

4-2014

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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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Honors Psychology Thesis  
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April, 2014

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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. This is an innovative form of treatment for this population, which consists of an Adventure-Based Counseling program across 12 sessions. The treatment modality 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 Care 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.

### **Acknowledgements**

I would like to thank Lawson Health Research Institute for funding this research, as well as Dr. Rod Balsom and Mary-Ellen Ruddell at the Southwest Centre for Forensic Mental Health Care for their ongoing support and assistance throughout this research process. Additionally, I would like to thank my thesis advisor, Dr. Peter Hoaken, for his invaluable guidance and support this year.

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

Rehabilitation via targeting criminogenic risk factors has long been a staple within the Canadian federal correctional system, such as General Crime Prevention Programs (CSC, 2013). Conversely, among the provincially remanded forensic psychiatric offenders, treatment has focused on reduction of symptomatology of their mental illnesses (SJHC, 2013). Recently, however, management of the latter population has begun to take into account not only reduction of symptoms, but consideration of criminogenic needs as well (Mezey, Kavuma, Turton, Demetriou, & Wright, 2010). These needs are aimed at directly treating factors in the individual that, apart from mental illness, have contributed to criminality. Treatment programs are aimed at turning offenders into law abiding citizens to ultimately reduce the amount of violence and criminality in society upon release. Violence and criminality are societal problems and their prevalence rates must be lowered. Lowered recidivism rates upon release into society are the indication of a successful treatment program (CSC, 2013).

### **How Rehabilitation is Conducted**

There are multiple ways in which rehabilitation is typically conducted. Within Canadian institutions, the Correctional Service Canada (CSC) conducts treatment programs to rehabilitate offenders and prepare them for release into society (CSC, 2013). These include General Crime Prevention Programs, Violence Prevention Programs, Substance Abuse Programs, Sex Offender Programs, and Community Based Correctional Programs (CSC, 2013).

Furthermore, a forensic psychiatric facility houses individuals who have mental illnesses and have also come in contact with the law (SJHC, 2013). They have either been found not criminally responsible due to mental disorder (NCRMD) or have been found unfit to stand trial

(Ryba, 2008). These individuals have historically been treated with medication, therapy, and treatment programs. One form of treatment is cognitive-behaviour therapy (CBT; Ryba, 2008). This type of therapy is most beneficial with forensic patients who have high levels of depression and hopelessness. The therapy aims to change how individuals process information and change specific behaviours relevant to their mental illness, by replacing negative behaviours with positive ones (Ryba, 2008).

Offenders with mental illnesses suffer from higher rates of drug and alcohol addiction than offenders without any form of mental illness (Griffiths, 1988). Therefore, another form of treatment for forensic psychiatric individuals is drug and alcohol addiction programs. These programs include group therapy sessions and educating these individuals about the differences between harmful drugs and beneficial drugs, in order to help cure their mental illness (Miller & Sheppard, 2000).

These treatment programs for forensic psychiatric patients are aimed at reducing their symptoms, but with less focus on criminogenic needs (SJHC, 2013). This type of treatment, focusing on symptomatology only, is changing to focus on criminogenic needs as well (Mezey et al., 2010). The current research is addressing the necessity to treat criminogenic risk factors, which contribute to a criminal lifestyle, in addition to symptomatology of mental illnesses in forensic psychiatric patients.

### **Treatment of Forensic Psychiatric Patients**

The current study is looking at a variety of intrapersonal criminogenic risk factors and their influences on an individual's life of crime. These are factors that can be considered within an individual and may influence criminality. These factors include depression, as measured by the Beck Depression Inventory – II (Beck, 1996), anxiety, as measured by the Beck Anxiety

Inventory (Beck, 1987), hopelessness, as measured by the Beck Hopelessness Scale (Beck, & Steer, 1993), self-esteem, as measured by the Rosenberg Self Esteem Scale (Rosenberg, 1965), perceived stress, as measured by the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983), as needed medication use, and risk or threat of self-harm. The latter two measures will be attained from hospital chart records whereas the others will be administered as a battery of tests. These variables are being measured due to the fact that they are seen as criminogenic risk factors. They can lead to individuals being socially ostracized from society and ultimately to criminality.

Research has shown that basic treatment programs for forensic psychiatric patients are not always effective in significantly improving criminogenic risk factors. Carroll, Pantelis, and Harvey (2004) examined levels of hopelessness in a sample of offenders with schizophrenia before and after their rehabilitation programs in order to ascertain whether or not their levels of hopelessness would change. Results showed that a greater level of awareness of having a mental illness was associated with higher levels of hopelessness, even after the treatment program ended. Therefore, innovative treatment programs are necessary to improve hopelessness in forensic psychiatric patients.

Further research on the effectiveness of treatment programs on criminogenic risk factors indicates a similar negative result. Hornsveld and Nijman (2005) implemented a cognitive-behavioural therapy treatment program on a sample of forensic psychiatric patients. The program included educational programs, coping with grief, stress, and psychotic symptoms, as well as social skills training. Significant improvements were found for the social skills training and the ability to cope. However, no significant improvements were found for anxiety after the treatment program. This empirical evidence provides further support for the notion that more

effective treatment programs are necessary to reduce the factors that have ultimately been an influence in the individual's life.

Laithwaite et al. (2007) examined the effectiveness of a treatment program on depression and self-esteem in a group of mentally disordered offenders. The treatment program focused on positivity within the participants, so as to elevate levels of self-esteem and depression. The program was also cognitive-behavioural in nature, with the intentions of changing how the participants viewed and evaluated themselves. Significant improvements were found for both self-esteem, as measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and depression, as measured by the Beck Depression Inventory – II (Beck, 1996). Therefore, forensic psychiatric patients have an evident capacity for change.

A different type of treatment used with forensic patients has been the Recovery Approach, which highlights the importance of diagnosis, symptoms, and medication, and attempts to increase the optimistic views of the patients (Mezey et al., 2010). Mezey et al. (2010) conducted interviews on a sample of forensic patients in order to determine the most salient factors in the individuals' definitions of recovery. Analyses revealed that recovery was determined by symptom reduction as well as feeling better about oneself as a person, being accepted by as well as being an active member in the community, obtaining employment, a home, a partner, not re-offending, and living a normal life. In other words, higher self-esteem and lower levels of hopelessness were associated with feelings of full recovery from the mental illness and the criminal lifestyle. Psycho-education and medication were the most common routes to recovery in the patients interviewed and treated. These findings indicate that certain programs are efficacious in bringing about positive change in forensic psychiatric patients on a number of different variables.



Certain treatment programs are efficacious, as seen in Laithwaite et al.'s (2007) study and Mezey et al.'s (2010) study. However, some are not as effective (i.e. Carroll, Pantelis, & Harvey, 2004; Hornsveld & Nijman, 2005). The purpose of the current study is to examine the effectiveness of the Adventure Based-Counseling (ABC) program with a sample of forensic psychiatric patients on the intrapersonal criminogenic risk factors already mentioned. It will be ascertained whether the program leads to significant improvements on all measures, including measures that have produced positive change in past studies and those that have not.

### **Origins of the Adventure-Based Counseling Program**

The concept of adventure-based therapy is largely predicated on Outward Bound (Hahn, 1960, as cited in Bandoroff & Scherer, 1994). This idea later turned into Wilderness Therapy which involves outdoor challenges, such as an outdoor survival adventure, that gives individuals the opportunity to learn about themselves and experience positive change in their lives (Bandoroff & Scherer, 1994). Stich and Senior (1984) discuss some of the integral components of the Outward Bound program. When the participants of the program complete either a physical or social task that is perceived to be challenging, their self-esteem is increased. This fosters support for the idea that self-esteem, as a criminogenic risk factor, will be significantly improved upon completion of the Adventure-Based Counseling program. Furthermore, features of the program include: tasks that are specific and solvable in an allotted amount of time, the improvement of skills instilling a sense of achievement in the participants, and the support for the participants from the group allowing for proper management and treatment (Stich & Senior, 1984).

The Outward Bound program has been used with individuals suffering from a wide range of mental illnesses. These include schizophrenia, mood disorders, personality disorders,

substance abuse problems, and adjustment disorders (Stich & Senior, 1984). Regardless of the diagnosis or specific purpose of participating in the Outward Bound program, there are four vital components to a successful outcome. The first is to tailor the specifics of the program to the needs of the patients as well as to the interests of the therapists and staff. Second, the therapist must be properly equipped to implement the Outward Bound program. This includes knowing the patients' needs, their physical and psychological abilities and limitations, and being able to communicate with them. Third, the program must be implemented along with other forms of treatment. Finally, a positive patient-therapist relationship will foster a healthy recovery and treatment (Stich & Senior, 1984).

### **The Current Adventure-Based Counseling Program**

The Adventure Based-Counseling (ABC) program, as it is currently implemented, can be used as its own form of treatment (i.e. in counseling, or for individuals overcoming a serious illness as an outlet for relaxation and serenity), or in tandem with other forms of treatment (i.e. for youth offenders). Furthermore, the ABC program is primarily conducted outdoors, for the purposes of having a therapeutic environment in which the individual participants can experience inner healing. Being active and outdoors is naturally therapeutic and is the ideal location for this program. Compared to other types of treatment programs which have little to no risk, the ABC program contains elements of perceived and real risk, due to the physical nature of the program, such as the rock climbing wall task. As well, there is an emphasis on teamwork and group therapy within each session that is built into the program. The ABC program requires soft skills, which are therapy-based skills (i.e. communication), as well as hard skills, which are the physical requirements needed to successfully participate in the adventure-based activities (Fletcher & Hinkle, 2002). Upon completion of each adventure session, there is a debriefing component

which is intended to summarize for the participant what was accomplished and what should be taken away from the activity and applied to his or her life (Fletcher & Hinkle, 2002).

The ABC program has a number of specific characteristics. The first is goal setting. Participants establish a set of goals for themselves that they hope to achieve by the end of the program. Trust building is another identifying feature of the program. Participants learn to trust the therapist, the other participants (such as when completing the “trust fall” challenge), and themselves. Furthermore, learning to deal with the stress of the challenges and their perceived risk is an important part of the ABC program. Learning to solve problems during the challenges is another important component. Additionally, having fun while participating is conducive for a therapeutic environment where participants can experience inner change and healing. Finally, the peak experience is the last challenge of the program (Herbert, 1996). In the current study, a rock climbing wall will act as the peak experience challenge.

The ABC program has been used on a variety of populations; however, it has never been scientifically researched within a forensic population. Therefore, there is a large gap in the literature regarding using this form of treatment with forensic patients, which is the overarching goal of the current study. Newes (2001) discusses the importance of conducting empirical research in order to provide further support for the efficacy of this treatment program. Ultimately, the goal is to provide the best treatment possible. That is why the current study will add to the literature on adventure-based therapy and provide further empirical research looking at its efficacy within a forensic population examining a number of intrapersonal risk factors.

The first population reported to have used wilderness therapy as a treatment modality was at-risk youth (Bandoroff & Scherer, 1994). Wilderness therapy programs aim to reduce delinquent behaviour through experiential learning that is based on outdoor challenges. These

programs are also conducted in a group setting (Wilson & Lipsey, 2000). A meta-analysis looking at 28 studies and over 3000 participants found that wilderness therapy is a viable treatment option to reduce delinquent and anti-social behaviour in at-risk youth (Wilson & Lipsey, 2000).

The apparent efficacy of wilderness therapy as a treatment modality for at-risk youth should be known to mental health practitioners (Hill, 2007), and indicates that this type of treatment can be used with other populations (i.e. forensic patients). Jones, Lowe, and Risler (2004) implemented a wilderness therapy program in a sample of at-risk youth in order to test the hypothesis that recidivism rates would be lower for that group than for participants in a group home program. Results indicated no significant differences between the groups; however, wilderness therapy did cause a decrease in recidivism, just at the same rate as the group home program. The outcome of this study indicates the mixed results that can be attained from different samples and sizes. Therefore, further research with different populations must be conducted. This is the purpose of the current study.

Furthermore, the ABC program has been shown to have significant positive change for students with mental illnesses (Kyriakopoulos, 2010; Kyriakopoulos, 2011). In one study, university students with self-reported anxiety and depression partook in the ABC program, which consisted of two separate sessions of outdoor activities. Participants engaged in trekking and rappelling in the first session and trekking and rock-climbing in the second session. Debriefing sessions were conducted after both sessions in order to reinforce what was learned and help apply the changes to the individual's life, as Fletcher and Hinkle (2002) explained. Qualitative results of the program indicated an improved sense of well-being, self-discovery, individual change, and a gain in confidence for the participants (Kyriakopoulos, 2010).

In a similar study, university students with self-reported anxiety and depression participated in the ABC program with counseling sessions prior to the outdoor activities as well as following them. Support for the efficacy of this type of therapy was once again found, albeit qualitatively. Participants had improved interpersonal and intrapersonal relationships, and the program helped bolster therapeutic change and inner healing within the participants (Kyriakopoulos, 2011). These findings indicate that using outdoor challenges as a form of experiential learning and therapy can help many individuals experience positive change in their lives. The current study will be the first to examine the efficacy of this type of treatment using a sample of forensic psychiatric patients and examining a variety of intrapersonal criminogenic risk factors. However, the prior research using different populations gives reason to believe that the program has scientific merit.

The literature has shown that ABC has some degree of efficacy with different populations (i.e. at-risk youth and university students). As well, research indicates certain criminogenic risk factors that are treated successfully in forensic patients (i.e. self-esteem and depression; Laithwaite et al., 2007) whereas others are not (i.e. anxiety and hopelessness; Hornsveld & Nijman, 2005; Carroll et al., 2004). For that reason, the current study is proposing that the ABC program will be efficacious within a forensic population as well, and hopefully provide better treatment than what has already been implemented on forensic patients.

### **How the ABC Program will be Conducted in the Current Study**

Patients will first be tested on all the aforementioned measures as a pre-test once they are hospitalized. They will then actively participate in the ABC program. This will consist of 10 adventure sessions culminating in a peak rock climbing experience. Debriefing sessions will be held after each session in order to summarize what was learned and apply it to the participants'

lives, and is one of the key components of the program (Fletcher & Hinkle, 2002). The measures will be administered as a post-test and will be compared to the pre-test measures in order to ascertain changes that occurred as a result of the ABC program. Finally, two booster sessions will be held at the one month and the three month mark, respectively, after the 10 initial sessions. The purpose of these sessions is to reinforce what was learned throughout the program and apply it to the patients' lives. These have a similar goal as the debriefing sessions, but are adventure challenges like the 10 initial sessions.

### **Hypotheses**

In line with prior research indicating that the ABC program can yield positive outcomes, as well as treatment of forensic patients on criminogenic risk factors showing mixed results, there is one overarching hypothesis for this study. The ABC program will have a positive change on all individual outcome measures from pre-test to post-test, relative to changes observed secondary to hospitalization only. More specifically, there will be significant improvements in the measures of depression, anxiety, hopelessness, perceived stress, self-esteem, PRN medication use, and risk or threat of self-harm events. Ultimately, the aim of this research is for the participants to experience successful treatment and recovery and hopefully provide new insight and an innovative way to treat a forensic psychiatric population.

### **Method**

#### **Participants**

The participants were 17 adults between the ages of 27 and 61 ( $M = 42.88$ ,  $SD = 11.85$ ), who were all patients at the Southwest Centre for Forensic Mental Health care, located in St. Thomas, Ontario. All the participants were male, except for one female participant. All participants were found Not Criminally Responsible on Account of Mental Disorder (NCRMD)

and therefore sent to the facility to receive proper treatment for both their mental illnesses as well as their criminogenic risk factors. All participants are living with a severe and persistent mental illness, which include anxiety disorders, moderate psychosis, mood disorders, and substance use disorders.

Participants were referred to the ABC program by a member of their care team (i.e. psychologist, psychiatrist, physician, occupational therapist, or social worker) based on exclusion criteria factors such as level of active psychoses, cognitive impairment due to a dementing process, or a level of violence or unpredictability associated with their current mental status. Furthermore, some participants in the ABC program were not also research participants and therefore were also not used for data collection purposes. The choice to participate in the research component was voluntary and decided by the participant. Due to it being a form of treatment, participants were not compensated for their participation in the ABC program and the research.

## **Materials**

**Adventure-Based Counseling Program.** The independent variable has one level which is participation in the Adventure-Based counseling program. The program consists of ten sessions. The sessions consist mainly of a welcome back and homework review portion, an icebreaker or warm-up exercise, the main activity, and a wrap-up component.

***Week One: Welcome and Introduction.*** The purpose of this first session is for an introduction to the program and for the participants to learn what they will be facing and what to expect for the duration of the program. The icebreaker activity is called Thumb Ball and requires participants to answer a question when they catch a ball that is thrown to them. Whatever question on the ball their thumb lands on is the question they must answer. A second

activity in the first week is called Buzz Ring, and requires participants to keep rings buzzing and pass them all the way around the circle. While they are being passed, the group will talk about what these “buzz rings” represent. They signify certain key words that are the epitome of the program and what participants should take away from each session. These include trust, teamwork, communication, cooperation, respect, and confidentiality. This activity will debrief participants with regard to what they learned in this first session. The first session will conclude with a brief question period to ease the minds of the participants as they look ahead to the following weeks.

***Week Two: Stress and Taking Action.*** This session will begin with a brief welcome back portion to thank participants for returning and being open to this treatment, as well as to answer any further questions that may have risen since week one and to remind participants of the program’s expectations. There are two warm-up exercises. The first is the icebreaker and is called Believe it or Knot. It requires one tied piece of webbing called a Raccoon Circle for every 10 to 15 people. The group stands in a circle and each member puts both hands on the Raccoon Circle. Participants must move the knot around the circle without letting go of the webbing. When the administrator says “stop”, whoever is closest to the knot must tell the group something that is true or untrue about himself or herself, leaving the group to decide whether the statement is true or false. This activity targets skills such as communication, listening, and respect for others.

The next warm-up activity is called the Trust Exercise. It uses the same Raccoon Circle as previously explained for the Believe it or Knot Activity. Participants can either try leaning back as far as they can while holding the webbing or try to sit down and stand up again without



letting go of the Raccoon Circle. Both challenges target ameliorating skills such as trust, communication, and support of others.

The main activity in week two is called Marble Tubes. The required equipment is PVC tubes and marbles. Participants are required to transport marbles from one point to another using only the tubes. It targets being able to recognize stress and frustration, as well as improving problem solving skills and taking action. The session concludes with a wrap-up where participants are told to notice stressful situations which require them to solve problems over the next week and bring them to week three.

***Week Three: Leadership, Communication, Planning.*** This session, as all sessions do, begins with a welcome back portion and review of last session. In this case, participants will share any stressful situations that they encountered over the last week of which they were asked to take note. The icebreaker activity is called Teamwork and Teamplay Word Cards. The equipment is one set of cards with a characteristic listed on each one. Participants will choose two cards each and explain to the rest of the group why they think that characteristic is relevant to leadership. This sets the stage for the session which is focusing largely on leadership and communication. The main activity is called Bull Ring and requires the use of two rings with 12 coloured strings attached, two tennis balls, and four wood bases with PVC posts. The group will be divided into teams and each team is challenged to balance the tennis ball on the bullring, transport it to a new base, and land it successfully on the new base. This must be completed by touching only the strings and without dropping the ball. This activity targets skills such as communication, working with others, and dealing with frustration. This session, as all sessions do, will end with a wrap-up component. This one will ask participants to notice times over the

next week where they will have to plan or communicate with people and any barriers they may have to overcome.

***Week Four: Support, Problem-Solving, Expectations.*** This session begins with the standard welcome back portion and a review of the previous week's homework. Participants are asked to recall and discuss situations since the last session where they had to take a leadership role and/or use positive communication skills. The icebreaker activity is called Group Juggle and requires the use of a variety of objects that are able to be easily tossed. Participants will stand in a circle and pass an object around from person to person. Upon receipt of the object, each individual must state their name. As well, each participant must receive the object once. In the next round, the object must be passed in the same order as the first time, except instead of each individual stating their own name, they must state the name of the person to whom they are tossing it. Beyond the obvious "name game" and getting to know one another, this game fosters a sense of belonging and inclusiveness among the participants in the group. The main activity is the Electric Maze and requires a grid and the electric square master list. Participants must make their way across a maze without speaking and without being "zapped" (so-to-speak) by standing on an "electric square" which corresponds to the master list of the grid. Participants will move across the maze one at a time moving horizontally or vertically. The goals of this activity are leadership, communication, dealing with frustration, planning, and managing the unknown. At the end of this session, goal setting will start to be discussed in preparation for the rock climbing wall and continue until the day of that activity. Participants will receive their homework which is to make note of times in the upcoming week when they have to work with someone else to solve a problem or support another individual.

***Week Five: Goal Setting/Development, Team Work, and Support.*** This session begins with welcoming the participants back and reviewing their homework. They are asked to discuss times in the past week where they have had to work with another individual and encountered problems doing so. The icebreaker activity is called Key Punch and requires the use of 30 numbered spots, one boundary rope, a start line, a finish line, and a stopwatch. The numbers will be placed inside the roped-off boundary and participants will have to run from the start line, into the roped area, hit the numbers one to 30 in order, and run to the finish line. This activity works on participants' communication skills, teamwork, goal setting, and responsibility. The main activity is called Spider Web and uses a web woven together by rope, a flip chart easel, papers, markers, and tape. Participants will make a list of goals they would like to accomplish at the rock climbing wall on Week Seven, as well as a list of objectives they need to accomplish those goals. The holes in the web represent the goals and the participants themselves represent the objectives. Participants must accomplish their goals, metaphorically, by traversing across the holes of the web, without touching the sides. This activity targets goal setting skills, and improves on team building, support for others, and planning for the future. The homework for next week is for participants to think about their goals for the entire program as a whole, and not just the rock climbing wall.

***Week Six: Goal Setting – Take 2.*** This session begins with a review of the goal setting homework. Participants will reveal the goals that they thought of and discuss how to accomplish their particular goals and whether or not they think they will be successful in their endeavors. After this, the icebreaker activity, called The Warm Wind Blows, will commence. Spot markers will be used for the participants. They will stand in a circle and the leader will stand in the middle and call out a hobby or activity that participants may either like or dislike. If participants

like that particular activity, they must leave their spot and move to an open spot in the circle. The person without a spot will then move to the middle. The next exercise is a trust exercise called Wind in the Willow. Participants will stand in a circle shoulder to shoulder and close their eyes. One participant will stand in the middle and fall into the arms of the participants in the outside circle who have their hands crossed over their chest. This is intended to foster a sense of trust within the group. The main activity for this week is called Ascend Traverse and requires planks and supports as equipment. Each participant must walk across three planks without stepping off and will receive the help of two support participants. This activity targets trust and teamwork skills. The session concludes with a wrap-up which will be the time to give participants information about the rock climbing wall the following week.

***Week Seven: The Element; Session 1.*** This is the rock climbing wall week, and participants will be welcomed back en route to the rock climbing facility. They will also review their personal goals for the day and how they wish to accomplish them. At the location, participants will complete the element as per safety requirements of the facility.

***Week Seven: Reflection on the Element; Session 2 (Week 8).*** The following day, participants will complete Session Two of Week Seven which, as always, will begin with welcoming them back and reviewing the rock climbing wall experience. Following that will be three main activities which will be for the purposes of debriefing and reflection. The first activity is called Feelings Card Debrief, which uses a deck of feeling cards as a tool for the participants to talk about how they felt at the rock climbing wall facility. They can pick out cards that describe their feelings. The next activity is called Body Parts Debrief which uses a body parts tool to discuss who showed the quality identified in the part. The final main activity is called the Chiji Pocket Processor Debrief and uses a Chiji Pocket Processor Cards Deck and

requires participants to pick a card that states a commitment that they feel they could manage in order to work through current life challenges. The session will be concluded with a wrap-up which will discuss the rest of the future sessions of the program.

***Week Nine: Challenge Mastery.*** The welcome back portion will explain to participants that this is the second last session of the regular 10-session program. The icebreaker activity is called The Magic Genie which requires pens or pencils and paper for each participant as its materials. Participants must imagine they have found a magic bottle with a genie inside and will write down one personal goal and three wishes to help them accomplish that goal, which they would like the genie to grant them. They will discuss these goals with the group and debrief the exercise relating it to goal setting. After this activity will be a secondary activity called Tunnel Vision which requires pens or pencils and paper for each participant. Participants will write down answers to questions but need not share them with anyone. Examples of questions include “What does success mean for you?” and “What do you like least about yourself?” This is meant to help the participants understand their own biases, and gain perspective and support from others. Next is the main activity, entitled Mine Field. It uses pylons to mark the boundary, random objects, and blindfolds. The objects are scattered on the field representing barriers and participants must walk across the field blindfolded and avoid the obstacles while being guided by a partner. This represents overcoming obstacles to accomplish goals, and skills such as communication and goal setting are targeted. The session concludes with a wrap-up component which focuses on transferring what was learned from the program so far to the participants’ day-to-day lives.

***Week Ten: Celebration.*** This session will start with welcoming back the participants to the final week of the regular program. The icebreaker activity is called Conversation Starter

Buttons and will use buttons to facilitate conversations between participants. The next activity is called Knee Slap, which simply requires participants to slap their knees continuously with the opposite hand. This is meant as a warm-up exercise. The next activity is called Tangled which uses four tangled webs and requires participants to determine which of the ropes holds all the other ropes together without touching. The last activity is called Squeeze Chicken which uses one rubber chicken. Participants will stand in two lines holding hands and pass a squeeze down each line. The final participant will then grab the chicken from the facilitator who is holding it. After that activity, participants will be given a choice of a few different activities and can do what they wish. After that, there will be a small celebration with snacks and certificates which will be handed out to the participants for completing the program. Finally, the session will wrap up with an explanation of the booster sessions that will occur in one month and then another three months after that, and that they will allow for transference of skills to the participants' everyday lives.

**Intrapersonal Criminogenic Risk Factor Measures.** The dependent variables are the various measures of intrapersonal behaviours.

***Depression.*** This construct was measured using the Beck Depression Inventory – II (Beck, 1996). There are 21 items measured on a 4-point Likert scale ranging from 0 (*No Symptoms*) to 3 (*Severe Symptoms*). This particular measure of depression has a high degree of reliability and specifically internal consistency, having an alpha coefficient of .94 (Arnau, Meagher, Norris, & Bramson, 2001).

***Anxiety.*** This construct was measured using the Beck Anxiety Inventory – II (Beck, 1987). The scale consists of 21 items measured on a 4-point Likert scale ranging from 0 (*Not At*

All) to 3 (*Severely, I Could Barely Stand It*). It has been shown to have a high internal consistency with a Cronbach's alpha coefficient of .92 and a test-retest correlation of .69.

***Hopelessness.*** This construct was measured using the Beck Hopelessness Scale (Beck & Steer, 1993). It has been shown to have a moderate internal consistency, with a Cronbach's alpha coefficient of .84 and a test-retest reliability coefficient of .52 (Vatan, Ertas, & Lester, 2011).

***Perceived Stress.*** This construct was measured using the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983). The scale consists of 10 items measured on a 5-point Likert scale ranging from 0 (*Never*) to 4 (*Very Often*). Sample items include "In the last month, how often have you been upset because of something that happened unexpectedly?" and "In the last month, how often have you felt that things were going your way?" The scale has a Cronbach's alpha coefficient of .89, and therefore has high internal consistency (Roberti, Harrington, & Storch, 2006).

***Self-Esteem.*** This construct was measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The scale consists of 10 items measured on a 4-point Likert scale ranging from *Strongly Agree* to *Strongly Disagree*. Sample items include "I feel that I have a number of good qualities" and "I certainly feel useless at times." The scale has a one week test-retest reliability of .82 and an internal consistency with an alpha coefficient of .88 (Fleming & Courtney, 1984).

***PRN Medication Use.*** This measure will be taken directly from the hospital chart records and is a measure of the medication that the participants use on an as-needed basis.

***Increased Risk of Self-Harm Events/Threats of Self-Harm.*** This measure will be taken directly from the hospital chart records and is a measure of the risk or threat of self-injurious

behaviour that the participant poses to himself or herself. It is recorded as individual events of self-harm by the staff at the hospital.

### **Procedure**

The patients at the Southwest Centre for Forensic Mental Health Care were referred to the ABC program by a member of their care team. Only some of these participants who were referred to the program were a part of the research component for the purposes of the current study. Therefore, the participants who were part of the research component were given a letter of information to read and an informed consent form to sign stating that they were in fact part of the research and not just participating in the ABC program (see Appendices A and B).

The participants then completed the intrapersonal behaviour measures (i.e. the scales for depression, anxiety, hopelessness, perceived stress, and self-esteem) as a pre-test. They then partook in the ABC program, including all 10 sessions (see Appendix C). Following all ten sessions, the participants completed the intrapersonal behaviour measures as a post-test. They also then had the option to participate in two booster sessions, which took place one month after the final session and again three months after the final session. The purpose of these booster sessions was to ensure transference of skills from the sessions to the participants' everyday lives. After full completion of the booster sessions, the patient files were reviewed.

### **Results**

In this study, several intrapersonal behaviour constructs were measured: perceived stress, depression, anxiety, self-esteem, hopelessness, PRN (as-needed) medication use, and risk/threats of self harm events. A repeated measures multivariate analysis of variance (MANOVA) was conducted in order to compare the effect of the ABC program on the intrapersonal behaviour measures as a whole. All participants' responses were included in the analysis.



The overall results of the MANOVA were significant for time, Pillai's Trace = .66,  $F(6, 11) = 3.51$ ,  $p < .05$ ,  $\eta^2 = .66$ , observed power = .76, indicating an overall significant change in intrapersonal behaviour scores from pre-test to post-test. Therefore, univariate main effects were examined for each variable in order to determine directionality, as well as to ascertain which variables were statistically significant and might have influenced the overall significance of the MANOVA.

### **Perceived Stress**

As measured by the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). Pre-test scores ( $M = 13.65$ ,  $SD = 6.11$ ) did not differ significantly from post-test scores ( $M = 13.06$ ,  $SD = 7.71$ ),  $F(1, 16) = .55$ ,  $ns$ ,  $\eta^2 = .03$ , observed power = .11. However, mean scores decreased from pre-test to post-test and in the hypothesized direction, but the change was not significant.

### **Depression**

As measured by the Beck Depression Inventory – II (Beck, 1996). Pre-test scores ( $M = 12.29$ ,  $SD = 8.95$ ) did not differ significantly from post-test scores ( $M = 9.82$ ,  $SD = 8.66$ ),  $F(1, 16) = 3.39$ ,  $ns$ ,  $\eta^2 = .18$ , observed power = .41. In other words, participants' levels of depression were not significantly different after the ABC program compared to before.

### **Anxiety**

As measured by the Beck Anxiety Inventory – II (Beck 1987). Pre-test scores ( $M = 9.65$ ,  $SD = 9.34$ ) did not differ significantly from post-test scores ( $M = 6.71$ ,  $SD = 6.95$ ),  $F(1, 16) = 2.54$ ,  $ns$ ,  $\eta^2 = .14$ , observed power = .32. In other words, participants' levels of anxiety were not significantly different after the ABC program compared to before.

### **Self-Esteem**

As measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Pre-test scores ( $M = 24.00$ ,  $SD = 2.35$ ) did not differ significantly from post-test scores ( $M = 23.71$ ,  $SD = 1.61$ ),  $F(1, 16) = .36$ ,  $ns$ ,  $\eta^2 = .02$ , observed power = .09. In other words, participants' levels of self-esteem were not significantly different after the ABC program compared to before.

### **Hopelessness**

As measured by the Beck Hopelessness Scale (Beck & Steer, 1986). Pre-test scores ( $M = 3.71$ ,  $SD = 3.75$ ) did not significantly differ from post-test scores ( $M = 2.94$ ,  $SD = 4.28$ ),  $F(1, 16) = 1.84$ ,  $ns$ ,  $\eta^2 = .10$ , observed power = .25. In other words, participants' levels of hopelessness were not significantly different after the ABC program compared to before.

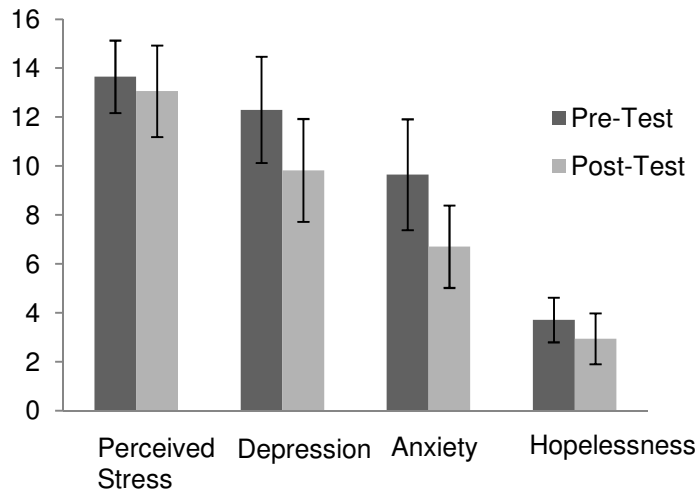
### **PRN Medication Use**

As measured by the hospital chart records. Pre-test scores ( $M = 0.12$ ,  $SD = 0.49$ ) significantly differed from post-test scores ( $M = 1.12$ ,  $SD = 1.32$ ),  $F(1, 16) = 13.60$ ,  $p < .01$ ,  $\eta^2 = .46$ , observed power = .93. In other words, contrary to what was hypothesized, participants' levels of PRN medication use were significantly greater after the ABC program compared to before.

### **Risk/Threats of Self Harm Events**

As measured by the hospital chart records. No self-injurious behaviour was found in any of the participants either in the pre-test or in the post-test, and therefore no analysis was conducted.

For perceived stress, depression, anxiety, and hopelessness, participants' scores were not significantly different after the ABC program compared to before. However, the post-test scores all decreased from the pre-test scores, indicating a change in the hypothesized direction (see Figure 1).



*Figure 1.* Pre-test and post-test means of relevant dependent variables. Error bars represent standard error of the mean.

### Discussion

The overarching hypotheses of the current research were that the ABC program would have a positive change on all intrapersonal behaviour scores from pre-test to post-test. In other words, scores would significantly improve from before beginning the ABC program to after its completion. More specifically, depression, anxiety, hopelessness, perceived stress, PRN medication use and risk/threats of self-harm events were hypothesized to decrease from pre-test to post-test, whereas self-esteem was hypothesized to increase from pre-test to post-test.

Results showed hypothesized directionality for four of the variables. That is, depression, anxiety, hopelessness, and perceived stress all decreased from pre-test to post-test; however, the results were not statistically significant. Furthermore, PRN medication use statistically significantly changed from pre-test to post-test, however the change was not in the hypothesized direction, as it decreased in participants. As well, self-esteem was not in the hypothesized

direction as scores decreased from pre-test to post-test. This change was not statistically significant. Finally, risk/threats of self-harm events were non-existent in all participants in the one year time allotment designated as the pre-test, as well as in the six month time allotment after completion of the ABC program designated as the post-test.

By looking to prior research, the contradiction between the results and the overarching hypothesis can be explained. Adventure-Based Counseling has never been implemented on a forensic psychiatric population before; rather, it has shown successful outcomes with other populations such as at-risk youth (Bandoroff & Scherer, 1994). Although this finding appears to possess external validity to a forensic psychiatric population, due to both populations having come in contact with the law in some way, there is still a vast difference between at-risk youth and the sample used in the current study. The individuals used in the current research were all adults. When employing a program such as ABC, the experience is different for every individual within a particular age group, let alone the difference between adults and youth. Youth offenders may be more responsive to outdoor experiential learning and skill development than adult offenders (Witman, 1993). Furthermore, any mental illnesses present in an at-risk youth population are likely not as developed or prominent as in the forensic psychiatric sample used in the current research. Therefore, the difference between the populations may account for why ABC has shown prior success in at-risk youth, but not in the current sample of adult forensic psychiatric patients.

Similarly, the finding that students with mental illnesses have had significant positive change from the ABC program (Kyriakopoulos, 2010; 2011) can be explained in a similar manner. Although these students have mental illnesses, such as depression and anxiety, they

have not come into contact with the law and may be more responsive to outdoor skill-based learning than the sample used in the current study.

### **Limitations**

Furthermore, there are a number of limitations that this study possesses that contribute to the lack of significance in the findings. First, the lack of a control group in the study made for difficult comparison of any found results. The design of the study was a basic pre-test/post-test method, such that the administration of the measures occurred prior to the ABC program commencing and again following the tenth and final session of the program. Employing a control group of individuals who did not participate in the ABC program would allow for more conclusive support of the hypotheses that indeed the ABC program contributed to positive change in the participants, and not some other factor that is co-occurring with the program. Although no hypotheses were supported, had the results been different, it would have been difficult to make any conclusive statements. Therefore, the lack of a control group decreased the internal validity of the study and made it difficult to determine whether any change observed, or would have been observed had the results been different, was due to the ABC program or not.

A second limitation is the heterogeneity of the sample (see Appendix D). The differences between participants in terms of index offences, diagnoses, etc. are vast. Therefore, it is difficult to infer the results and apply them to the entire population of forensic psychiatric patients at large (i.e. have externally valid results). This limitation combined with the lack of a control group makes for a difficult comparison of pre-test to post-test scores.

Another limitation of this study was the fact that the sample contained 17 participants. This resulted in limited power and a greater chance of making a Type II Error. That is, the chances of failing to reject the null hypothesis when it is in fact false are increased by the size of

the sample. Even with a large effect size, the power was limited by the small sample size, and ultimately the significance values of the results.

Finally, the measures used in this study were all self-report in nature, meaning participants were given the questionnaires to complete on their own. There are inherent limitations of self-report measures. Dunning, Heath, and Suls (2004) provide a comprehensive discussion of the downsides of employing self-report questionnaires as measures. One flaw of this type of measurement is the accuracy in which individuals can judge themselves and answer personal questions. One's perception of his or her own performance is weakly correlated with how they actually perform. Individuals "have a modest level of insight, at best, into their skill and character" (Dunning et al., 2004, p. 71). This lack of insight is exacerbated in a forensic psychiatric population, as many of the participants lacked insight into their own mental illnesses and crimes committed. This casts doubt on whether they truthfully answered the questions and ultimately could have impacted the results. Moreover, individuals have inflated perceptions regarding their abilities, talents, etc., which can impact how they answer certain items on self-report measures. This issue becomes even more of a problem with forensic psychiatric patients who possess a wide range of mental illnesses, some of which involve an aggrandized view of the self. Therefore, these inherent limitations of self-report measures are made worse with this population, thus reducing the reliability of the scores obtained on the measures.

### **Future Directions**

In line with the limitations of this study, future research should attempt to ameliorate these problems with the end goal ultimately being to obtain significant results that support the hypothesis. First, the use of a control group in which to compare the results is of utmost importance in order to ascertain that any change observed from pre-test to post-test is a result of

the ABC program and not some other factor. Furthermore, a larger sample size should be used in order to increase power and hopefully obtain significant results in future research. Statistical techniques can be used to determine a sufficient sample size to obtain significance. Finally, due to the limitations of self-report measures which are compounded within a forensic psychiatric population, different methods of measuring the constructs should be employed. Other scales that are not self-report in nature, and instead require an objective observer of the participant (for example, a psychologist or psychiatrist who works closely with the patient), should be used to minimize the flaws of self-report measures.

### **Conclusion**

This research was attempting to merge two already established lines of literature: the successful use of the ABC program with other, non-forensic psychiatric populations, and the mixed success rate of non-ABC programs with a forensic psychiatric population. The aim was to be able to treat intrapersonal criminogenic risk factors as well as mental illnesses using a new type of program. Results showed positive directionality for depression, anxiety, hopelessness, and perceived stress, such that scores decreased from pre-test to post-test; however, the results were not statistically significant. Self-esteem scores changed in the opposite direction as hypothesized, but this change was not statistically significant. PRN (as-needed) medication use increased statistically significantly from pre-test to post-test. A number of limitations could have contributed to these results, and future research should attempt to improve on these issues in order to hopefully show support for the use of the ABC program with forensic psychiatric patients. Ultimately, the goal of this study was to rehabilitate mentally ill offenders using an innovative treatment method. Unfortunately, the data was insufficient to draw any positive inferences to support this aim. However, there is hope that future research will build on this

study and ultimately find successful outcomes with adventure-based counseling and forensic psychiatric patients.



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## Appendix A

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 Counselling 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**

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 Counselling 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

### **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 pax 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 pax 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!

### **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 to 15 people

*# of Pax:* 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.

General Rules:

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

### **TRUST EXERCISE – YURT CIRCLE**

*Goals:* Trust, communication, depending on others, support, focus, action/reaction, give and take

*# of Pax:* 4 - 30.

*Equipment:* 1 raccoon circle for every 8 – 10 participants

*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 pax 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 pax must remain “straight as a board” and that only their ankles will move. Have pax lean the top part of their body back so that their arms are straight. On the count of three, pax are to lean back with their whole body, moving only their ankles if need be and feel the “power of the circle”. Pax 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 pax to come back to centre. Go through this exercise a number of times until pax are comfortable. If appropriate, have pax 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 a.k.a. Bobsleds Basic Instructions**

*Goals:* Recognizing Stress & Frustration, problem solving, taking action

*Equipment:* 12, One-foot sections of PVC tubing halved. Marbles

*# of Pax:* 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 metres 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?

**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 Pax:* 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...

### **Bullring**

*Goal:* 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 Pax:* 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 from our closest neighbouring 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

### **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 pax 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 pax 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 pax 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?

### **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 pax:* 5- 30. With groups larger than 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?

### **THE WARM WIND BLOWS**

*Goal:* Icebreaker

*Equipment:* Enough Spot markers for each participant

*# of Pax:* 6+, any age

*Time:* 5-10 minutes

*Directions:* Have pax 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 pax who agree or have that in common must move to an “open” spot. The one pax who is left without a spot is now in the middle. Pax cannot move to a spot right beside them.

*Debrief:* None

**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 pax state they are ready. Middle pax states, “falling” and begins to fall into the hands of the circle while staying completely rigid. Circle pax slowly move the middle pax 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 pax 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 pax 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.

**FEELINGS CARDS DEBRIEF**

*Goal:* Reflection



*Equipment:* Teamwork & Teamplay Feelings Cards Deck

*# of participants:* 2-10

*Time:* ~2 minutes/pax

*Directions:* Have pax 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 pax 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 pax talk about their three cards.

If time permits, after each pax has described their three feelings, ask them what their feelings tell them about challenges they may face in the future.

### **BODY PARTS DEBRIEF – POST “THE ELEMENT”**

*Goal:* Reflection

*Equipment:* Body Parts Debriefing Tool

*# of participants:* 4-10

*Time:* ~2 minutes/pax

*Directions:* One at a time, have the facilitator pull out one of the body parts and ask pax 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 pax 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 DEBRIEF**

*Goal:* Transference

*Equipment:* Chiji Pocket Processor Cards Deck

*# of participants:* 2-10

*Time:* ~2 minutes/pax

*Directions:* Have pax 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 pax describe what their commitment will be and for which challenge.

### **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 pax 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 pax that answers could 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 pax 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 pax to roll up their paper in the shape of a tube and look through it with only one eye and looking straight ahead. Ask pax 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 pax 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 pax 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?

### **CONVERSATION STARTER BUTTONS**

*Goal:* Introspection, Disclosure

*Equipment:* One Bag of Conversation Starter Buttons

*# of participants:* 4 +

*Time:* 10 minutes – in total

*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 pax to share why they chose that particular button. Facilitators could be involved in this activity.

*Debrief:* None required.

### **KNEE SLAP**

*Goal:* Laughter, Engaging Both sides of the brain

*Equipment:* Nothing

*# of participants:* 2+

*Time:* 5 minutes

*Directions:* Ask if pax 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 pax 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".

*Debrief:* None required

**TANGLED**

*Goal:* Engaging the Brain, Frustration, Perception

*Equipment:* Four “tangled webs”

*# of participants:* 2+

*Time:* 10 minutes

*Directions:* Instruct pax 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.

*Debrief:* None required.

**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 pax closest to him/her. The facilitator holding the hands of the pax 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 pax is to grab the chicken first. The two pax closest to the chicken then move to the other end and everyone shifts down. Do this until game is satiated and/or all the pax have had at least one turn.

*Debrief:* None required

## Appendix D

### Sample 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)