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Does Participation in an Inpatient Psychiatric Adventure-Based Counseling (ABC) Program Improve Client Outcome on Intrapersonal Criminogenic Risk Factors?



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Abstract

Rehabilitation within forensic psychiatric offenders has traditionally focused on the reduction of symptomatology. An emerging idea, however, is to additionally target their criminogenic risk factors, such as depression and self-esteem. Adventure-Based Counseling, a type of Wilderness Therapy, has been shown to be efficacious in treating certain non-forensic populations. The current study is an attempt to merge these two different lines of research and evaluate this type of counseling in a forensic psychiatric population. The current study will look at the effectiveness of the Adventure-Based Counseling program on a number of intrapersonal criminogenic risk factors in a sample of forensic psychiatric patients, which is an innovative form of treatment for this population. The Adventure-Based Counseling program is a 12 session treatment modality that will employ outdoor challenges such as a rock climbing activity and team-building exercises. Measures include depression, anxiety, hopelessness, perceived stress, self-esteem, as-needed medication use, and risk or threat of self-harm events. Participants were patients from the Southwest Centre for Forensic Mental Health in St. Thomas, Ontario. All participants suffer from a mental illness and have come into contact with the criminal justice system. Results showed directionality for a number of the variables, however the only significant change was in the wrong direction. Limitations and future directions are discussed.

Introduction

- Adventure-Based Counseling (ABC) has never been tested on a forensic psychiatric population before
- ABC has been shown to be successful and produce positive change in at-risk youth (Bandoroff & Scherer, 1994)
- Forensic psychiatric patients are typically treated with Cognitive-Behavioural Therapy (CBT; Ryba, 2008) which aims to change how individuals process information and change specific behaviours relevant to their mental illness
- The current study is combining these two lines of research and implementing the ABC program as a new form of treatment for a forensic psychiatric population
- The current study will add to the existing literature on ABC and fill the gap by using this form of treatment with a forensic psychiatric population
- The aim is to treat criminogenic risk factors in addition to mental illness, which has traditionally been the sole focus
- The intrapersonal criminogenic risk factors that are being targeted through this treatment program are: **depression, anxiety, hopelessness, perceived stress, self-esteem, medication use, and risk/threats of self-harm events**
- **Overarching Hypothesis: The ABC program will have a positive change on all intrapersonal behaviour scores from pre-test to post-test**

Method

Participants:

- 17 (16 male, 1 female) inpatients at the Southwest Centre for Forensic Mental Health Care located in St. Thomas, Ontario
- Found *Not Criminally Responsible on Account of Mental Disorder* (NCRMD)
- Patients are living with a severe mental disorder, such as anxiety, schizophrenia, mood disorders, and substance use disorders

Materials:

• Adventure-Based Counseling (ABC) Program

- 10 weeks
- Activities tailored to various skills (i.e. trust, teamwork, communication, goal setting)
- Spider Web activity in Week 5: Participants are required to traverse a rope web, aiming to meet the “goals” represented by the holes in the web. Helps improve goal setting, team building, support, and planning.

• Intrapersonal Criminogenic Risk Factor Measures

Variable	Scale
Depression	Beck Depression Inventory – II; Beck, 1996
Anxiety	Beck Anxiety Inventory – II; Beck, 1987
Hopelessness	Beck Hopelessness; Beck & Steer, 1993
Perceived Stress	Perceived Stress Scale; Cohen, Kamarck, & Mermelstein, 1983
Self-Esteem	Rosenberg Self Esteem Scale; Rosenberg, 1965
PRN Medication Use	Hospital Chart Record
Increased Risk of Self-Harm Events/Threats of Self-Harm	Hospital Chart Record

Method Continued

Procedure:

- Patients referred to ABC program
- Pre-test administration of measures
- 10 ABC sessions
- Post-test administration of measures
- 2 optional booster sessions in order to ensure transference of skills from sessions to participants’ lives
- Patient files are reviewed after full completion of program booster sessions

Participant Characteristics

Participant 7:

- Diagnosis: Psychotic Disorder; traits of Antisocial & Narcissistic Personality Disorders
- Index Offence: Indecent act; mischief under \$5000; theft under \$5000; violation of probation
- Cornell Violence Scale Rating: 1 (No assault)

Participant 11:

- Diagnosis: Chronic Schizophrenia
- Index Offence: First degree murder
- Cornell Violence Scale Rating: 6 (Homicide)

Participant 12:

- Diagnosis: Bipolar Disorder
- Index Offence: Criminal harassment; threats to cause death
- Cornell Violence Scale Rating: 3 (Minor injury)

Figure 1

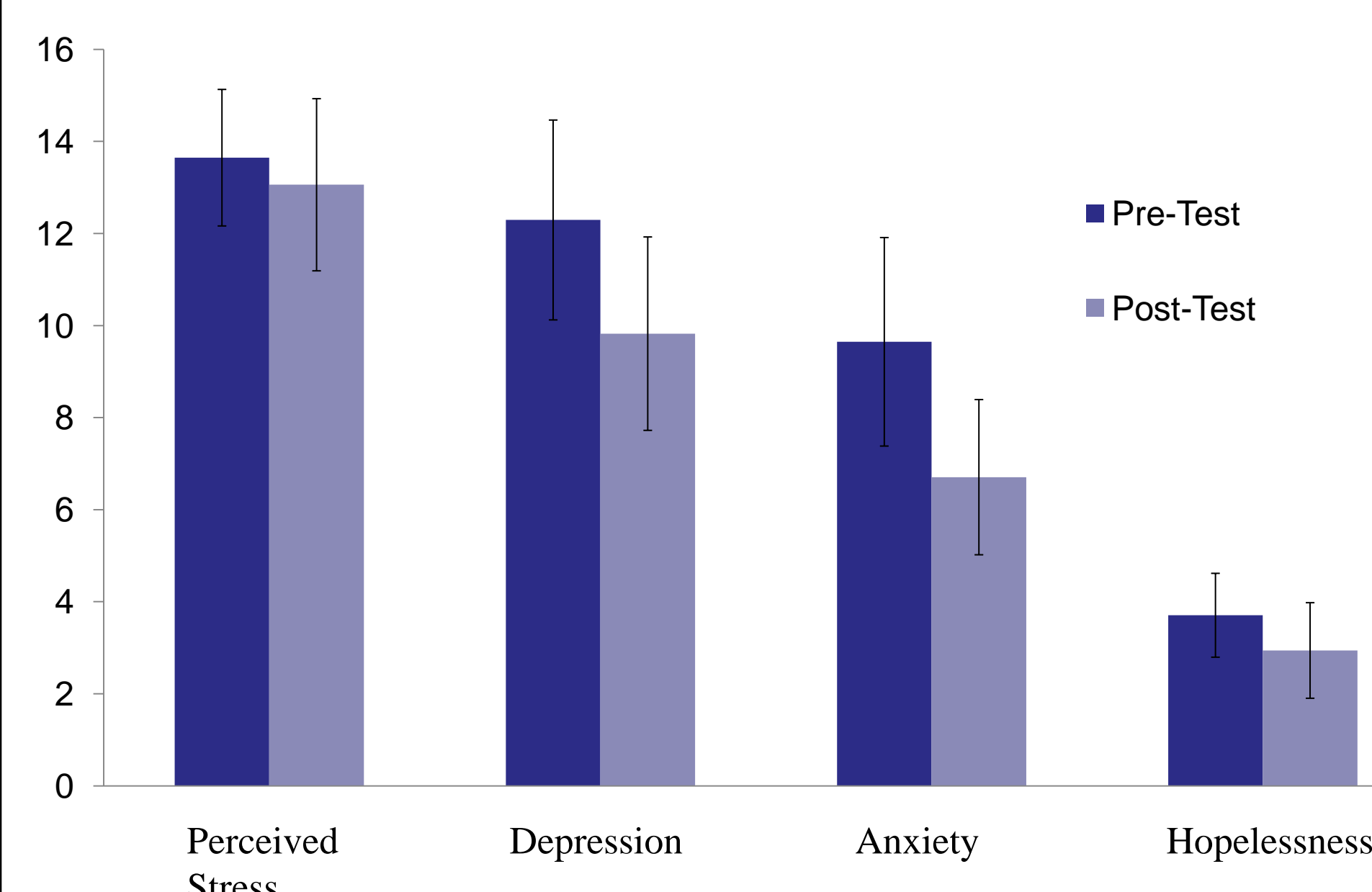


Figure 1. Variables showing hypothesized directionality from pre-test to post-test. Error bars represent standard error of the mean.

Results

- The analysis used was a Paired Samples *t*-test
- Looking for significant differences between pre-test scores and post-test scores among the same participants
- Found four variables had positive directionality (See Figure 1)
- Only one variable was significant (however it was not in the hypothesized direction):
 - PRN Medication Use: Pre-test ($M = 0.12, SD = 0.49$) < Post-test ($M = 1.12, SD = 1.32$), $t(1, 16) = -3.69$, $p < .01$

Discussion

Limitations:

- There was no control group and therefore a lack of inference as to whether any change observed is due to the ABC program at all
- A very small sample size was used, reducing power and increasing the chances of making a Type I error
- Inherent limitations of self-report measures (i.e. inaccurate responses, especially with psychiatric patients)

Future Directions:

- Use of a control/comparison group
- Larger sample size
- Different methods of measuring constructs

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