

4-2014

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Citation of this paper:

Salisbury, Taylor, "Adventure-Based Counselling: Promoting Positive Interpersonal Behaviour in Mentally Ill Offenders" (2014).
Undergraduate Honors Posters. 4.
https://ir.lib.uwo.ca/psychd_posters/4

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

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Abstract

The purpose of this study was to examine the effectiveness of an adventure-based counselling (ABC) program on the interpersonal behaviour of forensic psychiatric inpatients. To our knowledge, no research had examined the use of an adventure-therapy approach with this population despite the promising literature on ABC with other samples. Participants were mentally ill offenders at the Southwest Center for Forensic Mental Health Care in St. Thomas, Ontario. Seventeen participants took part in a 12-session ABC program which addressed interpersonal skills through group challenge activities. Measures of interpersonal behaviour were assessed using both self-report questionnaires and file review. Results showed hypothesized directionality for several of the dependent variables; however, contrary to what was expected, two of the variables showed statistically significant decreases in interpersonal behaviour. Though none of our hypotheses were supported, these findings represent only the first iteration of this ABC study. Future repetitions may benefit from methodological nuances that aim to increase statistical power.

Introduction

- ▶ **Purpose:** To explore the utility of innovative therapeutic techniques to be used in forensic psychiatric rehabilitation
- ▶ Adventure-Based Counselling (ABC)
 - ▶ A hands-on, experience-based therapy
 - ▶ Involves role-playing and teamwork
 - ▶ Challenge activities; group setting; requires active participation and engagement
 - ▶ Addresses social skills and coping strategies (e.g., anger management, problem solving, conflict-resolution, teamwork, trust, responsibility, communication)
 - ▶ Debriefing component to reflect on challenge activities and translate learning into everyday behaviour
- ▶ Used successfully with other samples
 - ▶ Psychiatric patients
 - ▶ At-risk youth & juvenile delinquents
- ▶ **Research Question:** Does participation in an inpatient ABC program improve client interpersonal behaviour?

Hypotheses

- Participation in the ABC program will lead to improvements on all measures of interpersonal behaviour.
- ▶ H₁: ABC will reduce anger
 - ▶ H₂: ABC will improve cognitive and affective mindfulness
 - ▶ H₃: ABC will improve quality of life (4 domains)
 - ▶ H₄: ABC will improve way of coping (8 domains)
 - ▶ H₅: ABC will reduce events of physical assault
 - ▶ H₆: ABC will reduce events requiring seclusion

Methods

Participants:

- ▶ N = 17 (16 males, 1 female)
- ▶ Aged 27 to 61 ($M = 42.88, SD = 11.85$)
- ▶ Inpatients from the Southwest Centre for Forensic Mental Health Care
- ▶ NCRMD or Unfit to Stand Trial
- ▶ Living with persistent mental illness(es)
- ▶ Heterogeneous sample (see Box 1)

Materials:

- ▶ ABC Program
 - ▶ 10 sessions + 2 booster sessions
 - ▶ Warm-up; challenge activity; debriefing
 - ▶ E.g., Week Three:
 - ▶ Warm-up: *Teamwork and Teamplay Word Cards*. Participants reflect on how various word cards are important for leadership (goals: leadership, communication)
 - ▶ Main Challenge: *Bull Ring*. Participants divided into two teams; have to transport a tennis ball from one base to another as a team while balancing it on the Bull Ring (goals: working with others, dealing with frustration, communication, respect, focus)
 - ▶ Debriefing: Program facilitator led open-ended discussion about effective communication and taking on leadership roles
- ▶ Interpersonal Behaviour Measures (Self-Report)
 - ▶ Dimensions of Anger Reactions - Short Form
 - ▶ Cognitive and Affective Mindfulness Scale - Revised
 - ▶ Quality of Life - Brief Form
 - ▶ Ways of Coping - Revised

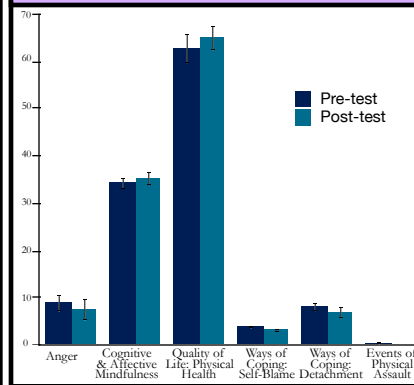
Methods continued

- ▶ Interpersonal Behaviour (File Review)
 - ▶ Events of physical assault
 - ▶ Events requiring seclusion/restraint

Procedure:

- ▶ Patients referred to ABC program (participation in research voluntary)
- ▶ Self-report measures of interpersonal behaviour completed within the institution (paper-and-pencil format)
- ▶ 10-session ABC program
- ▶ Self-report measures completed again
- ▶ 2 booster sessions
- ▶ File reviews conducted after testing

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



Box 1: Sample 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.

Results

Analysis

- ▶ Paired-samples t-tests
- ▶ **Interpersonal Behaviour** (Pre-test vs. Post-test)
 - ▶ Several variables showed hypothesized directionality, despite lack of statistical significance (see Figure 1)
 - ▶ Two variables showed significant decreases in interpersonal behaviour scores
 - ▶ Quality of Life: Social Relationships pre-test ($M = 56.00, SD = 28.53$) > post-test ($M = 48.18, SD = 27.08$), $t(1, 16) = .270, p < .05$
 - ▶ Ways of Coping: Tension Reduction pre-test ($M = 3.65, SD = 2.12$) > post-test ($M = 2.59, SD = 1.77$), $t(1, 16) = 2.201, p < .05$

Conclusion

Contrary to our expectations, the ABC program did not lead to significant improvements on any measures of interpersonal behaviour.

Limitations and Future Directions:

The small sample size of this study contributed to its inherently low statistical power. Very large effect sizes would have been required in order to generate statistically significant differences in interpersonal behaviour. Another limitation is that self-report data is often biased and inaccurate. Finally, the lack of a suitable control group undermined the scope of the inferences that we were able to make. Nonetheless, innovative attempts at advancing forensic psychiatric rehabilitation should continue to be assessed. Future iterations of this study would benefit from addressing these limitations in order to increase statistical power.

Acknowledgements

We would like to acknowledge Lawson Health Research Institute for funding this research. We would also like to thank Dr. Rod Balsom and Mary Ellen Ruddell from the Southwest Centre for their invaluable assistance throughout this project.