibility, communication, and trust. This study assessed interpersonal behaviour through a variety of measures. Two of the six dependent variables were obtained from the hospital chart and included: (1) events of physical assault and (2) events of seclusion or restraint being required. The remaining four dependent variables were (3) anger, (4) cognitive and affective mindfulness, (5) quality of life, and (6) coping style, which were measured using a self-report questionnaire validated for each respective variable. A basic pre-test/post-test design was implemented to evaluate the changes in interpersonal behaviour following participation in the ABC program. Through the use of these methods, it was hypothesized that statistically significant improvements on all six measures of interpersonal behaviour would be found. Given the fact that AT and WT have led to significant improvements in interpersonal behaviour in a variety of forensic and psychiatric settings, the current study expected the same pattern to emerge when ABC was administered to mentally ill offenders.

Method

Participants

Participants in this study were adult inpatients recruited from the Southwest Centre for Forensic Mental Health Care in St. Thomas, Ontario. All patients in this facility were convicted of a criminal offense but were either determined Unfit to Stand Trial or Not Criminally Responsible on account of a Mental Disorder (i.e., NCRMD). Because of this legal status, patients were sentenced to the St. Thomas facility for rehabilitation and treatment, as opposed to

being sentenced to a prison term. All participants are currently living with a severe and persistent mental illness (e.g., anxiety, mild psychosis, schizophrenia, addiction). Some participants may also have concurrent disorders (e.g., schizoaffective disorder as well as a substance abuse disorder).

Not all patients in the facility took part in the Adventure-Based Counselling (ABC) program. Certain patients were referred to the ABC program by a member of their primary care team (e.g., a psychologist, psychiatrist, physician, social worker, occupational therapist, etc.) based on a number of criteria. These criteria included factors such as the patient's physical and mental ability (i.e., whether they could physically and mentally meet the demands of the program) as well as whether it was thought the patient could benefit from and succeed in the program. Based on these selection criteria, a number of inpatients were referred to the ABC program.

Participation in the research component of the ABC program was voluntary and therefore not all patients who were referred to the program were included in the study. The exact number of patients who were referred as well as the proportion of those who chose to participate were not recorded due to confidentiality reasons. Exclusion criteria was based on the participant's level of active psychosis, cognitive impairment due to a dementing process, and/or a level of violence or unpredictability associated with their current mental state. Each round of the ABC program consisted of eight to ten participants. Group selection criteria was conducted to ensure that those having a personality disorder as part of their overall diagnosis were not predominantly in any one group session.

A total of 17 patients completed both the ABC program as well as the research component (16 males, 1 female) forming the sample for this study. Participants' ages ranged from 27 to 61 years old ($M = 42.88$, $SD = 11.85$). All participants were Caucasian with the exception of one participant who was African Canadian. All participants were assigned to the ABC program condition, as time constraints prohibited the inclusion of a separate control group. Given the nature of the program itself, all participants completed the ABC program in a group setting. All participants completed both pre-test and post-test measures individually and were not compensated for their participation. One participant had difficulties with English, so the pre-test and post-test questionnaires were read aloud by the program facilitator.

Materials

ABC Program. The ABC program consisted of ten group sessions of active, collaborative, hands-on activities. Each of the ten sessions included a warm-up activity, a main challenge, and a debriefing component. The program was facilitated by a registered psychologist who took part in extensive ABC training and workshops. The warm-up and main challenge activities were designed to address various social skills and coping strategies including anger management, teamwork, trust, problem solving, communication, and conflict resolution. Activities functioned as fun, interactive, non-judgmental 'play' where the process of solving the challenge activity was reflective of potential real-life situations participants could encounter.

The debriefing component of each session served as a reflection process for the challenge activity. Each session ended with a discussion about the challenges posed by the day's activity, what participants learned about themselves, and how they might apply it to their day-to-day lives. The aim of the debriefing was to help facilitate learning that would solidify and generalize

not only to the next challenge, but to real-world challenges that the participant might face in the future. Other props and tools used in the debriefing component of each session included a talking stick, dice, balls, and drawing.

Many activities in the program required the use of props that were purchased from Adventureworks (a retail adventure-based company).

Week One: Welcome and Introduction. The first week served as an introduction to the program. Participants introduced themselves to the group and were explained the general process of the program. Participants first played a get-to-know-you game called Icebreaker Thumbball. In this activity, a ball covered in questions was thrown around the circle and participants were asked to answer the question that their thumb landed on. Next, they took part in an activity called Buzz Ring designed to address problem-solving and hand-eye coordination. Participants were to keep the ring buzzing around the circle while talking about the goals of the program. Confidentiality issues were discussed and then participants were given the opportunity to ask any questions they had. Equipment required in the first week included a Thumbball and a Buzz Ring.

Week Two: Stress and Taking Action. In week two of the program, patients first participated in another icebreaker game called Believe it or Knot. During this activity participants stood in a circle and passed around a tied knot without letting go of the webbing. When the program facilitator said ‘stop’, the person touching the knot had to share something about themselves while the rest of the group decided whether or not it was true. This game was meant to start an engaging conversation and develop group communication, attentive listening, and respect for others. The warm-up activity was a trust exercise called Raccoon Circle. Participants held onto the Raccoon Circle (i.e., a tied piece of webbing) and attempted to lean

back and sit down in-sync with the rest of the group. This activity was designed to build group trust, communication, support, and focus. The main challenge in week two was an activity called Marble Tubes. In this activity, participants had to relocate several marbles from point A to point B using only plastic tubes. The goals of this challenge were stress and frustration recognition, problem-solving, and taking action. Participants learned how stress can be both positive and negative and that it is how one copes that makes a difference. Utilizing the metaphor dice, this session concluded with a debriefing discussion about problem-solving in stressful situations. Equipment required in week two included a Raccoon Circle (i.e., a tied piece of webbing), marbles, 12 one-foot sections of PVC tubing halved, and metaphor dice.

Week Three: Leadership, Communication, Planning. The third week began with a warm-up activity called Teamwork and Teamplay Word Cards. Participants chose two cards and reflected on how the characteristics listed on the cards were important for leadership. The main challenge was an activity called Bull Ring. Participants were divided into two teams and had to transport a tennis ball from one base to another while balancing it on the Bull Ring. This activity was designed to address several coping strategies including positive communication, collaboration, working in other people's space, respect, working with others, and dealing with frustration. Week three ended with a debriefing discussion about communicating and taking on leadership roles. Equipment required in this session included one set of Teamwork and Teamplay Character Word Cards, two Bull Ring kits (which each included two 2" rings with 12 coloured strings), two tennis balls, and four wood bases with PVC posts.

Week Four: Support, Problem-Solving, Expectations. Week four began with a warm-up activity called Group Juggle. This activity was a name-game intended to create a sense of

belonging in the group. Participants were first instructed to toss a ball around a circle in a consistent pattern and to say their name aloud when the ball was thrown to them. Next they were to toss the ball around in the same pattern but saying aloud the name of the person they were throwing to instead of their own name. The main challenge activity in week four was called Electric Maze. Using trial-and-error, participants were required to navigate the entire group through a maze without speaking to each other. Certain squares on the maze grid were called “electric squares” and any time a participant stepped on one, the entire group had to start over. This activity was designed to address leadership, communication, dealing with frustration, planning, and managing the unknown. The debriefing component of this activity utilized the metaphor ball. Week four also included a goal-setting activity in which participants held onto a Raccoon Circle and were asked to consider easy and difficult goals they wanted to accomplish during the Climbing Wall activity in week seven. Equipment required during the fourth week of the ABC program included a variety of objects that could be tossed easily (e.g., balls), a maze grid and electric square master list, and a Raccoon Circle.

Week Five: Goal Setting/Development, Teamwork, Support. Week five was designed to address goal setting, goal development, teamwork, and support. The warm-up was an activity called Key Punch which required participants to take turns running to and from a keypad punching the numbers 1 through 30, in order, as quickly as possible. This activity was designed to facilitate increased communication, teamwork, information sharing, taking turns, goal setting, shared goals, attention to detail, quick thinking, and responsibility. The main challenge was an activity called Spider Web which was designed to further improve goal setting, team building, support, and planning. The first step in Spider Web was for participants to create two lists: the

first for what they would like to accomplish during week seven at the High Ropes course, and the second list for what they would need to accomplish those goals. The next stage of the Spider Web activity was for participants to navigate through the web structure; the holes in the Spider Web structure represented each of the goals on the list. The debriefing component of week five involved a open-ended discussion about goal accomplishment in day-to-day life. The session ended with the assignment of homework where participants were asked to consider goals for the Climbing Wall activity in week seven as well as personal goals for the rest of their time at the facility. Equipment required included 30 numbered spots, a boundary rope, a start and finish line, a stopwatch, one Spider Web, a flip chart easel, paper, markers, and tape.

Week Six: Goal Setting -- Take 2! Week six of the ABC program was meant to further build on goal setting. The program facilitator discussed the homework assignment and asked if any participants felt comfortable sharing their goals and thought process in developing them. Participants then took part in two warm-up activities. The first was a game called The Warm Wind Blows which was designed to have participants share their likes, dislikes, hobbies, and interests with the group. The next warm-up was a trust exercise called Wind in the Willow which asked participants to think about where they needed to exercise the act of trust in their daily lives before trusting the group to catch their fall. The main challenge during week six was called Ascend Traverse which was meant to work on trust, teamwork, risk-taking, and support. In this activity, participants were broken into teams and were required to traverse three planks without stepping on the ground. The metaphor ball was used for the debriefing portion of this activity. Equipment required in week six included enough markers for each participant, Ascend Traverse planks and supports, as well as a debriefing ball.

Week Seven: The Element. Week seven was a highly anticipated off-site activity called The Element, which began with a review of each participant's goals for the day. Participants completed a High Ropes course as well as a Climbing Wall activity, following the safety requirements of an adventure facility. This session did not include a debriefing component because the second part of week seven (i.e., the eighth session of the ABC program) was devoted entirely to reflection on The Element the following day.

Week Eight (Part 2 of Week Seven): Reflection on The Element. The next session of the program was a reflection session that took place the day after The Element activity. The warm-up was an activity called Feelings Cards which required participants to think about how they felt prior to going to the Climbing Wall, during the activity, and after they had climbed. They were instructed to look through the Feelings Cards and choose cards that best described each of those feelings. The main challenge was an activity called Body Parts. This required participants to identify members of the group who showed, needed, or provided a particular quality identified in a specific body part. Finally, the debriefing activity had participants consider current and future challenges to managing commitments in their lives. Equipment required during the second part of week seven included Teamwork and Teamplay Feelings Cards, Body Parts Debriefing Tool, and Chiji Pocket Processor Cards.

Week Nine: Challenge Mastery. The ninth week of the program began with an icebreaker game called The Magic Genie. This was a goal-setting activity in which participants were asked to identify one goal and three 'wishes' that would help make the goal possible. A warm-up activity called Tunnel Vision was completed next. Participants were asked to answer a series of personal questions about themselves honestly. This activity was designed to help participants

understand biases, gain perspective, and work on their support skills. The main challenge in week nine was called Mine Field which helped develop communication and support skills, as well as goal development and accomplishment. Participants were broken into pairs and asked to discuss any barriers that stood in the way of accomplishing their goals. Objects representing these barriers were thrown into a play ‘mine field’. Then, one partner was required to instruct their blind-folded teammate how to navigate through the field while avoiding the objects using only verbal communication. Week nine of the program concluded with a debriefing discussion and an explanation of the two “booster” sessions that would take place following completion of the ten regular sessions. Equipment required included enough pencils and paper for each participant, pylons/boundary markers, approximately 15 miscellaneous objects, and blindfolds.

Week Ten: Celebration. The final week of the ABC program was a session for participants to celebrate their accomplishments. Participants took part in seven short activities. First was an icebreaker game called Conversation Starter Buttons in which participants chose a button they were drawn to and pinned it to themselves. Later in the session, participants were asked to share why they chose the particular button they did. The second activity was called Knee Slap which had participants slap one knee with the opposite hand and then do the same for the other knee. This was designed to engage both sides of the brain in order to get them warmed up for the next activity. The next activity was called Tangled and required participants to determine which of four tangled topes held all of the topes together without touching them. This activity was meant to develop perceptual skills and address frustration management. The fourth activity was called Squeeze Chicken which was meant to be fun, competitive, and elicit laughter. Participants stood in two lines holding hands and passed down a ‘squeeze’ as quickly as possible.

The participant in each line who got squeezed last was to race to grab the Rubber Chicken first. The program facilitator allowed the group to choose which activity they wanted to play next. Activity six was another round of Conversation Starter Buttons. The final activity in week ten was another round of Teamwork and Teamplay Feelings Cards, where participants concluded the program by identifying how they felt prior to the group starting and how they felt about the group after. Healthy snacks were provided to participants and program completion certificates were awarded. Finally, the nature of the “booster” sessions was explained to participants a second time. Equipment required in the final week of the program included one bag of Conversation Starter Buttons, four Tangled Webs, and one Rubber Chicken.

Interpersonal Behaviour. In this study, interpersonal behaviour (i.e., the way in which patients interacted with each other) was assessed using six dependent measures. Four of the variables were measured using paper-and-pencil questionnaires while the remaining two measures were assessed using an extensive file review. Generally, these measures were chosen for their strong psychometric properties. All of the measures chosen were ‘brief’ or ‘revised’ versions that were short and simple enough not to exceed the mental demands of participants.

Anger. Anger was measured using the Novaco (1975) Dimensions of Anger Reactions (DAR) - Short Form. The DAR - Short Form (Novaco, 1975) contained seven self-report items on an 8-point Likert scale. Participants rated the degree to which each statement described their feelings or behaviour from 0 (you would feel very little or no annoyance) to 8 (you would feel very angry). Sample items included “getting your car stuck in the mud or snow” and “being joked about or teased” (Novaco, 1975). Internal consistency of the DAR - Short Form (Novaco, 1975) has been found to be high with Cronbach’s α values ranging from .91 to .94 (Forbes et al.,

2004). The convergent validity of the DAR - Short Form (Novaco, 1975) was confirmed through comparisons to the State Trait Anger Expression Inventory (STAXI) and the PTSD Checklist (PCL). Correlational analysis revealed Spearman correlations of .79 and .82 for the STAXI Trait Anger and .53 and .71 for the PCL (Forbes et al., 2004). This suggested that the DAR - Short Form (Novaco, 1975) is a psychometrically strong measure of anger disposition. Taken in combination, these results suggest that the Novaco (1975) DAR - Short Form has excellent validity and reliability.

Cognitive and Affective Mindfulness. The Cognitive and Affective Mindfulness Scale - Revised (CAMS-R) included 18 items designed to measure a broad conceptualization of mindfulness using simple language (Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007). Participants were asked to rate the degree to which each item applied to them from 1 (rarely/not at all) to 4 (almost always). Sample items included: “I am preoccupied by the future”, “I am easily distracted”, and “I can tolerate emotional pain” (Feldman et al., 2007). Internal consistency of the CAMS-R was found to be more than adequate with Cronbach’s α ranging from .74 to .77 (Feldman et al., 2007). The CAMS-R was also found to be correlated with both the Freiburg Mindfulness Inventory (FMI) and the Mindful Attention Awareness Scale (MAAS; $r = .66$ and $r = .51$, respectively), allowing Feldman et al. (2007) to conclude that the CAMS-R is a reliable and valid measure of mindfulness.

Quality of Life. Quality of life was measured using the WHO (2004) Quality of Life - Brief Form (QOL-BREF). This scale consisted of 30 items aimed at capturing individuals’ perceptions of their quality of life within the context of the culture they live in, as well as their values, goals, and expectations (Mas-Exposito, Amador-Campos, Gomez-Benito, Lalucat-Jo,

2011). The QOL-BREF measured four separate domains related to quality of life including: physical health, psychological health, social relationships, and the environment. Participants were asked to think about their life in the past four weeks and respond to each item on a scale from 1 (very poor) to 5 (very good). Sample items included “how safe do you feel in your daily life?” and “how satisfied do you feel with your sleep?” (WHO, 2004). Psychometric properties of this scale were validated in a clinical sample of patients with schizophrenia (Mas-Exposito et al., 2011). Internal consistency was found to be very strong ranging from $\alpha = .88$ to $\alpha = .89$ (Mas-Exposito et al., 2011). Validity of the WHO (2004) QOL-BREF was assessed using comparisons to Global Assessment of Functioning (GAF), Positive and Negative Syndrome Scale (PANSS), WHO Short Disability Assessment Schedule (DAS-s), and Functional Social Support Questionnaire (FSSQ) scores (Mas-Exposito et al., 2011). Convergent and discriminant validity were confirmed with Pearson’s correlations ranging from $r = -.04$ to $r = .55$, respectively (Mas-Exposito et al., 2011). Together, these results indicated that the QOL-BREF (WHO, 2004) is a strong psychometric measure.

Coping Style. Coping was measured using the Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) Ways of Coping - Revised (WOC-R) scale. This scale contained 66 items designed to assess the broad range of cognitive and behavioural strategies that participants use to manage the demands of a stressor. This scale captured eight separate domains related to coping (i.e., problem-focused coping, wishful thinking, detachment, seeking social support, focusing on the positive, self-blame, tension-reduction, and keeping to oneself). Participants were asked to rate the extent to which they used each strategy and respond on a 4-point Likert scale ranging from 0 (not used) to 3 (used a great deal); higher scores indicated more adaptive

coping. Sample items included: “I made a plan of action and followed it”, “I took it out on other people”, and “I didn’t let it get to me” (Folkman et al., 1986). Internal consistency of the WOC-R has been found to be adequate, with Cronbach’s α ranging from .61 to .79 (Folkman et al., 1986). Construct validity of the WOC-R was assessed through comparisons to the Coping Strategies Indicator (CSI) and the COPE scale (Clark, Bormann, Cropanzano, & James, 1995). Clark et al. (1995) determined that the WOC-R had both strong convergent validity ($r = .68$ to $r = .97$) as well as discriminant validity ($r = .01$ to $r = .44$).

Events of Physical Assault. Any time a patient in the facility engaged in physical assault with another person, it was noted and recorded in their file. The number of incidents of physical assault each participant was involved in during the ten weeks of the program was tallied directly from the hospital chart records.

Events Requiring Seclusion/Restraint. Similarly, any incident that resulted in a patient having to be restrained or secluded from other patients at the Southwest Centre was documented. Any incidents that occurred during the ten-month period that the program was running were tallied and recorded.

Procedure

Participants were recruited from the Southwest Center for Forensic Mental Health Care. Certain patients within the facility were referred to the ABC program based on the selection criteria previously described. Participation in the research component of the ABC program was voluntary and therefore not all patients who were referred to the program were included in the study. Those patients who agreed to take part in the research component of the program were first given a letter of information (see Appendix A) and signed an informed consent form (see

Appendix B). Since time constraints prohibited the inclusion of a separate control group, all participants were assigned to the ABC program condition.

Pre-test data collection took place four days prior to the start of the ABC program. Participants completed four paper-and-pencil questionnaires (i.e., for anger, cognitive and affective mindfulness, quality of life, and coping style) and hospital chart data was collected for the remaining two dependent variables (i.e., events of physical assault, events requiring seclusion/restraint). Immediately following pre-test data collection, participants began the ten-week ABC program. For a detailed explanation of all activity descriptions, instructions to participants, debriefing questions, and time requirements for all ten weeks of the program, refer to Appendix C. At any time, participants were permitted to withdraw from the activity and engage in another way that facilitated their personal level of challenge.

Following completion of the ten ABC program sessions, post-test data was collected. Within a week of program cessation, participants completed the paper-and-pencil questionnaires and hospital chart data was recorded a second time. Two “booster” sessions were held after the program ended (i.e., one month and three months after Week Ten). These sessions were designed to act as refreshers and assist in the transference of learning from the program to every-day life. Given that a debriefing component was incorporated into each of the ten ABC sessions, participants were not debriefed at the end of the study.

Results

In this study, interpersonal behaviour was measured using a total of 16 dependent variables: anger, cognitive and affective mindfulness, quality of life (4 domains), ways of coping (8 domains), events of physical assault, and events requiring seclusion or restraint. A repeated

measures multivariate analysis of variance (MANOVA) was conducted in order to test the effect of the ABC program on each of the dependent measures from pre-test to post-test. All participants' responses were included in the analysis.

The results of the MANOVA were not significant for time, Pillai's Trace = .97, $F(16, 1) = 1.85$, *ns*, $\eta^2 = .97$, observed power = .09, indicating that interpersonal behaviour scores were not significantly different from pre-test to post-test. Despite these results, univariate main effects were examined for each dependent variable to get a better understanding of each variable and its directionality.

Anger

Results of the univariate analysis were not significant for anger, $F(1, 16) = .79$, *ns*, $\eta^2 = .05$, observed power = .13. This indicated that scores on the Novaco (1975) Dimensions of Anger Reactions (DAR) - Short Form were not significantly different from pre-test ($M = 9.06$, $SD = 1.95$) to post-test ($M = 7.65$, $SD = 2.45$).

Cognitive and Affective Mindfulness

Results of the univariate analysis for cognitive and affective mindfulness were not significant either, $F(1, 16) = 1.30$, *ns*, $\eta^2 = .08$, observed power = .19. In other words, scores on the Feldman et al. (2007) CAMS-R were not significantly different from before the ABC program ($M = 34.41$, $SD = 1.34$) to after ($M = 35.51$, $SD = 1.52$).

Quality of Life

Results of the WHO (2004) QOL-BREF were separated out into four domains: physical health, psychological health, social relationships, and environment. Quality of life as it relates to physical health was not significantly different from pre-test ($M = 62.94$, $SD = 3.28$) to post-test

($M = 65.12$, $SD = 2.73$), $F(1, 16) = .71$, ns , $\eta^2 = .04$, observed power = .12. Similarly, psychological health did not change significantly from before the program ($M = 64.00$, $SD = 2.90$) to after ($M = 63.35$, $SD = 3.03$), $F(1, 16) = .07$, ns , $\eta^2 = .01$, observed power = .06. Contrary to what was expected, scores on the social relationships domain of quality of life actually decreased from pre-test ($M = 56.00$, $SD = 6.92$) to post-test ($M = 48.18$, $SD = 6.57$), $F(1, 16) = 5.80$, $p < .05$, $\eta^2 = .27$, observed power = .62. Finally, the environmental aspect of quality of life did not change significantly from before the ABC program ($M = 63.29$, $SD = 3.59$) to after ($M = 62.47$, $SD = 3.77$), $F(1, 16) = .19$, ns , $\eta^2 = .01$, observed power = .07.

Coping Style

Coping style was analyzed using eight separate domains from the Folkman et al. (1986) Ways of Coping - Revised (WOC-R) scale: problem-focused coping, wishful thinking, detachment, seeking social support, focusing on the positive, self-blame, tension-reduction, and keeping to oneself. Only one of the eight domains showed significant changes from pre-test to post-test. More specifically, the tension-reduction domain of coping style decreased significantly from before the program ($M = 3.65$, $SD = .51$) to after ($M = 2.59$, $SD = .43$), $F(1, 16) = 4.85$, $p < .05$, $\eta^2 = .23$, observed power = .54. In other words, contrary to what was expected, participants' ability to reduce their tension decreased after completing the program.

The remaining seven domains did not show significant changes after completing the ABC program. Problem-focused coping pre-test scores ($M = 18.06$, $SD = 1.53$) were not significantly different from post-test scores ($M = 16.82$, $SD = 1.78$), $F(1, 16) = .50$, ns , $\eta^2 = .03$, observed power = .10. Wishful thinking scores did not change from before ($M = 7.35$, $SD = 1.04$) to after ($M = 5.94$, $SD = 1.07$) the program, $F(1, 16) = 2.66$, ns , $\eta^2 = .14$, observed power = .34. The

amount that participants used detachment as a form of coping did not change significantly from pre-program ($M = 8.29$, $SD = 1.12$) to post-program ($M = 6.94$, $SD = 1.24$), $F(1, 16) = 1.55$, ns , $\eta^2 = .09$, observed power = .22. Similarly, participants did not significantly change the amount of social support they sought after the program ($M = 10.71$, $SD = 1.48$) compared to before ($M = 9.59$, $SD = 1.09$), $F(1, 16) = .76$, ns , $\eta^2 = .05$, observed power = .13. Pre-test scores for focusing on the positive ($M = 6.06$, $SD = .82$) were no different from post-test scores ($M = 5.94$, $SD = .70$), $F(1, 16) = .01$, ns , $\eta^2 = .001$, observed power = .05. Comparably, the degree to which participants engaged in self-blame did not change from before the program ($M = 3.94$, $SD = .42$) to after ($M = 3.29$, $SD = .54$), $F(1, 16) = 1.10$, ns , $\eta^2 = .06$, observed power = .17. Finally, keeping to oneself was not used as a coping strategy any more or less often after completing the ABC program ($M = 4.00$, $SD = .56$) compared to before ($M = 3.47$, $SD = .50$), $F(1, 16) = 3.43$, ns , $\eta^2 = .18$, observed power = .41.

Events of Physical Assault

Results of the univariate analysis for events of physical assault were not significant, $F(1, 16) = 2.98$, ns , $\eta^2 = .16$, observed power = .37. In other words, the number of events of physical assault were not significantly different from pre-test ($M = .24$, $SD = .14$) to post-test ($M = .00$, $SD = .00$).

Events Requiring Seclusion or Restraint

Finally, results of the univariate analysis for events requiring seclusion or restraint were not significant, $F(1, 16) = .70$, ns , $\eta^2 = .04$, observed power = .12. In other words, the number of times participants had to be restrained or put into seclusion were not significantly different after completing the ABC program ($M = .76$, $SD = .65$) compared to before ($M = 5.18$, $SD = 5.18$).

Though none of the original hypotheses were directly supported, several variables showed changes in the hypothesized direction, despite lack of statistical significance (see Figure 1). Specifically, both anger scores and events of physical assault decreased, cognitive and affective mindfulness scores as well as the physical health aspect of quality of life increased, and both the self-blame and detachment domains of coping style decreased after taking part in the ABC program.

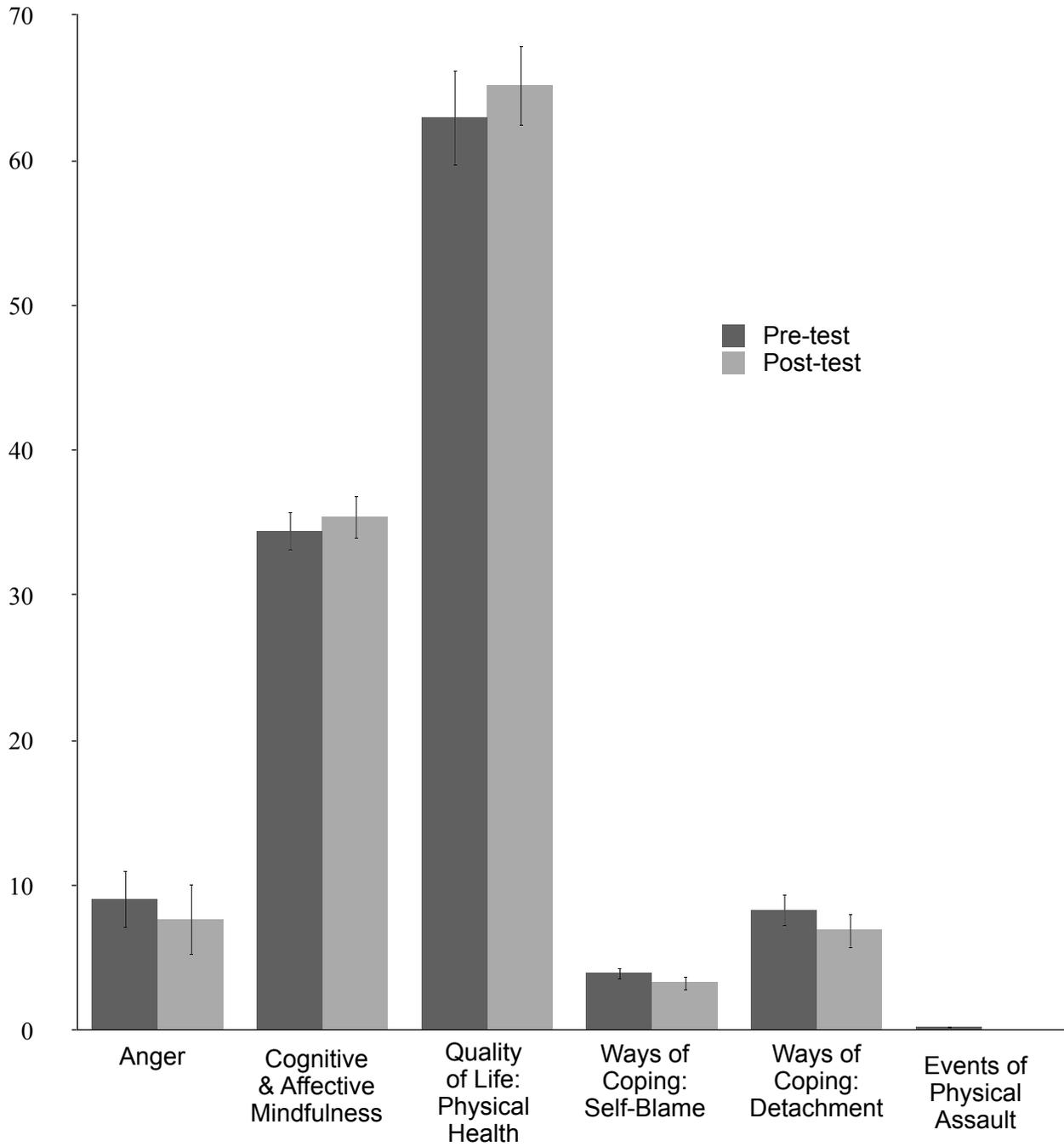


Figure 1. Means scores of dependent variables showing hypothesized directionality from pre-test to post-test. Error bars indicate standard error of the mean.

Discussion

Drawing on previous research supporting the use of an adventure therapy approach with both psychiatric patients (Hattie et al., 1997) and at-risk youth (Clark et al., 2004; Davis-Berman & Berman, 1989; Wilson & Lipsey, 2000), the current study examined the effects of an ABC program on the interpersonal behaviour of mentally ill offenders. This study aimed to fill the gap in the existing literature which had not examined the use of an adventure therapy approach with a forensic psychiatric population to date. The hypothesis that participants' scores on each of the 6 dependent variables, including all domains (i.e., 16 variables in total), would improve from pre-test to post-test was not supported. Furthermore, when univariate tests were examined, results showed two of the variables had significantly changed in the opposite direction than was expected (i.e., quality of life [social relationships] and coping style [tension-reduction]). That being said, six of the dependent variables *did* change in the hypothesized direction after participation in the ABC program (i.e., anger, cognitive and affective mindfulness, quality of life [physical health], coping style [self-blame], coping style [detachment], and events of physical assault), although statistical significance was not achieved. On one hand, although these results do not explicitly support the original hypotheses of the study, the fact that several variables showed improvements after participating in the ABC program is promising for future research. Additionally, test-retest reliability of this study was strong with significant correlations ranging from $r = .49$ to $r = .89$ for the dependent measures.

On the other hand, the vast representation of adventure therapy approaches used with at-risk and delinquent youth may indicate that this type of therapeutic approach is more effective with youth compared to adult populations. Consistent with this notion, Witman (1995) found that

adolescents tend to value participating in adventure programs more so than older individuals. It was suggested that this may be partially because mature participants perceive ropes courses to be less challenging and therefore do not gain as much from participating (Witman, 1995). This explanation is speculative but is offered in light of the non-significant results found in the current study.

Limitations

There are a number of additional limitations that may have contributed to the null findings. First and foremost, the small participant sample in this study (i.e., $N = 17$) contributed to its inherently low statistical power. Given that power is directly related to sample size, very large effect sizes would have been required in order to generate statistically significant changes in interpersonal behaviour (Schmidt, Hunter, & Urry, 1976). It is therefore not surprising that the overall power of the study was quite low (i.e. observed power = .09) despite a high overall effect size (i.e., $\eta^2 = .97$).

Another limitation is the use of self-report data for the measurement of four out of the six variables in question. As demonstrated by Dunning, Heath, and Suls (2004), self-assessment tools are often flawed in systematic ways. This finding that self-report data may be biased and inaccurate has been implicated in several research areas including educational, workplace, and health settings (Dunning et al., 2004). Generally, the correlation between people's self-views and their actual behaviour is weak and people tend to overrate themselves (Dunning et al., 2004). In addition to this, some participants in the current study had little to no insight into why they committed their index offense and therefore may also have little insight into their own interpersonal behaviour. Taken together, these two observations generate a potential for biased

and inaccurate results, and so conclusions drawn from the self-report measures in this study must be examined with caution (Dunning et al., 2004).

There are two final limitations warranting discussion. First, the nature of the participant sample was extremely heterogeneous (see Appendix D for a sample of participant characteristics). In other words, the range of diagnoses, index offenses, drug use, and institutional behaviour of the participants was very broad. Subsequently, scores on the interpersonal behaviour variables were quite diverse which made results difficult to interpret and/or generalize to forensic psychiatric patients as a whole. Similarly, the lack of a suitable control group undermined the scope of the inferences that were able to be drawn. Since a control group was unable to be factored in to the design of the study, the magnitude of the effects could not be compared to any other group.

Future Directions

Although the original hypotheses of the current study were not supported, the fact that several variables showed hypothesized directionality is promising, and innovative attempts at advancing forensic psychiatric rehabilitation should continue to be assessed. As these findings represent only the first iteration of this ABC study, future repetitions may be improved through methodological nuances that aim to increase statistical power. As discussed, the inclusion of data from additional participants would serve this function. Exploring the use of alternative measures that do not rely on self-assessment for anger, cognitive and affective mindfulness, quality of life, and coping style may also be beneficial. Finally, including a 'waiting list' control group of participants waiting to begin the ABC program would allow future researchers to compare the magnitude of the program's effect to the effect of being institutionalized at the Southwest Center.

It is possible that the observed changes may be more attributable to institutionalization than participation in the ABC program itself. The addition of a control group would allow for these comparisons to be made and stronger conclusions to be drawn about clinical practice with a forensic psychiatric population.

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Appendix A: Letter of Information

Regional Mental Health Care - St. Thomas
Forensic Psychiatry Program
467 Sunset Drive
St Thomas ON N5P 3V9
Phone: (519) 631-8510 ext 49438
Fax: (519) 631-4251

Project Title: Does participation in an in patient psychiatric Adventure Based Counseling program improve client outcome?

Principal Investigator: Mary Ellen Ruddell, MSW, RSW, Forensic Treatment Unit, Regional Mental Health Care – St. Thomas

Letter of Information

You are being invited to participate in this research study to determine possible benefits to participating in an Adventure Based Counselling (ABC) program. You are being asked to participate in the research project as a result of having been referred the ABC program.

The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research.

The purpose of this study is to assess the impact of an Adventure Based Counselling program on quality of life and coping skills. The ABC program was and is, scheduled to operate as a clinical program within the Forensic program and thus the research is aimed to identify its ongoing viability as a structured program.

Your participation in the research study is voluntary, you may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your future care. If you do not wish to participate in the research study, you may still participate in the ABC program.

If you agree to participate, you will be asked to complete a set of questionnaires prior to the beginning of the ABC program. Once you have completed the program you will be asked to complete the same set of questionnaires and participate in a focus group discussion. Further measurements will be found through a chart review related to your physical health and include blood pressure, GAF (Global Assessment of Functioning) score, and blood sugar levels if applicable.

The possible risks and harms to you include fatigue during the assessment period. However, breaks may be taken and/or tests can be administered over multiple sessions.

The possible benefits to you as a participant may be a sense of involvement in your overall care as well as that of clients who will be in the Forensic system in the future.

You may not directly benefit from participating in this study but information gathered may provide benefits to the program as a whole which include alternative clinical programming guidelines. As well, you will be contributing to an increase in scientific knowledge.

You will not be compensated for your participation in this research.

All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name will not be used. If you choose to withdraw from this study, any data collected from you prior to your withdrawal will remain in the database, however we will not collect any new information from you or your health records. Data will be stored on the hospital's shared network which is encrypted for your privacy and confidentiality. After data has been submitted and analyzed, it will be destroyed as per hospital policy.

If you require any further information regarding this research project or your participation in the study you may contact Mary Ellen Ruddell, MSW, RSW, Social Worker on the Forensic Treatment Unit and Principal Investigator at 519-631-8510 x49438. Alternatively, you may speak to Dr. Craig Beach x49402, Heather Walker, OT x49008, Dr. Rod Balsom, x49212 and Karen Lewis, RPN, x49238 who are all co-investigators of the research project.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact Dr. David Hill, Scientific Director, Lawson Health Research Institute (519) 667-6649.

If the results of the study are published, your name will not be used. If you would like to receive a copy of any potential study results, please contact Mary Ellen Ruddell, MSW, RSW, Social Worker on the Forensic Treatment Unit.

If you consent to participate in the research study you will be asked to sign the attached consent form.

You will receive a copy of the signed Letter of Information and Consent form for your records.

Appendix B: Informed Consent Form

Regional Mental Health Care - St. Thomas
Forensic Psychiatry Program
467 Sunset Drive
St Thomas ON N5P 3V9
Phone: (519) 631-8510 ext 49438
Fax: (519) 631-4251

CONSENT FORM

Project Title: Does participation in an in patient psychiatric Adventure Based Counseling program improve client outcome?

Study Investigator's Name: Mary Ellen Ruddell, MSW, RSW, Forensic Treatment Unit, Regional Mental Health Care – St. Thomas

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Participant's Name (please print): _____

Participant's Signature: _____

Date: _____

Person Obtaining Informed Consent (please print): _____

Signature: _____

Date: _____

Appendix C: Detailed Explanation of all ABC Activities

Week One

- PURPOSE AND DESIGN OF GROUP

- Describe to the group that the underlying philosophy behind a program that uses adventure and challenge based activities is to provide individuals with situations they must work through as a group, however each person on their own will take away the meaning of the outcome for themselves.
- It is a learning model that seeks to provide natural and logical consequences for the actions of the participants. The program is designed to address coping skills regarding problem-solving, conflict resolution, anxiety, social interaction, working with others, and self-esteem. You may not feel as if you have areas to improve in for all coping skills however more than likely there is at least one that speaks to you.
- Activities are, generally, fun, however you will be asked to reflect on your actions and interpret meaning from them. Activities are meant to simulate issues faced in your day to day living environment and that of the wider community.
- The use of imagination, both in the development of scenarios attached to the activities as well as when developing the solutions to the problems faced, will be asked of you as participants each week.
- Although activities are generally “fun”, at times, you will struggle with working through the challenges. You may become frustrated, even angry. You may become discouraged, feel overwhelmed and think negatively about the moment. We would ask you to, at these moments, maintain respect for others and yourself, and look inward for what you may need to do to work through this time. Reflection afterwards can and/or will address your own individual responses.
- Please feel free to request support from facilitators and others when needed.
- On Week 7, we will, as a group, attend to a local challenge based activity program and utilize their climbing wall. We will be discussing this in further detail in Week 5 but please note that we will be developing individual goals for you around this session
- There will be time to reflect at each session however “booster” sessions will be added on an individual basis in an effort to ensure transference of learning from the group to your day to day living.
- Each session is based on individual goal development. This means that your participation level may differ from week to week and activity to activity however you must make an effort to participate in some way.

- ICEBREAKER THUMB BALL

- Goal: Icebreaker, Get to Know You
- Equipment: Icebreaker Thumb Ball
- # of Participants: 4 – 12 per circle
- Time: Approximately 10 minutes

- Directions:
 - Have participants stand in a circle. Tell participants that you are going to throw the ball to them and have them say their name as they catch it. Let them know that whatever question one of their thumbs lands on, is the question that we would like them to answer. They can share as much, or as little information, as they would like. Continue around the circle until each participant has had at least one try.
- Debrief: Ask participants:
 - If they learned something new about someone else or if there was something that interested them that they may wish to follow up with later.
 - How comfortable they are when communicating with others

- BUZZ RING

- Goal: Problem Solving, Pre-briefing, Debriefing, Hand-eye Coordination
- Equipment: 1 Buzz Ring
- # of Participants: Unlimited
- Time: 10 minutes
- Directions:
 - Getting Started: To get the rings started can be tricky and you just need to play with it awhile to figure out which system works best for you. Some place their palm down on the still rings and give them a good spin. Turning the large ring at the same time will get the rings buzzing. Others will slap at the rings and turn the large ring at the same time to get them buzzing. Play with it and see which method works best for you.
 - Pre-Briefing Tool: This ring will get your participants talking about the “buzz words” in a fun way. Talk about what the “buzz” words are that the group think they are there to work on. Examples are: trust, teamwork, communication, cooperation, respect, etc. Have the participants name each small buzz ring a name of one of those words (let them be words they suggest). Start the rings buzzing.
 - Tell the group that the goal is to pass the ring around the circle and see if the group can keep the rings buzzing all the way around the circle. While the group is passing it around you can talk about the buzz words and what they will mean throughout the day in your program. You can also talk about being nervous to be the one receiving the ring, not wanting to mess up in front of the group or let the group down by making a mistake, and how those issues might come up throughout the day as the group completes initiatives together. It’s a great way to start the day and then to come back to at the end of the day.
 - Another way to use the buzz ring is to ask the group who is good at multi-tasking. After those admit (or don’t admit), pass the buzzing ring around the circle and ask each participant to tell the group three things about themselves while keeping the rings buzzing. This is difficult for even GREAT multi-taskers!

Week Two**- BELIEVE IT OR KNOT**

- Goals: Ice breaker, engaging conversation, developing group communication, attentive listening, respect for others
- Equipment: One Raccoon Circle (tied piece of webbing) for every 10-15 people
- # of Participants: 6-30
- Time: 10 minutes
- Directions:
 - Arrange the group in a circle and have each member put 2 hands on the Raccoon Circle.
 - The Task: To move the knot around the circle without letting go of the webbing. When “STOP” is called, the person who is closest to the knot, or has it between their hands, must tell the group something that is true or untrue about themselves. The group must decide if it is true or not.
 - Activity Instructions: When the group is set up and ready give the instruction of “GO” and have the group move the knot around the circle. You can have someone say “STOP” and whoever is closest to the knot must share something that is true or untrue about themselves. This can be anything that they are comfortable sharing. After the person has shared, the group can decide if this is true or not, in a fun and “light” manner. This might prompt a little bit of story telling. Once the sharing is finished, the person who just shared will say “right” or “left” which will indicate which direction the knot will travel next. On “Go” the process will start over.
 - Other points to consider: The content of the sharing, or disclosure will depend on the comfort level of the group. This can also be used as an engaging way to debrief with a group

- RACCOON CIRCLE

- Goals: Trust, communication, depending on others, support, focus, action/reaction, give and take
- Equipment: 1 raccoon circle for every 8 – 10 participants
- # of Participants: 4 - 30.
- Time: 10 minutes
- Directions:
 - Divide your group into appropriate sized smaller groups. Give each smaller group a raccoon circle. Have participants hold the raccoon circle with two hands and stand on the outside of the circle. They will need to spread out the webbing so that it makes a stretched out circle.
 - There are 2 challenges you can propose to the group:
 - Have every participant in their group lean back as far as they can without falling over or letting go of the webbing. This should be done in sync.

- Have the group sit down and stand back up without falling over or letting go of the webbing. This should be done as in-sync as possible.
- Special Notes: Once each group is in the starting position, have them start to lean back, making sure they keep the webbing tight. During the initial attempts, some participants will likely pull harder than others resulting in some being knocked off balance. Groups will likely need time to practice this before they can perfect it. You may need to help keep some groups focused. Challenge the group to do lean back as in-sync as possible. After they have had success with the first challenge, invite them to try the second one. Again, challenge them to do this as in-sync as possible.
- Other points to consider:
 - This activity only works if every participant has 2 hands on the rope and is leaning and pulling—good discussion topic here
 - If your group is needing an additional challenge, try incorporating blindfolds
 - Make sure you have a discussion on how to be aware of safety and support of others before beginning this activity.
- Safety & Support:
 - Explain to participants that this is an exercise to assist in building trust. State that trust must come from each person equally for this exercise to be successful. Explain that participants must remain “straight as a board” and that only their ankles will move. Have participant lean the top part of their body back so that their arms are straight. On the count of three, participants are to lean back with their whole body, moving only their ankles if need be and feel the “power of the circle”. Participants should not bend their knees or their waist or allow for their arms to go “slack”. After holding the circle out for a few seconds, instruct participants to come back to centre. Go through this exercise a number of times until participants are comfortable. If appropriate, have participants move this to the second level, where they lean back and then bed down at the knees all at the same time, back up to standing and then back to centre. Do this as often as needed for trust to be built.
- Debrief: Using the 5 Step “Did you Notice” question style ask:
 - Did you notice that you had butterflies/nervous/anxious?, Why?
 - Did you notice that you were able to trust?, Why?
 - Did you notice that you were successful?, Why?
 - Where else do you notice that you are nervous etc...but have to trust something/someone?, Why?
 - How can you take the success you found here and transfer it to that situation?

- MARBLE TUBES

- Goals: Recognizing Stress & Frustration, problem solving, taking action
- Equipment: 12, One-foot sections of PVC tubing halved, Marbles.
- # of Participants: 4-12
- Time: 30 minutes, including debrief
- Directions:
 - The challenge is to relocate several marbles from Position A to Position B using only the PVC tubes. Participants that are holding a marble in their segment of PVC tubing are not allowed to move their feet.
 - Typical Presentation, Storyline or Metaphor:
 - During the annual spring walk of the local bird watching society, your group notices a bird's egg that has rolled downhill away from a nest on a low branch. Knowing that many animals are wary of human scent, you attempt to relocate this marble-sized bird egg back to the nest, without touching it.
 - Variations:
 - Allowing participants to hold near the ends of the tubes make this task a little easier. For a more difficult challenge, only allow participants to touch their own marble tube. For an even harder task, participants can touch any tubes they like, but the tubes cannot touch each other.
 - Try passing other objects, such as foam balls, which make little or no noise. Passing water is also fun. For a truly unique experience, try passing a collection of marbles up a flight of stairs, or up the incline of a hill. One of the hardest variations is to only allow participants to touch their tube with one hand.
 - Important Points
 - Choose a reasonable distance to transport the marbles or balls. For a group of 12 participants, 15-20 meters is adequate.
 - Debriefing Topics:
 - Do you think your group worked together well, or were there fine points that could be improved upon?
 - How did your group decide on the plan?
 - Did the execution of your plan change during the activity?
 - Did the order of participants change during the activity?
 - How many marbles (goals) did you achieve?

Week Three**- TEAMWORK & TEAMPLAY CHARACTER WORD CARDS**

- Goals: Icebreaker, Getting to Know you, Leadership, Supporting others, communication
- Equipment: 1 set of Teamwork & Teamplay Character Word Cards
- # of Participants: 4-12
- Time: 10 minutes

- Directions:

- Have participants chose two cards and reflect and share with the group why that word is important to leadership etc...

- BULL RING

- Goals:

Positive communication, collaboration, working in other people's space, respect, focus, working with others, dealing with frustration, give and take.

- Equipment:

2 Bullring kits: 2, 2" rings with 12 coloured strings attached (bullrings), 2 tennis balls, 4 wood bases with PVC posts

- # of Participants:

6- 30.

- Directions:

- Place 2 bases beside each other with about 5 paces between them. Next, place a bullring on each base and spread out the strings so they are straight and not tangled. Now place a tennis ball on top of each PVC post sticking out of each base. Finally, place the final 2 bases about 20 paces, or more, from one of the ones you just set-up.
 - You will want to divide your group in ½. Once you have done this, invite each group to go and stand by one of the bullring set-ups.
 - The challenge is for each team to balance the tennis ball on the bullring, transport it to a new base, and land it successfully on the new base. This needs to be done by touching only the strings and without dropping the ball.
 - Activity Instructions: The following is a typical presentation or storyline:
 - The newest mars probe has returned to Earth with several new rocks form our closest neighboring planet. The re-entry on Earth however, was a little bumpy and a few of the precious stones end up bouncing around the exposed rock on the Canadian Shield. Your team has been assembled to retrieve these stones, using a new prototype Bull Ring Retrieval system-Mark 1. First you must elevate the stone, and then carry this to the awaiting transportation base. Once there, the rocks will be shipped to the Canadian division of NASA for scientific observation.
 - General Rules:
 - Participants can only touch the strings and must remain at least a hand width away from the string
 - If the ball drops, have teams start over
 - Other points to consider:
 - If you want to add additional challenges, set up the other bases around or on obstacles
 - Spread out scrabble/letter tiles around the bases and have each team collect a tile each time they successfully land the ball on a base
 - Challenge the groups to rotate 360 degrees and land the ball back on their base at the same time as each other

Week Four**- GROUP JUGGLE**

- Goal: Icebreaker, Name Game, Create a Sense of Belonging
- Equipment: A variety of objects that are able to be easily tossed
- # of Participants: 4 – 12 per circle
- Time: Approximately 10 minutes
- Directions:
 - Have participants stand in a circle.
 - Explain the rules as follows: the only two rules are that you have to have the ball once and the pattern to which the ball travels around the circle must remain the same. You as the leader will state your name and then toss the ball/object to someone across the circle. This person must now say their name and toss the ball/object to a person across from them. This pattern continues until all participants have had the ball/object once. The ball/object should end where it started as the last “toss”. The second round of the juggle the leader will again start and toss to the same person as the first round however this time, they must say the name of the person they are tossing it to. The pattern must remain the same. Once you as the leader have a sense that participants have the pattern learned, introduce more objects that also must remain in the same pattern. Maximum number of objects should be 4-5. In this manner, participants will “juggle” the balls.
- Debrief:
 - If time permits, you may wish to either ask participants if they feel as if they know everyone’s name or ask what that experience was like for them.

- ELECTRIC MAZE

- Goal: Leadership, Communication, Dealing with Frustration, Planning, Managing the Unknown
- Equipment: Grid, Electric Square Master List
- # of Participants: 6 +
- Time: 40 minutes including debrief
- Directions:
 - Instruct the group that aliens have landed. Your team has found them in the middle of an electric field. The aliens are in distress and need help to get out of the maze. However, the aliens are highly sensitive to human voices and therefore you must not speak for the duration of the time that you will be with them. Each team member will need to get through the maze safely. You will be given 5 minutes to consider how you must get all the group through the maze without speaking. Each time someone is “zapped” the entire group must return to the start point. Anyone who stands in an “electric square” will be zapped. The facilitator is the commanding officer and has the legend of where the electric squares are however is unable to show you the way. You must go through using trial and error. The challenge is for the entire team to cross from

one side of the tarp to the other, by stepping on the appropriate squares. Players try to cross the maze one at a time. Players may move horizontally or vertically but not diagonally. As the game progresses, the group will slowly figure out what the safe route across the tarp is. The challenge has been completed once every participant has safely crossed the maze.

- Debrief: Using the Debrief Cube/Ball, ask the following:
 - Where in your life, do you wish people could give you advice however they either refuse to or can't?
 - What was it like to use people's strengths and differences?
 - Where else do you feel you do not have a voice?
 - How was the communication difficult?
 - Where in your life is communication difficult?
 - How did you make it through successfully?
 - How can you use that premise your day to day life?
 - What was it like to not know the "way"?
 - In what situations do you feel you are "zapped" back to the beginning?

Week Five

- KEYPUNCH

- Goal: Increased communication, teamwork, information sharing, taking turns, goal setting, shared goals, attention to details, quick thinking, and responsibility.
- Equipment: 30 Numbered Spots, 1 Boundary Rope, 1 Start Line, 1 Finish Line, 1 Stopwatch
- # of participants: 5- 30 (with groups 12+ different variations are suggested)
- Time: 15 minutes
- Directions:
 - For this activity you will need a fairly large space. Spread out your boundary rope so it makes a large circle or rectangle. Within the circle or rectangle you will need to spread out all your poly spots with the numbers facing up. If you so desire, you can put the numbers in a sequential zig zag pattern. With all 30 spots, the pattern won't be visibly obvious. About 10 to 20 paces from the circle or rectangle, just out of visual range of the numbers, layout your start line and end line. Feel free to put them at different ends of the rectangle. Make sure that there is a clear area for participants to run from the start line into the keypad, and out to the finish line.
 - The challenge is for the group to hit the numbers from 1 to 30, in order, and as quickly as possible.
 - Other Possible Instructions: The following is a typical story presentation:
 - The Earth is being threatened by aliens. Your group has been hired to activate the anti-alien force field by punching the secret code into the computer. The code is 1, 2, 3,4...27,28,29,30. Time starts when the first person enters the control room and ends when the last person leaves the

control room. The computer is very sensitive, only one person can be in contact with the keypad at a time or the computer registers a 10-second delay. Each person in the group must touch one number or the computer registers a 10-second delay. Finally, the computer registers a 10 second delay for each mistake made punching in the code.

- Other points to consider:
 - After the participants have had an attempt ask them to refine their performance by setting two goals:
 - What is the least amount of time they need to complete the activity?
 - How many attempts do they want to achieve their time goal?

- SPIDER WEB

- Goal: Goal Setting, Team Building, Support, Planning
- Equipment: Spider Web, flip chart easel, paper and markers, tape
- # of Participants: 4+
- Time: 40 minutes including debrief
- Directions:
 - On a piece of flip chart paper, have participants identify two lists. The first list is what they would like to accomplish on Week 7 at the High Ropes course. The second list is what they need to accomplish those goals (and others). Once lists are developed, explain that the “holes” in the web are the goals and the participants are the “objectives”. Each “goal” must be met by sending one of the “objectives” through the hole without touching the sides. A hole may be identified twice as different goals but then the group must get through the hole twice. Continue until all “goals” are met.
- Debrief:
 - What was necessary to accomplish the goals?
 - What do we know now about completing the objectives?
 - How do we use this knowledge in our day to day lives?

Week Six

- THE WARM WIND BLOWS

- Goal: Icebreaker
- Equipment: Enough Spot markers for each participant
- # of Participants: 6+, any age
- Time: 5-10 minutes
- Directions:
 - Have participants stand in a circle and place a spot marker behind each one. As the facilitator stand in the middle of the circle to begin the activity. Explain that the person in the middle is to say, “the warm wind blows for all those who.....” and name something that they like, dislike, do as a hobby etc... Once the sentence is stated, any participants who agree or have that in common must

move to an “open” spot. The one participant who is left without a spot is now in the middle. Participants cannot move to a spot right beside them.

- WIND IN THE WILLOWS

- Goal: Trust
- Equipment: None
- # of participants: 6-10
- Time: 5 minutes
- Directions:
 - Have participants stand in a circle shoulder to shoulder. Explain that each person in turn will have a chance to be in the middle. Volunteers stand in the circle and stay as rigid as possible, closing their eyes if they would like and crossing their hands over their chest. Circle participants hold their hands at chest/shoulder height depending on the height of the volunteer in the middle. When ready, the middle volunteer asks the circle if they are ready. Circle participants state they are ready. Middle participant states, “falling” and begins to fall into the hands of the circle while staying completely rigid. Circle participants slowly move the middle participant around and across the circle to simulate a tree swaying in the breeze.
- Debrief:
 - How did it feel to be in the middle? Or the centre of attention
 - Did you feel supported?....why? or why not?

- ASCEND TRAVERSE

- Goal: Trust, Teamwork, Prep for “The Element”, Risk taking, supports
- Equipment: Ascend Traverse planks and supports
- # of participants: 3-30
- Time: 30 minutes
- Directions:
 - Set up the challenge as follows: Once a participant steps on the plank, they are “vulnerable” to the toxins on the ground. If they step off, they must return to the beginning and restart. They will require two supports, one on either side and those supports are to listen to the person on the plank to determine the level of support required. Eg. Physically touching, talking, etc... The two supports on the ground are immune, until they too step on the plank. Each team of three must traverse all three planks successfully. Once each team of three has completed a set, you can increase the challenge by either introducing blindfolds/ asking participants to keep their eyes closed; introduce a “no talking” rule.
- Debrief:
 - During debrief attend to the area of risk, nervousness, trust, support needed, feelings of uncertainty, where they have to “traverse” toxic areas of their lives, how do they do this, who are their supports.

Week Eight (Part 2 of Week Seven)**- TEAMWORK AND TEAMPLAY FEELINGS CARDS**

- Goal: Reflection
- Equipment: Teamwork & Teamplay Feelings Cards Deck
- # of participants: 2-10
- Time: ~2 minutes/participant
- Directions:
 - Have participants consider how they felt prior to going to the Climbing Wall/just as they arrived, how they felt during the climbing and how they felt after they climbed. Instruct participants to look through the Feelings Cards and pick a card that best describes these three feelings. Using a Talking Tool if it is appropriate or needed, have each participant talk about their three cards.
 - If time permits, after each participant has described their three feelings, ask them what their feelings tell them about challenges they may face in the future.

- BODY PARTS

- Goal: Reflection
- Equipment: Body Parts Debriefing Tool
- # of participants: 4-10
- Time: ~2 minutes/participant
- Directions:
 - One at a time, have the facilitator pull out one of the body parts and ask participants who in their group either showed the quality identified in the part; who needed that quality or who provided that quality. Depending on who spoke first or who it seemed to have the most impact on, toss the body part to them and have them hold on to it.
 - Ask each participant to name a current challenge in the life and how or which body part quality they need to use in order to meet that challenge.

- CHIJI POCKET PROCESSOR CARDS

- Goal: Transference
- Equipment: Chiji Pocket Processor Cards Deck
- # of participants: 2-10
- Time: ~2 minutes/participant
- Directions:
 - Have participants consider current and/or future challenges. Let them know that you are now wanting them to pick a card that states a commitment that they feel they could manage in order to work through some or a few of the challenges they are now facing.
 - Using a “talking tool” if appropriate, have participants describe what their commitment will be and for which challenge

Week Nine**- THE MAGIC GENIE**

- Goal: Goal Setting
- Equipment: Pen/Pencil and Paper – enough for each individual participant
- # of Participants: 2 +
- Time: 15 minutes
- Directions:
 - Tell participants that they have just found a magic bottle with a genie inside. As everyone knows, the genie will grant each of us three wishes/objectives. Ask participants to identify one goal and write it down. After they have written this goal down, ask them to list three “wishes” that would help make that goal possible.
- Debrief:
 - Are your goals realistic?
 - Are your goals manageable?
 - Are your goals something you need assistance, support or help with?
 - Do your objectives lead directly to the goal or are they first steps?
 - If they are not first steps, how do you determine what those are?

- TUNNEL VISION

- Goal: Understanding our Biases, Gaining perspective, Support
- Equipment: Pen/Pencil and Paper – enough for each individual participant
- # of Participants: 2+
- Time: 15 minutes
- Directions:
 - Inform participants that this section of today is going to ask them to be honest and look in our their own thoughts, memories, biases and beliefs. Let them know that they will not be asked to share their answers and that hopefully, this will allow them to be even more honest. Read out the questions below, one at a time and allow for answers to be documented. Remind participants that answers can be in the form of a sentence, a picture, a one word response, point form, etc.
- Questions:
 - What is your happiest childhood memory?
 - What is your worst childhood memory?
 - What does success mean for you/look like?
 - What does failure mean for you/look like?
 - What do you like most about yourself?
 - What do you like least about yourself?
 - What would you change about yourself physically?
 - What would you change about yourself emotionally?
 - What do you think about mental illness?
 - What does institutionalization mean to you?

- Debrief: If needed, give participants a few minutes to share and/or relax from this activity.
- Other Directions:
 - If you are using this “tunnel” for the next activity, Mine Field, ask participants to roll up their paper in the shape of a tube and look through it with only one eye and looking straight ahead. Ask participants what they see. Ask them if they see enough to move around safely. Let them know that they are experiencing “tunnel vision” (or ask them what they are experiencing). Discuss the idea that a person’s own experiences, feelings, beliefs etc...create this “tunnel vision” and that our tunnel vision is what then impacts on our moving ahead with our goals. Provide examples if needed.

- MINE FIELD

- Goal: Communication, Goal Development & Accomplishment, Support
- Equipment: Pylons/boundary markers, objects – approximately 15, blindfolds or toilet paper rolls
- # of participants: 2-10
- Time: 40 minutes including debrief
- Directions:
 - Have participants stand at one end of the boundary and ask them what barriers there are to accomplishing their goals. As each barrier is stated, throw an object into the boundary “playing” mine field. After all objects or ideas are done, randomly place participants in pairs. Handout blindfolds or toilet paper rolls depending on which you are using and instruct them that one person will be “unable to see much” and will not be able to talk. The other person can see and talk, but cannot enter the field or touch the person. The challenge is for each blind-folded person to walk from one side of the field to the other, avoiding the "mines", by listening to the verbal instructions of their partners. Allow participants a short period (e.g., 3 minutes) of planning time to decide on their communication commands, then begin the activity. Decide on the penalty for hitting a "mine". It could be a restart (serious consequence) or time penalty or simply a count of hits, but without penalty. When participants swap roles, give participants some review and planning time to refine their communication method. Allow participants to swap over and even have several attempts, until a real, satisfied sense of skill and competence in being able to guide a partner through the "minefield" develops.
- Debrief:
 - What was it like to have a serious or small consequences to achieving your goal?
 - What made this difficult?
 - What was like to have success?
 - What was most important to reaching your goals?
 - How did it feel to hit a “mine”/barrier to your goal?

Week Ten**- CONVERSATION STARTER BUTTONS**

- Goal: Introspection, Disclosure
- Equipment: One Bag of Conversation Starter Buttons
- # of participants: 4 +
- Time: 10 minutes
- Directions:
 - Instruct participants to look through the buttons on the table, choose one that they are drawn too and pin it somewhere on their clothes. Do not provide any further instruction if asked. Later in the program, when appropriate, ask participants to share why they chose that particular button. Facilitators could be involved in this activity.

- KNEE SLAP

- Goal: Laughter, Engaging Both sides of the brain
- Equipment: Nothing
- # of participants: 2+
- Time: 5 minutes
- Directions:
 - Ask if participants have ever heard of “Brain gym”. Inform them that this is a construct which states that if you engage both sides of the brain prior to being involved in a cognitive activity, the likelihood is that they will complete the activity better. Have participants stand in a circle and ask them to lift one knee and slap/touch it gently with the opposite hand. For example if you lift you left knee, then you slap with your right hand. Continue to do this back and forth between knees until there is some laughter and individuals seem “warmed up”.

- TANGLED

- Goal: Engaging the Brain, Frustration, Perception
- Equipment: Four “tangled webs”
- # of participants: 2+
- Time: 10 minutes
- Directions:
 - Instruct participants to determine which of the ropes holds all the other ropes together without touching. They are allowed to identify which one they believe it is and then pick it up however if wrong, they must drop the “web” and try a different one.

- SQUEEZE CHICKEN

- Goal: Laughter, Competition
- Equipment: One Rubber Chicken
- # of participants: 4 +
- Time: 10 minutes

- Directions:

- Instruct participants to create two equal lines, side by side. As one facilitator you will stand at the end of the two lines facing them holding the rubber chicken flat on your palms. Participants are then to hold hands. The second facilitator will hold the hands of the two participants closest to him/her. The facilitator holding the hands of the participants will squeeze both at the same time however at random intervals. The “squeeze” is to be passed down as quickly as possible and the final participant is to grab the chicken first. The two participants closest to the chicken then move to the other end and everyone shifts down. Do this until game is satiated and/or all the participants have had at least one turn.

Appendix D: Sample Participant Characteristics

Participant 1

37-year old male with schizophrenia. Admitted for harassment (Cornell Violence Rating: 1).
Cooperative within the institution. Mild drug use.

Participant 2

37-year old male with antisocial personality disorder (PCL-R score = 29/40), schizoaffective disorder, malingering, and a history of drug-induced psychosis. Admitted for assault (torture, sexual assault, & threat with a weapon; Cornell Violence Rating: 4). Reactive within the institution. Alcoholism and poly-substance abuse.

Participant 3

52-year old male with paranoid schizophrenia and an extensive history of violence. Admitted for aggravated assault (stabbing; Cornell Violence Rating: 5). Poor insight into offence. No significant drug use.