



**CATÓLICA**  
UNIVERSIDADE CATÓLICA PORTUGUESA | PORTO  
Faculdade de Educação e Psicologia

# **CRISIS INTERVENTION IN RECREATIONAL SETTINGS**

**Data from Kosmicare/BoomFestival 2010  
Process Evaluation**

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BOOM FESTIVAL AND KOSMICARE











- Increased overall PAS use and decrease in problematic PAS use (IDT/Balsa, 2007)
- PAS in youth population at recreational settings contributes to changing nature of PAS use trends and poly-drug use (normalized conducts) (EMCDDA, 2009, 2006; Griffiths et al, 1997; Parker et al, 2002; Parker et al, 1998)
- Intervention needs to adjust to this changing scenario...
- Personal crisis can develop and be enhanced by PAS effects because of number of factors (Puente, 2009; Ventura, 2008)
- Potential risk between PAS use and mental health problems addressable by crisis intervention (Grof, 1994)
- Favourable legal context of Portuguese decriminalization law (since 2000)
- No evaluation of crisis intervention project Kosmicare had occurred before.

**GENERAL FRAMEWORK AND NEED FOR INTERVENTION**



- Reduce harm associated with use of PAS
- Share information about PAS, potential effects, benefits and risks
- Develop an health promotion intervention to diminish the risk of mental illness associated with the use of PAS through crisis intervention
- Contribute for evidence-based intervention model in crisis related to PAS in recreational settings
- Transform a potentially unpleasant psychedelic (crisis) experience in a constructive experience through offering of a safe and protective environment where processing and integration can unfold

**PROGRAM GOALS**



## RESEARCH GOALS

- Describe KC intervention process
- Monitoring of *Kosmicare* activity, it's implementation and dissemination in the Festival context
- Evaluation of intervention (process and outcome; qualitative and quantitative) and contribution for evidence-based intervention model.







PROCESS  
EVALUATION  
RESEARCH  
QUESTIONS

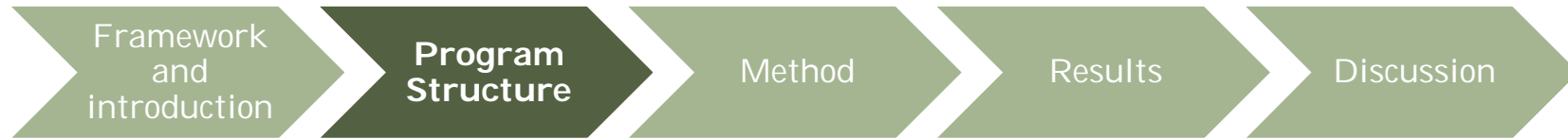
## IMPLEMENTATION

- Was intervention team appropriate and qualified?
- Were expected target groups covered by intervention?
- Was KC intervention appropriate for target's needs?
- Did project present regularity in terms of intervention intensity?

## TEAM SATISFACTION

## VISITOR SATISFACTION





**KOSMICARE**

Selective Prevention (HRRM)



CHECK-IN

✓TLC pill-testing, drug related information and support

EROWID

✓drug related information and support services

IDT

✓health care, information materials



Indicated Prevention



DOME

✓Crisis Intervention





- VARYING REACTIONS may occur when people undergo a difficult psychedelic experience (Puentes, 2009)
- “Psychedelic-like crisis situations” may occur in situations where NO DRUGS HAVE BEEN INGESTED (Mojeiko, 2007)
- Intervention is framed by a GLOBAL UNDERSTANDING OF CRISIS episodes (Kanel, 2003)
- Crisis is an opportunity for transformation and personal growth; it’s a normative developmental process in extreme situations – NOT AN ABNORMAL/PATHOLOGICAL response (Kanel, 2003; Grof, 1994)
- Permanent distress and psychopathology can install due to POOR OR INNAPROPRIATE crisis resolution (Grof, 1994).

Evaluate physical safety

Collect information

Offer a safe space

Guarantee comfort, hydration, nutrition, refrigeration  
...

Facilitation  
*(talking through instead of talking down...)*

*A difficult experience isn't necessarily a bad experience...*



**INTERVENTION PROCESS**





TEAM FUNCTIONS

- Pilot (1)
- Co-Pilot (2)
- Secretaries (3)
- Team Leader (4)
- Sitter (31)

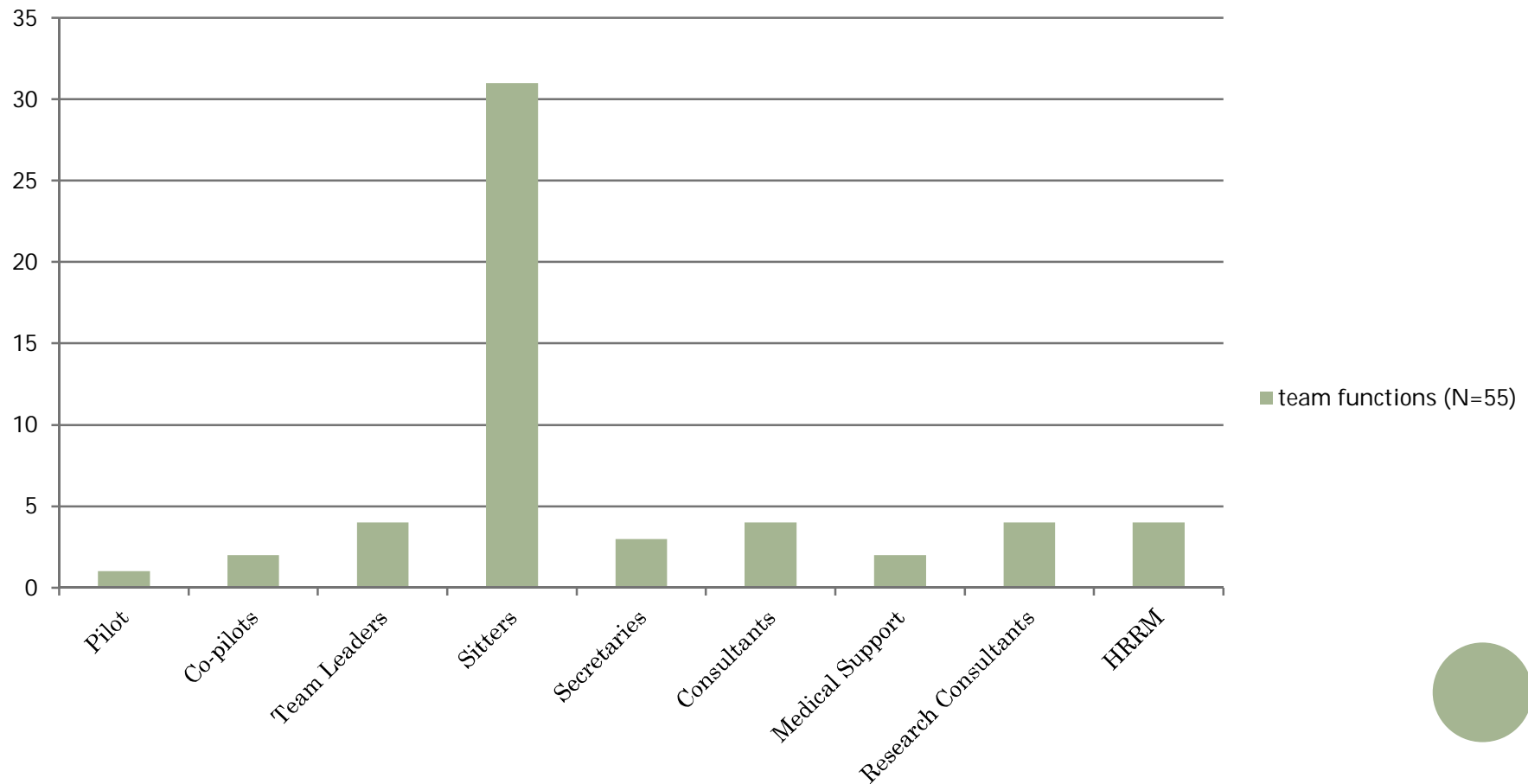
Medical Support  
(e.g. Psychiatry; Nursing;  
Homeopathy) (5)

Consultants  
(MAPS; Erowid; IDT) (8)

Research Team (4)



## TEAM FUNCTIONS



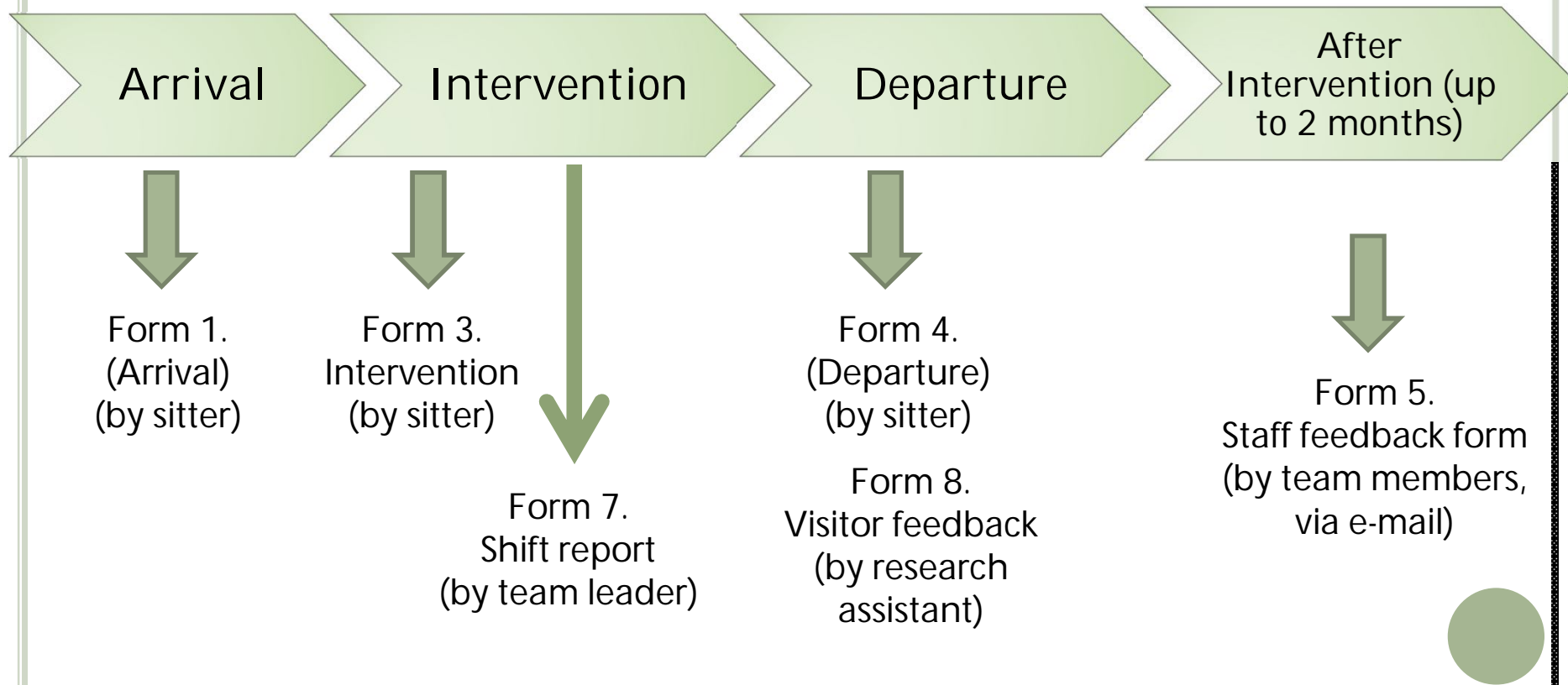


**SAMPLE**

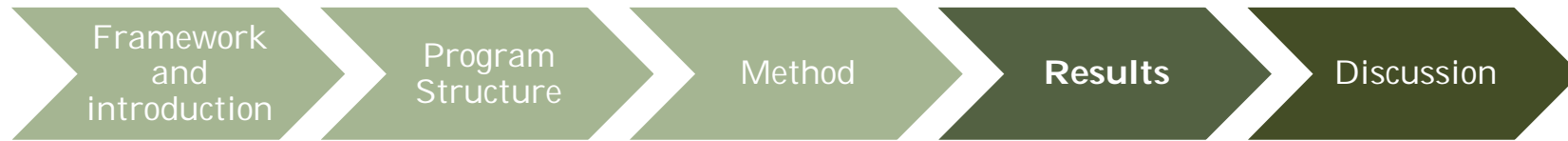
<b>KOSMICARE TEAM (N = 36)</b>	<ul style="list-style-type: none"> <li>✓ 51 % had previous experience at the festival</li> <li>✓ 67% no previous experience at KC team</li> <li>✓ multilingual; multiskilled</li> </ul>
<b>VISITORS (N = 122)</b>	<ul style="list-style-type: none"> <li>✓ Age: 18-40 Y.O.A. (15% 25 Y.O.A. est.)</li> <li>✓ Gender: 82 male; 40 female</li> <li>✓ Experience at Boom: 68% first time</li> <li>✓ Nationality:             <ul style="list-style-type: none"> <li>▪ European countries: Portugal (15%), France (11%), United Kingdom (8%), Spain (4%) and Germany (4%) – tot European (42%)</li> <li>▪ Middle East: Israel (1,5%)</li> <li>▪ Australia (1,5%)</li> <li>▪ South America: Argentina (0,8%); Brazil (0,8%)</li> <li>▪ Africa: Angola (0,8%)</li> </ul> </li> </ul>



DATA COLLECTION - MIXED METHODS APPROACH  
(OPEN AND CLOSED ITEMS, SWOT ANALYSIS, CONTENT ANALYSIS)







# I. IMPLEMENTATION

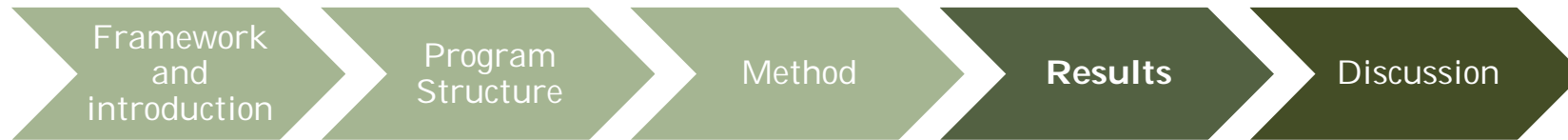
## 1. Was intervention team appropriate and qualified?

INDICATORS	RESULTS
• Team dimension	➤ Total of 55 members
• Team functions	➤ 31 sitters; 4 HRRM; 4 Research team; 4 Consultants; 3 Secretaries; 4 Team Leaders; 2 Medical Support; 2 Co-pilots; 1 pilot
• Experience in context	➤ For majority (67%) – 1 <sup>st</sup> time they have integrated the Kosmicare team.
• Academic and professional profile	➤ Multilingual, multiskilled

Diversity

Coordination /Logistics



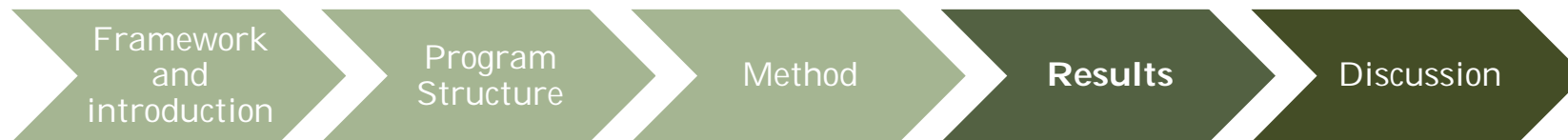


# I. IMPLEMENTATION

## 2. Were expected target groups covered by intervention?

INDICATORS	RESULTS
▪ Nr cases attended	N = 122
▪ Target population characterization	<ul style="list-style-type: none"> <li>✓ Age: 18-40 years old (15% were 25)</li> <li>✓ 82 male and 40 female</li> <li>✓ 68% 1st time in BOOM</li> <li>✓ Mostly from Europe (Portugal (15%), France (11%), United Kingdom (8%), Spain (4%) and Germany (4%))</li> <li>✓ South America: 1,6%; Middle East: 1,5%; Africa: 0,8%; Australia (1,5%)</li> </ul>





# I. IMPLEMENTATION

## 2. Where expected target groups covered by intervention?

### INDICATORS

- Visitors PAS use patterns

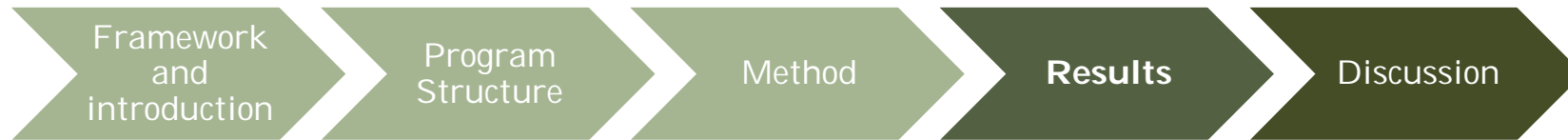
	LSD	MDMA	Amphet amine	Ketamine	Cocaine	Cannabis	2CB	Mushroom	DOC, GHB, Ópio, Metadona, Metilona, Proscalina, Zopidone, Zimovane	Alcohol
PAS										
<b>Frequencies</b>	68	24	17	7	7	16	5	3	1	24
<b>Percentage</b>	52,3%	18,5%	13,1%	5,4%	5,4%	12,3%	3,8%	2,3%	0,8%	18,5%
<b>N</b>	122	122	122	122	122	122	122	122	122	122

(reported PAS use frequencies)

Nº PAS	FREQUÊNCY	PERCENTAGE
0	12	9,20%
1	57	43,80%
2	30	23,10%
3	6	4,60%
4	8	6,20%
5	2	1,50%
7	1	0,80%
N= 116		

(Number of PAS per visitor)





# I. IMPLEMENTATION

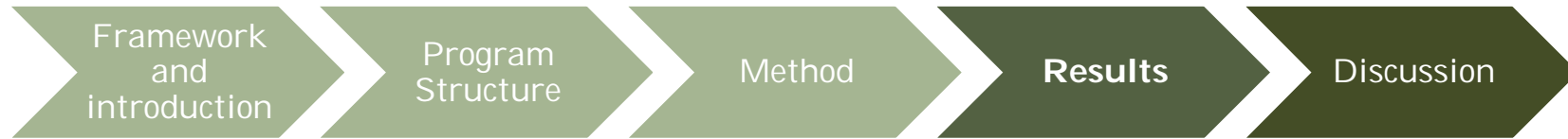
## 2. Where expected target groups covered by intervention?

### INDICATORS

- Target SPA use patterns

	MDMA		Amphetamines		Ketamina		Cocaine		Cannabis		2CB		Mushrooms		Alcohol	
LSD	7,81%	N=128	3,91%	N=128	3,13%	N=128	4,69%	N=128	5,51%	N=127	1,57%	N=128	1,56%	N=128	34%	N=44
MDMA			3,84%	N=130	1,53%	N=130	2,30%	N=130	9,09%	N=129	1,53%	N=130	0%	N=130	8,70%	N=46
Amphetamine					2,30%	N=130	0%	N=130	4,55%	N=129	1,53%	N=130	0%	N=130	19,60%	N=46
Ketamine							0,76%	N=130	0,78%	N=130	0,76%	N=130	0%	N=130	6,52%	N=46
Cocaine									2,32%	N=129	0,76%	N=130	0%	N=130	8,70%	N=46
Cannabis											0,78%	N=129	0%	N=129	10,87%	N=46
2CB													0%	N=130	4,30%	N=46
Mushrooms															0%	N=46

(most frequent polydrug uses)

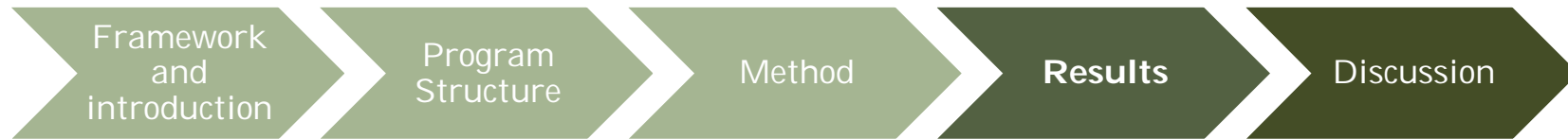


# I. IMPLEMENTATION

## 2. Where expected target groups covered by intervention?

INDICATORS	RESULTS
<ul style="list-style-type: none"> <li>▪Types of situations attended</li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>difficult, intentional experience with a PAS (n=92)</i></li> <li>➤ <i>accidental experience with a PAS (n=3)</i></li> <li>➤ <i>personal crisis not related to PAS use (n=1)</i></li> <li>➤ <i>mental crisis related (n=10) or not related to PAS use (n=6)</i></li> <li>➤ <i>reason was not related with any sort of crisis (n=9).</i></li> </ul>





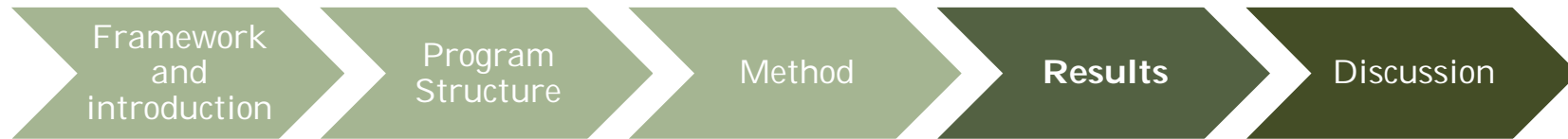
# I. IMPLEMENTATION

## 2. Where expected target groups covered by intervention?

INDICATORS	RESULTS
<ul style="list-style-type: none"> <li>▪ Strategies for receiving cases</li> </ul>	<ul style="list-style-type: none"> <li>➤ by themselves (37%)</li> <li>➤ Friends (26,5%).</li> <li>➤ Paramedics (8,5%)</li> <li>➤ <i>Fire Department, Boom Security Staff, Angel Team and Check-IN/HRRM Team</i> (total of app. 19%)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Efficacy of partnerships at intervention site</li> </ul>	<ul style="list-style-type: none"> <li>➤ Poor articulation with <u>Paramedics</u></li> </ul>

GUIDELINES  
NEEDED...

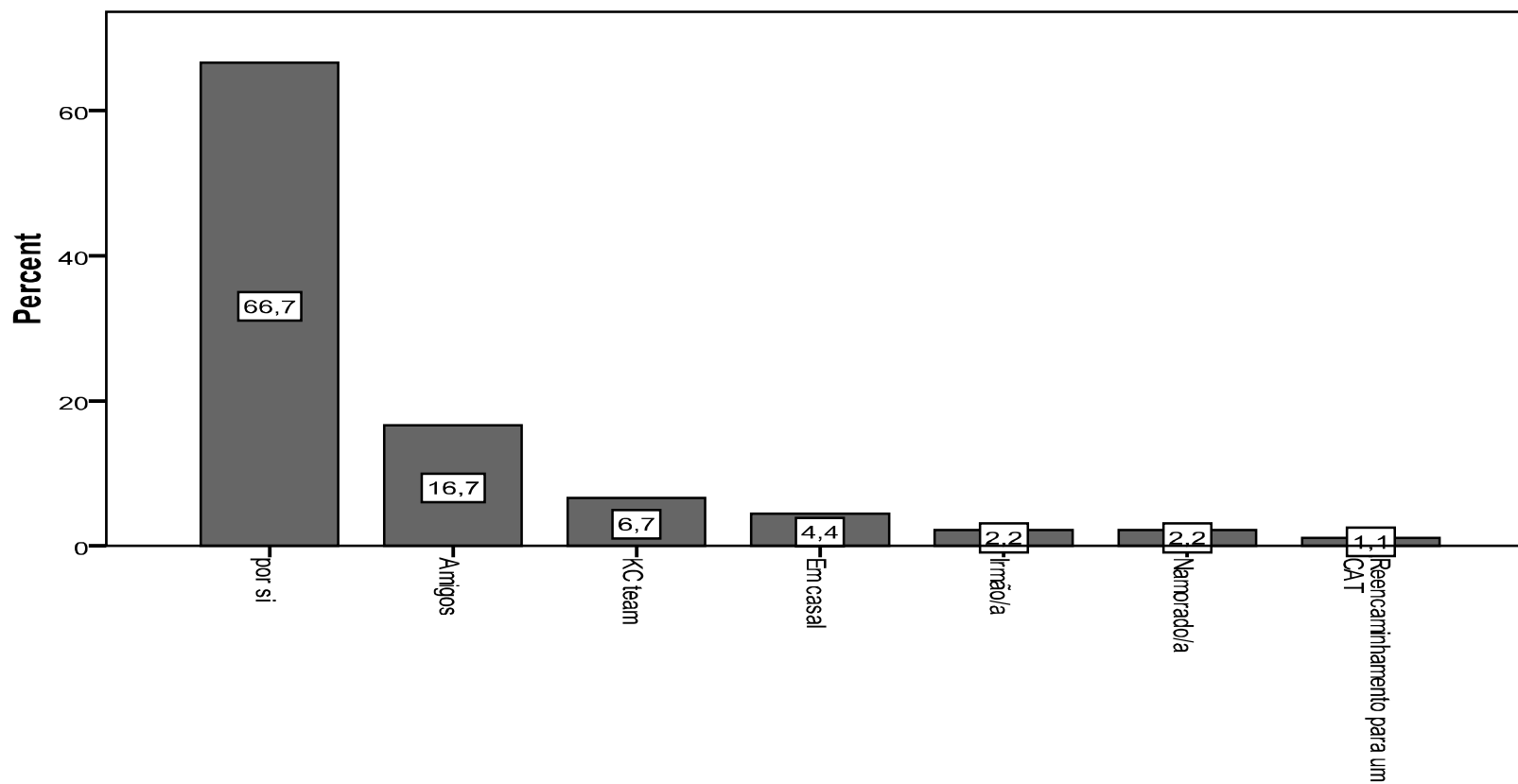




# I. IMPLEMENTATION

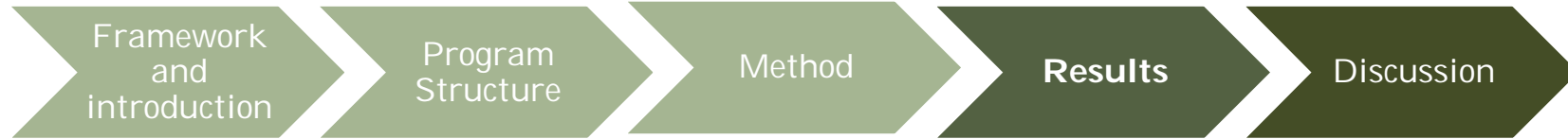
## 3. Was KC intervention appropriate for target's needs?

INDICATOR      How was target released?



how did visitors leave KC



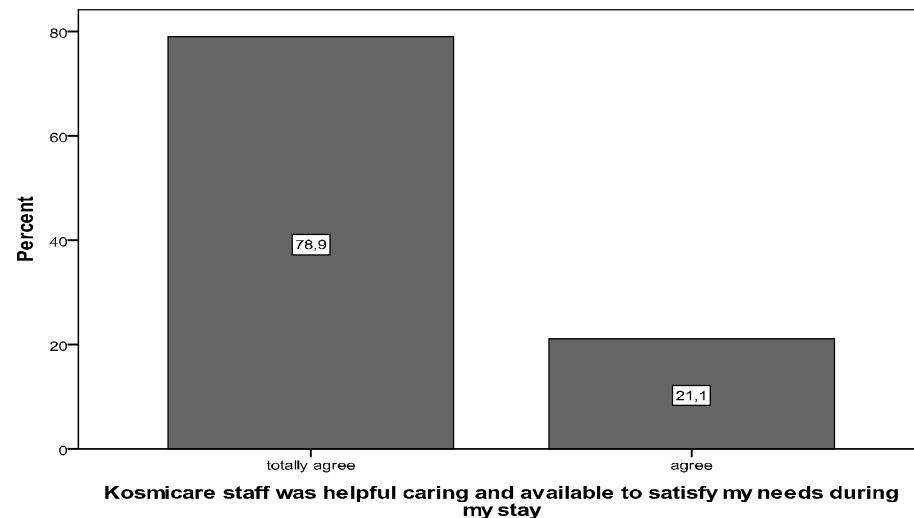
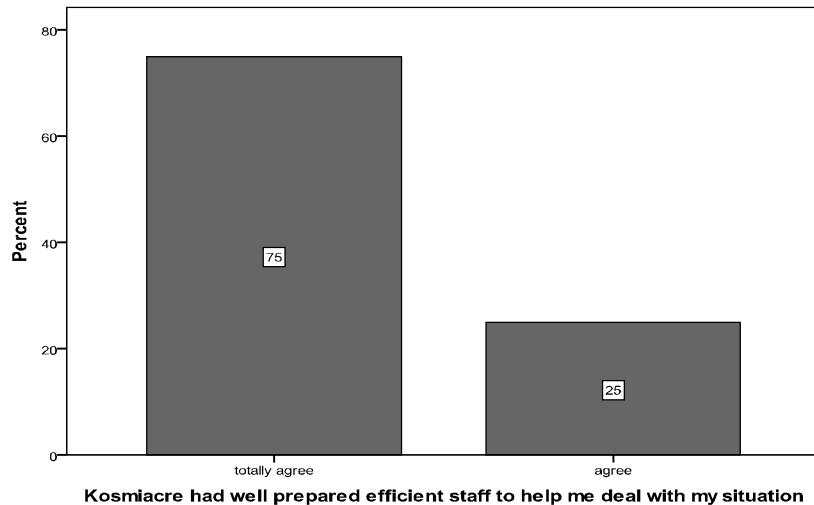
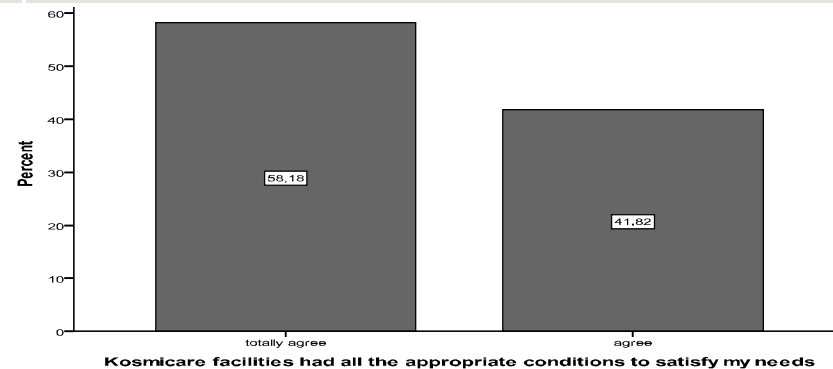
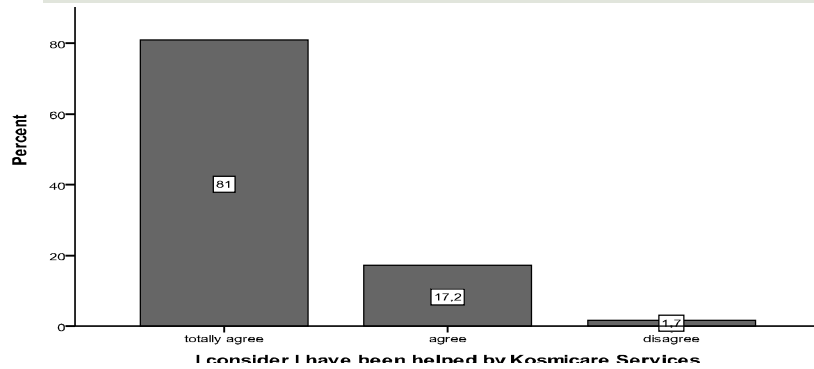


# I. IMPLEMENTATION/TARGET SATISFACTION

## 3. Was KC intervention appropriate for target's needs?

### INDICATOR

### Targets satisfaction with intervention







# I. IMPLEMENTATION

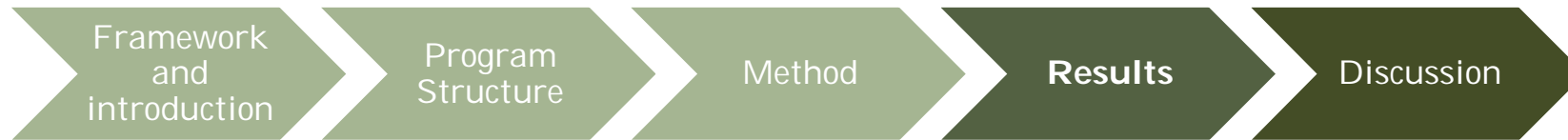
## 3. Was KC intervention appropriate for target's needs?

**INDICATOR** Team perception of intervention efficacy

<b>KC Implementation</b>	<i>Totally disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Tottaly agree</i>
Project's degree of implementation was high(n=24)	8,3%	12,5%	66,7%	12,5%

<b>Visitor's acceptance of intervention</b>	<i>Totally disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Tottaly agree</i>
Was positive. (n=33)	3%	3%	30,3%	63,6%
	<i>Totally disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Tottaly agree</i>
KC was effective achieving its goals. (n=31)	0%	0%	61,3%	38,7%
KC is relevant. (n=32)	0%	0%	18,2%	81,8%
KC is able to satisfy intervention's needs (n=31)	0,0%	12,9%	71,0%	16,1%





# I. IMPLEMENTATION

## 5. Was intervention regularly and intensively offered?

Day of the festival	Frequencies	%
1 <sup>o</sup>	6	4,60%
2 <sup>o</sup>	23	17,70%
3 <sup>o</sup>	30	23,10%
4 <sup>o</sup>	11	8,50%
5 <sup>o</sup>	9	6,90%
6 <sup>o</sup>	11	8,50%
7 <sup>o</sup>	25	19,20%
8 <sup>o</sup>	8	6,20%
Total	123	94,60%

(nr of visitors per intervention day)

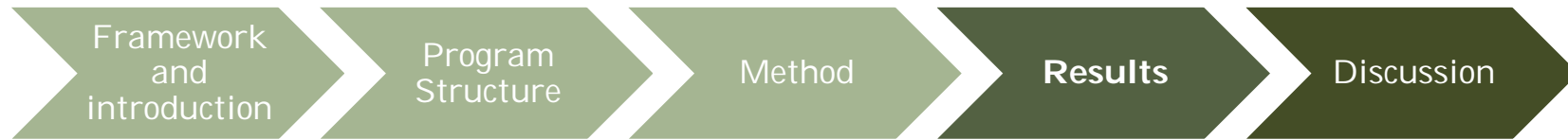
Shift	Frequencies	%
07:00 to 15:00	33	25,40%
15:00 to 23:00	51	39,20%
23:00 to 07:00	42	32,30%
Total	N=126	96,90%

(nr of visitors per intervention shift )

Permanency	Frequencies	%
1 a 5 hours	49	52,70%
6 a 10 hours	18	19,40%
11 a 15 hours	12	12,90%
16 a 20 hours	2	2,20%
21 a 25 hours	7	7,50%
26 a 37 hours	4	4,30%
65 a 75 hours	1	1,10%
Total	93	100,00%

(nr of hours per intervention)





## II. TEAM SATISFACTION

Satisfaction w/	S	W	O	T
Working conditions	KOSMICARE Dome	Food Location Safety	Improve Structure	Safety problems Demotivation Fatigue/Exhaustion
Project implementation	Efficacy; Space (KC Dome)	Location Paramedics	Expansion Climate in the Team Learning	Psychiatric situations
Project team	Commitment Diversity Competence Cohoperation Motivation	Coordination Poor human resources management	Promote Cohesion	Improve articulation w/ partners in the field
Festival Organizers	Festival Production	Safety Location Support to KC	Change Location Increase Divuligation	Safety problems Depreciation.

Framework  
and  
introduction

Program  
Structure

Method

Results

Discussion



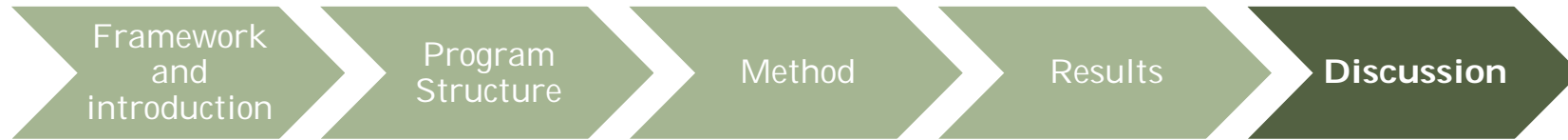
- 1 ENTRANCE
- 2 CAR PARK
- 3 CARAVAN PARK
- 4 WELCOME POINT
- 5 CAMPING AREA
- 6 NOSMICARE
- 7 TROPICAL BEACH

- 8 RESTAURANTS
- 9 THE DROP
- 10 AMBIENT PARADISE
- 11 BOW TOWN: info Stand, ATM, Phone, CyberCafe, Boom Shop and Utopia Tickets
- 12 COMMUNITY KITCHEN
- 13 KALEIDOSCOPE

- 14 HOSPITAL/FIREMEN
- 15 STAR - Water treatment unit
- 16 SHOWERS
- 17 ARTIST CAMPING
- 18 DISABLED SHOWERS
- 19 BABY BOOM
- 20 AMSTERDAM BALLOON COMPANY

- 21 BOOM BAR
- 22 ANJUNA PLAZA/FLEA MARKET
- 23 GROOVY BEACH
- 24 DANCE TEMPLE
- 25 SACRED FIRE
- 26 HEALING ZONE
- 27 BOOM BUS STATION





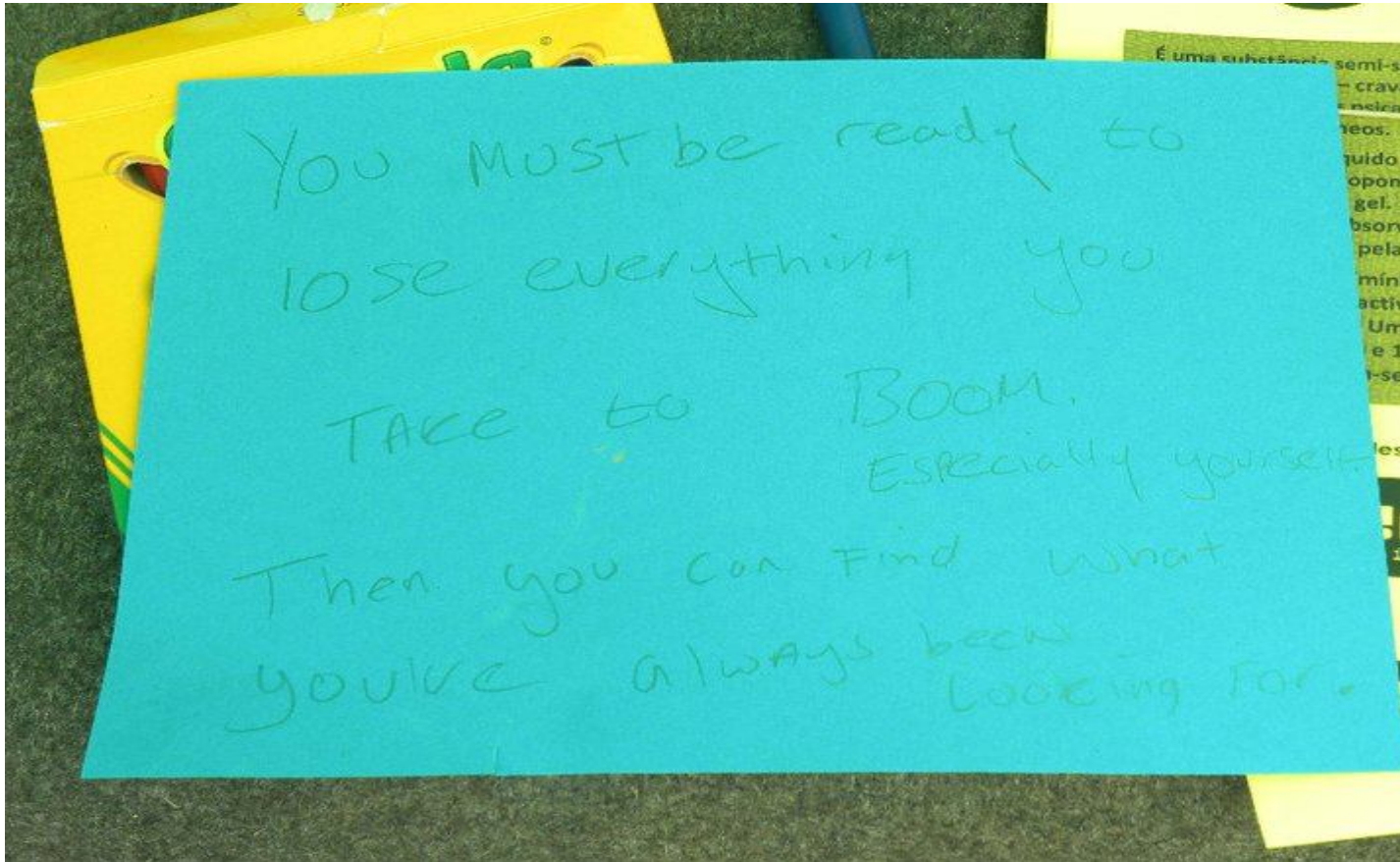
1. Data are significantly based on team's perceptions.
2. "Gap" between visitor satisfaction (very high) and Team satisfaction (problem areas)
3. Previous experience is important to be a team member; also heterogeneity
4. Threats like work conditions, safety, location, might compromise future involvement of experienced and skilled team members
5. Divuligation was insufficient
6. KC is a resource for Festival organizers themselves
7. Nevertheless, considerable effort from Organizers in support to crisis intervention



# FUTURE DIRECTIONS, CURRENT AND FUTURE OUTCOMES

- *Evaluation Research (2010)*
- *Outcome Evaluation through the Mental State Exame Checklist (2010)*
- *Intervention Efficacy Study (time-series design) (2012)*
- *Mental State Exam Checklist: Contribution for the Validation of a Mental State Exam Instrument (2010/2012)*
- *Follow-up Research (2012)*





*"You must be ready to loose everything you take to Boom. Especially yourself. Then you can find what you always been looking for." (message left by visitor after recovery)*

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