



A Research Analysis of Therapeutic Programs

**A best practice guide to outdoor and
adventure-based interventions**

Document/ Author Details

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CONTENTS

1	EXECUTIVE SUMMARY	6
2	INTRODUCTION	8
3	OUR CURRENT APPROACH	9
3.1	Outdoor Adventure Intervention Programming	9
3.2	Background and History	9
3.3	Catalyst Program Aims	10
3.4	Catalyst Partnerships	12
3.5	Catalyst Participants	12
3.6	Catalyst Program Model	13
3.7	Staffing	14
4	UNDERPINNING VALUES, PRINCIPLES & THEORIES	15
4.1	Bush Adventure Therapy	15
4.2	Adventure-Based Programming & Experiential Learning	18
4.2.1	Kolb's Experiential Learning Cycle	19
4.2.2	The Learning Combination Lock	20
4.2.3	Group Work	22
4.2.4	Nature-Based Experiences	23
4.2.5	Integrating Play - Taking FUNN Seriously	23
4.3	Key facilitation Principles	24
4.3.1	Stages of Group Development	25
4.3.2	Continuum of Experience	26
4.3.3	Challenge by Choice	27
4.4	Practice Approaches	28
4.4.1	Strengths Perspective	28
4.4.2	Narrative Approach	31
4.4.3	The Transtheoretical Model	32
4.4.4	Trauma-Informed Care	32
4.5	Assessment Frameworks	36
4.5.1	The Common Approach	36
4.5.2	GRABBSS	37
5	PRACTICE EVALUATION	39
5.1	Challenges – Areas For Evaluation	39
5.2	Program Model	40
5.3	Participants	45

5.4	Partnerships	46
5.5	Child Protection and Collaboration – “A Wicked Problem”	49
5.6	Staffing	52
6	CONCLUSION	56
7	RECOMMENDATIONS	59
7.1	Funding and Support	59
7.2	Program Management	60
7.3	Clinical Supervision	60
7.4	Strengthening Partnerships and Collaborative Efforts	61
7.5	Trauma-Informed Practice	61
7.6	Professional Development	62
7.7	Program Considerations	63
8	APPENDIX	68
8.1	Catalyst Participant Selection	68
9	REFERENCES	70

1 EXECUTIVE SUMMARY

This report was provided by the Queensland Police Citizens Youth Clubs – Leadership Development centre (PCYC - LD) as a component of the Safer Communities Project. Funded by the Department of Home Affairs, the Safer Communities Project is awarded to boost the efforts of local councils and community organisations to address crime and antisocial behaviour by funding crime prevention initiatives that benefit the wider community. (retrieved from www.grants.com.au)

The Australian Institute of Family Studies (2016) notes that a large-scale study exploring adverse childhood experiences of a variety of young people within the criminal justice found that each additional adverse childhood experience increased the likelihood that a young person would become a serious, chronic and violent offender by 35%. The ongoing effects of childhood trauma can impact multi-dimensionally on a person's life, including problems with physical and mental health, social and relationship difficulties, and reduced educational and employment outcomes (Australian Institute of Family Studies, 2016). These alarming statistics are of community concern and align with PCYC's pillars of Youth Development, Crime Prevention and Community Engagement and its vision statement of "Building safer, healthier communities through youth development".

PCYC LDs contribution to the Safer Communities Project was the delivery of Outdoor and Adventure Intervention (OAI) programs for young people displaying anti-social behaviour. OAI's draw on multiple disciplines and theories and is a rapidly growing field of practice here in Australia and abroad. Pryor (2015, p. 18) notes that OAI programs "commonly place an emphasis on:

- Time out-of-doors, in contact with nature and environments;
- Experiences of adventure and challenge;
- Connecting with others, usually in small groups; and
- An intentional (though diverse) use of therapeutic relationships and frameworks within the intervention for participants."

OAI's are a program model undertaken with the specific intention of influencing the current life trajectory of participants (typically young people) through adventure (Pryor, 2015). OAI's utilise intentional contact with nature, adventurous experiences, communal living and reflective practices to achieve this goal. Central to this approach is a group-based counselling model, providing "a place in which participants can connect to the power of a system larger than

themselves that has been established with unequivocal concern for each individual" (Schoel & Maizell, 2002, p. 10). OAls intentionally create a metaphorical island for healing by creating a healthy, supportive community, with the program and group providing a safe place for experimentation, learning, reflection and support. A vital element of this process "is the creation of a group process that encourages the development of individuals who are able to create healthy relationships" (Schoel & Maizell, 2002, p. 10).

PCYC LD delivered seven OAls from 2017 to 2019. Consistent and emerging challenges were identified from these programs, which prompted the need to investigate program effectiveness and sustainability.

Pryor, Carpenter and Townsend (2005, p. 7) note that "programs need to operate from an evidence-base, be ethical in approach and delivery, and seek to utilise best practice". This report seeks to explore the evidence-based and best practice ideologies surrounding the use of bush adventure therapy practices (BAT) with young people who have experienced trauma and have an altered life trajectory.

2 INTRODUCTION

Police Citizens Youth Clubs - Leadership Development (PCYC LD) has been providing nature and adventure-based programs for young people and community organisations since 2006. Programs are provided in an effort to support young people who've experienced trauma to positively influence their life trajectory. Programs are facilitated as an intervention to anti-social behaviours and adopt therapeutic approaches to best support the young person and their community. PCYC LD blends therapeutic practices with nature connection, adventure and experiential learning to provide a stimulating and fulfilling learning experience. This program approach draws on multiple disciplines and theories and is more recently referred to as Outdoor Adventure Interventions (OAI) and is a rapidly growing field of practice here in Australia and abroad.

Over the last sixteen years, PCYC LD has invested in and supported many different OAI for young Queenslanders who've experienced trauma. The nature of working with vulnerable populations is complex and has resulted in several challenges for PCYC LD. Challenges include but are not limited to:

- Inconsistent, or varying program effectiveness;
- A steady reduction in participant engagement;
- Increased staff burnout;
- Challenges with partnering agencies; and
- A constant evolving field of practice that is both complex and diverse.

These challenges require a considered and evidence-based approach. This is essential for program effectiveness and ensuring participants and staff are not inadvertently exposed to further trauma.

Pryor, Carpenter and Townsend (2005, p. 7) note that “programs need to operate from an evidence-base, be ethical in approach and delivery, and seek to utilise best practice”. This report seeks to explore the evidence-based and best practice ideologies surrounding the use of bush adventure therapy practices (BAT) with young people who have experienced trauma. We also explore some of the challenges associated with our current program delivery model and seek to identify recommendations that provide an evidence-based and ethical pathway to program improvement.

3 OUR CURRENT APPROACH

3.1 Outdoor Adventure Intervention Programming

The Outdoor Adventure Intervention (OAI) is a program model undertaken with the specific intention of influencing the current life trajectory of participants (typically young people) through adventure (Pryor, 2015). OAIs utilise intentional contact with nature, adventurous experiences, communal living, and reflective practices to achieve this goal. Central to this approach is a group-based counselling model, providing “a place in which participants can connect to the power of a system larger than themselves that has been established with unequivocal concern for each individual” (Schoel & Maizell, 2002, p. 10). OAIs intentionally create a metaphorical island for healing by creating a healthy, supportive community, with the program and group providing a safe place for experimentation, learning, reflection and support. A vital element of this process “is the creation of a group process that encourages the development of individuals who are able to create healthy relationships” (Schoel & Maizell, 2002, p. 10).

3.2 Background and History

Leadership Development (LD) is an adventure-based programming element of Queensland Police Citizens Youth Clubs (PCYC) and operates out of PCYC Bornhoffen. Located in the Gold Coast hinterland, PCYC LD works in partnership with schools, community groups and non-profit organisations. PCYC LD's approach is to develop leadership capability as a means of providing protective strategies for young people and the community. Many community partnerships involve working with disadvantaged young people with a history of complex trauma, which can lead to contact with the criminal justice system, poor mental health and social marginalisation.

PCYC LD has been working with vulnerable young people since the mid-1990s. However, this has occurred under different brandings as PCYC evolved and developed its adventure-based and experiential learning capability. It wasn't until a business unit was established at PCYC Bornhoffen in 2005 and the inception of the Catalyst program that PCYC LD became more focussed and intentional in working in this space and has since looked to strengthen its approach along the way. Current industry trends, evolving understandings and developments in the Bush Adventure Therapy sector (BAT) have all influenced programming and language regarding the work that we do.

The Catalyst Project has always been a leading piece of work for PCYC LD, which works in partnership with schools to support young people at risk of disengaging from education by

providing an opportunity to develop life skills and enhance mental well-being. Catalyst has driven much of our understanding of the complexity of working with vulnerable groups. Naturally, this influenced our program model, methodology and approach to OAI.

Catalyst is a home-grown PCYC project. The sustainability of the program has been dependent upon corporate sponsorship. Initial funding from Queensland Rail sowed the seed in 2005. The KFC Corporation funded six programs in 2005-06. In 2007 the Blue Light Association became the corporate sponsor funding four programs. These were delivered in 2007 and 2008. In 2009 Blue Light committed funds for seven programs and included funds for a research component. A key element of this research was a literature review to “address questions of value, improve practice, share information, inform decision-making, and help secure repeat or new funding opportunities to continue delivering the Catalyst program” (PCYC Bornhoffen Adventure Development, 2010, p. 6). This was a cost-effective way to improve our experiential learning model, approach to therapeutic practices and program outcomes. Blue Light continued to fund the program from 2011 through to 2013 along with funding from Proceeds of Crime In 2012. This gave PCYC LD the budget and program size for an external evaluation. The evaluation was led by Dr James Neill from the University of Canberra to evaluate and better understand the benefits of the Catalyst program.

Following the evaluation, the Catalyst model was utilised to deliver several other projects and replicated through various initiatives and opportunities. In 2017 Catalyst was re-established as part of the Safer Communities Project to support young people and the community. Catalyst has strong alignment with PCYC’s pillars of Youth Development, Crime Prevention and Community Engagement, as well as its vision statement of “Building safer, healthier communities through youth development”. This report looks beyond the Catalyst program, however as this was a signature piece of work that included research and evaluation, it maintains a strong influence over other partnerships and program models relating to this area of practice and is therefore included in our approach.

3.3 Catalyst Program Aims

Catalyst utilises a holistic strengths-based approach to OAI programming, aiming to enhance the overall health and wellbeing of young people and empower them to participate fully and meaningfully in their communities.

The program aims to achieve this by providing young people with opportunities to:

- Develop a strong sense of self-identity, self-esteem and self-confidence;

- Develop pro-social peer connections and supportive and trusting relationships with staff and mentors;
- Build resilience and respond constructively to setbacks and unanticipated events;
- Be supported and empowered to participate in and collaborate on decision-making processes that affect them while experiencing and learning from the natural consequences of their choices;
- Engage in experiences and activities that promote healthy and considered risk-taking and support and enhance their physical and mental health; and
- Be supported to set goals and implement strategies to achieve these with the continued support of staff mentors.

We acknowledge that many young people face barriers to their social, psychological, biological, cultural and spiritual health and wellbeing. These barriers may include such factors as:

- History of trauma, physical and mental health issues;
- Disconnection from family, culture and community;
- Reduced opportunity to participate in activities that promote learning and development; and
- Lack of access to resources and an absence of stable and secure relationships with trusted family members, peers and other members of their communities.

Catalyst draws from multiple fields and disciplines both in program design and processes facilitated by PCYC LD Facilitators. The following theories and frameworks underpin our practice:

- Adventure-based programming,
- Bush adventure therapy pedagogy,
- Experiential learning theory,
- Strengths-based approach,
- Narrative practices,
- Trauma-informed principles,
- Group process, and
- facilitated reflective practices.

In addition to the above, various other theories influence programming and individual facilitation techniques, including concepts of emotional intelligence and contemporary leadership.

3.4 Catalyst Partnerships

Catalyst partners with schools, learning centres and local PCYC clubs, adopting a multidisciplinary approach that draws on the unique experience, training and knowledge that the staff team bring. In addition to two experienced PCYC LD facilitators, staff teams may consist of educators, school counsellors, youth workers or community-based police officers. It is encouraged that staff collaborate and draw on their strengths to best meet the needs of the group.

3.5 Catalyst Participants

The partnership model works with high school students, and while there is no specific age category, 13 to 15 years is the typical age group. Consultations with schools regularly indicate Year 9 as the challenging year in a young person's life, with school engagement and peer connection being an issue. Schools play a vital role in the lives of young people and therefore play a significant role in the Catalyst program. This is primarily due to an assumption that teachers and other staff (such as counsellors) are best placed to support their students during the program and in an ongoing capacity after the program concludes.

Potential participants are selected by the partnering school or learning centre based on selection criteria. An interview process is then conducted using *The Common Approach*, developed by the Australian Research Alliance for Children and Youth (ARACY). This strength-based tool is used as a handrail in the conversation to understand a young person. It should be noted that the tool is not utilised to highlight gaps or weaknesses; however, the tool can provide a useful overall picture of the young person's life from a multidimensional perspective. It is assumed that young people who are nominated as potential participants will have obstacles to overcome and that these will be explored throughout the program.

Because of the program structure, the LD facilitators and program staff will decide participant suitability. OAs are not for everyone. Taking vulnerable young people with complex trauma into a remote setting can create a new set of issues that threaten other participants, staff and program continuity. Behaviour that would exclude a participant from Catalyst includes:

- A known dependence on recreational drugs or alcohol;
- Entrenched criminal behaviour with no intent to change;
- Known violent or sexual behaviour that threatens others.

3.6 Catalyst Program Model

The Catalyst Program is built around five key program phases:

Phase One - Participant selection and needs assessment

Initially, our partnering organisation is asked to identify 15 young people eligible to participate in the program. The initial selection is supported by the *Participant Selection Guidelines* (see appendix 8.1 for full details). A Bornhoffen PCYC facilitator will then join the partnering staff team in interviewing and conducting a needs assessment of all potential participants.

Phase Two - Lead-in experience

The lead-in is typically a 4-day experience in a semi-remote area. It is intended to assess participant readiness and establish a climate of trust, connection, and rapport between participants and staff. This is achieved through group development activities, remote area camping, adventure-based activities, reflective processes and group discussions.

Phase Three - Personal Journey:

The personal journey/expedition is up to seven days in duration and is the main component of the intervention. Participants can expect to be challenged physically and emotionally as they work through personal challenges and the demands of the program. More specifically, they can expect:

- Self-reflection exercises and group discussions;
- Group and personal development activities;
- Hiking – all day with backpacks and through challenging terrain, or canoeing for extended periods;
- Remote area camping – sleeping in tents, no showers, flushing toilets or electricity;
- Vertical challenges such as abseiling or high ropes;
- Community living – contributing to your team in a meaningful way; and
- Community service – e.g. tree planting, weeding or track maintenance.

Phase 4 - Follow-up:

The follow-up aims to continue the program's momentum and assist participants in transitioning to greater independence from both the program and the facilitators. This final phase is typically four days which may be consecutive or staggered. Participants can expect:

- Goal setting, exploration of personal values and priorities;
- Reflective practices and group discussions;
- Adventurous experiences to solidify the learning thus far; and

- A graduation and celebration event.

Phase 5 - Community mentoring:

Following the program's conclusion, participants often experience a sense of mourning. This is a natural occurrence in group work and after an intense and meaningful experience. As participants engage with their regular social and family environments, it is easy to lapse in behaviour or commitment to goals previously set. Ongoing mentoring or support is required by the partnering staff and young people's communities. Mentoring doesn't need to be exhaustive but is integral to ensuring that participants are supported throughout the program and after to apply their learning and achieve maximum benefit from the experience. Mentoring is led by the partnering staff and without PCYC Leadership Development involvement. This could include:

- One on one contact with each participant. E.g. every two weeks;
- Regular group catch-ups or activities;
- Linking participants with their local PCYC or other community agencies; and
- Involving participants in other school initiatives and development opportunities.

3.7 Staffing

PCYC LD facilitators are outdoor practitioners with experience leading outdoor recreation and experiential learning. They have a sound understanding of group process and reflective practices and are often trauma aware. However, they are not clinically trained. Depending on the individual's role, they spend between 90 and 145 days on program each year, working various program styles from multi-day residential to extended expeditions. Facilitators work across the recreation continuum and are experienced in working with school groups, disadvantaged young people, and community-based programs. Each Catalyst program has a lead facilitator who is involved in stages one through to four, and a co-facilitator joining from phase two to four.

4 UNDERPINNING VALUES, PRINCIPLES & THEORIES

4.1 Bush Adventure Therapy

Bush Adventure Therapy (BAT) is a broad term utilised in the Australian context to encompass a wide range of program styles that utilise outdoor settings to facilitate adventure-based experiences that aim to achieve therapeutic outcomes for participants (Australian Association for Bush Adventure Therapy, 2015; Pryor et al., 2005; Pryor, 2018). OAls sit within this broad definition.

BAT programs, including OAls, have the potential to facilitate beneficial outcomes for participants from a biopsychosocial, spiritual, cultural and environmental perspective, providing participants with an opportunity to achieve personal growth and strengthen their connection with individuals and their community (Bowen & Neill, 2016). This appears to be supported by Bowen and Neil's (2016, p. 51) evaluation of the Catalyst program, which found that the program can meaningfully impact the mental health, life effectiveness and behavioural functioning of young people. Whilst more research is required, the evidence suggests that OAls are a worthwhile investment for young people who wish to positively influence their life trajectory.

There is a significant variation amongst the BAT and OAI program models currently in operation throughout Australia (of which the PCYC Catalyst Program is one). Program models range from one-off single day experiences to multi-day expeditions that incorporate lead-in and follow-up phases to varying extents. Some BAT programs are facilitated by clinical therapists and utilise adventure to enhance the outcomes of clinical therapy for participants. Other programs are facilitated by outdoor educators equipped with the skills to facilitate therapeutic outcomes for participants. With this in mind, it is worth considering the shared elements of program design specific to this area of practice. Pryor (2015, p. 18) notes that programs "commonly place an emphasis on:

- Time out-of-doors, in contact with nature and environments;
- Experiences of adventure and challenge;
- Connecting with others, usually in small groups; and
- An intentional (though diverse) use of therapeutic relationships and frameworks within the intervention for participants."

Pryor (2018) goes on to state that these four elements could be considered to be the central mechanisms of change within OAls:

- Time spent in nature due to the passive and active benefits of nature contact on participants;
- Group membership for the benefits achieved through social connection and support;
- Adventure due to the opportunities that adventure-based experiential learning processes provide for personal growth; and
- The therapeutic frame not only for the benefit of therapeutic processes themselves, but also due to benefits associated with the therapeutic alliance (Pryor, 2018, p. 49).

The benefits of nature contact, adventure, and group process have been discussed in detail above. However, some discussion of the therapeutic frame is still required. Establishing a positive therapeutic alliance (being the relationship between the practitioner and participant) is an integral factor in successful outcomes for participants in all kinds of therapeutic environments (Marchand, 2008). Dobud (2016, p. 37) notes that participants who cease attending conventional forms of psychotherapy cite cost and the therapeutic relationship more than any other factor. The nature of BAT programs is such that there is an enhanced opportunity for a positive therapeutic relationship to be established between participants and facilitators, which establishes a sense of safety and security (Dobud, 2016). This is a crucial point to make. For those who have a history of trauma, the most beneficial aspect of the therapeutic process is establishing a safe and secure therapeutic relationship (Pryor, 2018, p. 12).

With regard to the methods utilised in establishing a therapeutic frame for programs, BAT programs are varied in this regard and range from psychotherapy processes delivered by trained clinicians to “boot camp” style programs. It is important to note that “boot camp” programs would not be considered appropriate or safe for PCYC’s target group due to their coercive nature. Further, very little evidence suggests that these programs achieve any therapeutic outcomes for participants (Pryor, 2018).

The Australian Association of Bush Adventure Therapy considers that programs fall under the banner of BAT if the intended outcomes are generally therapeutic, regardless of whether the specific use of psychotherapy techniques is a component of the program (Australian Association of Bush Adventure Therapy, n.d.; Pryor et al., 2005). With this in mind, it is important to note that some practitioners have cautioned against using the term “adventure therapy” to describe programs that provide therapeutic outcomes as opposed to psychotherapy (Bowen & Neill, 2016; Dobud, 2016; Pryor et al., 2005; Pryor, 2018). Neill and Bowen (2014, p. 57) have noted that without engaging in client diagnosis, utilising

theoretically-based therapeutic processes and being facilitated by clinical practitioners, the PCYC Catalyst program should be categorised as “therapeutic adventure” rather than “adventure therapy”. It is a worthwhile distinction to be cognisant of, given the dangers that exist for participants if practitioners are attempting, or expected, to facilitate therapeutic outcomes outside of their professional training (Dobud, 2016; Pryor, et al., 2005; Pryor, 2018).

It is important that non-clinical program facilitators are realistic about the limitations of their training and are equipped to manage and refer participants to more appropriate services when required (Pryor, 2018). Dobud (2016, p. 33) notes the importance of practitioners adhering to professional codes of ethics and best practices. For non-clinical professionals practising in the realm of BAT, which includes PCYC LD facilitators, adherence to AABAT’s set of ethical principles (AABAT, 2015) is a valuable starting point. AABAT (2015) encourages organisations and practitioners to consider the following ethical principles:

- Positive regard for all people,
- Respect for differences in culture, gender, age and identity,
- Strong family and community connections,
- Transparency, Informed consent, Confidentiality,
- Voluntary participation (within the confines of service type),
- Selection for “readiness” to participate,
- Attention to individual and group needs and hopes,
- Supportive physical, psychological and social environments,
- Tailored adventure experiences,
- Provision of options and choices (including supported exits),
- Respect for cultural custodianship of country,
- Increasing self-awareness and reflexive practice, and
- Safety and no harm to self, others or natural environments.

It is accepted that these ethical principles are non-negotiable considerations in the planning and delivery of OAI programs delivered by PCYC LD. Whether or not the current Catalyst program model adheres to these principles and recommendations for improvements will be discussed further in this report.

4.2 Adventure-Based Programming & Experiential Learning

Experiential learning is recognised as one of the most powerful forms of learning. Learning from experience is one of the most fundamental and natural means of learning available to everyone (Beard & Wilson, 2018 p. 13). Adventure-based learning is a sub-discipline to experiential learning and a key framework that underpins all PCYC LD programs. Traditional teaching methods that place the teacher as the holder of knowledge which is transferred to learners via repetition and without connection to the subject matter, is largely ineffective (Beard & Wilson, 2006, p. 1). Beard and Wilson (2006, p.1) state that if learning is to be effective and long lasting, then it must involve the learner in a meaningful learning experience.

Adventure Based Learning or Adventure Education noted by Prouty (2007) is a unique framework, “defined as direct, active and engaging learning experiences that involve the whole person and have real consequences” (Prouty, 2007, p. 4). Priest and Gass (2018, p. 10) define adventure programming as “the deliberate and purposeful use of adventure experiences to bring about growth, learning, and change in clients’ interpersonal and intrapersonal relationships”. A key element to adventure programming is the concept of stretch-zone experiences, with some suggesting that it is this aspect of adventure-based experiences that promote learning (Panicucci, 2007, p. 38). It is suggested that people exist within three primary zones: the comfort zone, in which no disequilibrium exists, therefore offering no opportunity for personal growth and learning; the stretch zone, in which participants experience some disequilibrium in their thinking and feelings and are therefore able to achieve maximum learning; and the panic zone, in which participants experience a level of stress and adrenaline that makes learning impossible (Panicucci, 2007, pp. 38-39).

Experiential education or learning has a similar definition. However, it comprises “a broader umbrella that encompasses learning methods that occur in less active modes” (Prouty, 2007, p. 4). Beard and Wilson (2006, p. 2) define experiential learning as “the sense-making process of active engagement between the inner world of the person and the outer world of the environment”. The distinction between adventure-based and experiential learning is becoming less clear as the shared element is not about the activity, perceived risk or how active the learner is, but what the learner’s state of mind is. “If learners are outside of their comfort zone and actively engaged in learning, then we can describe that as good adventure education ...” (Prouty, 2007, p. 4). Prouty (2007) goes on to explain that people of all backgrounds respond positively to adventure education and experiential education as it aligns with our nervous system, stating that “we are immersed in a state of learning that relaxes, stimulates and challenges us, all at the same time” (p. 4). This opens the experiential

education and adventure education frameworks to a broader group and program type and therefore underpins much of PCYC LD program approach.

Guffaro (1995) explains that Dewey used experience as a lens for analysing people's interaction with their environments. It is clear that experiencing something is a linking process between action and thought (cited by Beard, 2018 p. 5).

Beard and Wilson (2018, p.6) discuss the emergent parameters of experiential learning:

- Experience is central to the learning process, and it takes centre stage;
- The experience of learning has potential for the transformation of self;
- The experiential dynamic is fourfold, affecting the whole person through the inner and outer world interactions;
- The conditions for learning, learner motivation, active engagement, and immersion in the experience are all significant;
- Experience acts as a bridge unifying typical dualisms such as action and thought, doing and knowing, body and mind, nature and person, practice and theory;
- Learning is a fluid, ever-changing process derived from and linked to other experiences. It is like a river or film;
- Experience and learning are constructed as a complex composite of the inner world and outer world experiences; and
- The experience should ideally be significant and memorable.

Experiential learning, when done effectively, works with the whole person (Beard & Wilson, 2018, p. 76). For the facilitator of OAls, developing the “whole person” is a fundamental priority. The context of OAls offers an abundance of choices for PCYC LD facilitators to support a therapeutic process through an experiential framework.

4.2.1 Kolb's Experiential Learning Cycle

David Kolb is among the noted authors on experiential learning. His experiential learning model, initially developed in 1984, identifies a simple-four stage process that continues to be widely used in adventure-based programming. Kolb (as cited in Panicucci, 2007, p. 36-38) suggests that experiential learning begins with a concrete experience from which the learner can reflect and make observations and generalisations. The learner can then conceptualise how they might improve or apply their learning, which is finally put into action as they experiment and solidify the new knowledge. The questioning technique utilised to transform

the experience into learning is often referred to as the “what?, so what?, and now what?” (Panicucci, 2007, p. 36).

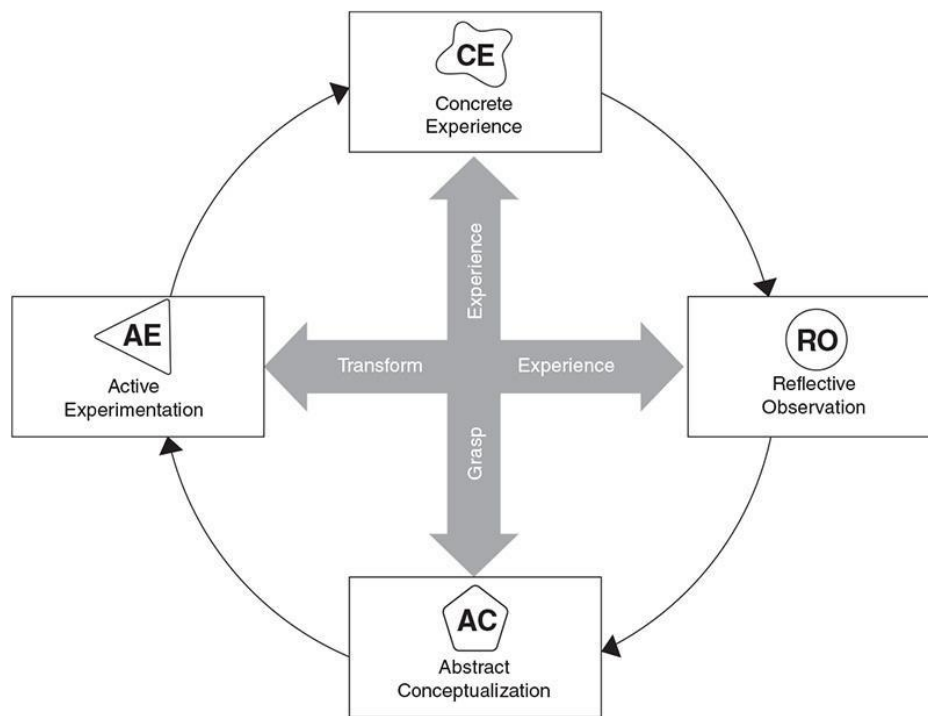


Image 1: The Experiential Learning Cycle (Kolb, 2014)

4.2.2 The Learning Combination Lock

Beard and Wilson (2006) propose that whilst Kolb's widely utilised experiential learning cycle is accessible and applicable, it is somewhat limited in that it is a “minimalist interpretation of the complex operations of the brain” (p. 43). They propose that many factors influence learning, which they address through the design of a new framework, the Learning Combination Lock. The model, which is theoretically grounded in cognitive processing, recognises that all learning is personal and unique to the learner (Beard & Wilson, 2006).

The Learning Combination Lock comprises six tumblers, each offering multiple possibilities that an educator or facilitator may utilise in designing and implementing experiential learning programs. Giving the educator an array of options that can be adjusted to enhance the learning experience and “unlock” the learning potential of participants. They propose that the Learning Combination Lock uses a “greater range of ingredients to help to unlock human potential, accelerate learning and provide more opportunities for “flow” learning ... Maximising the power of the experience, through combining different ingredients, will lead to the maximisation of learning” (Beard & Wilson, 2006, p. 43).

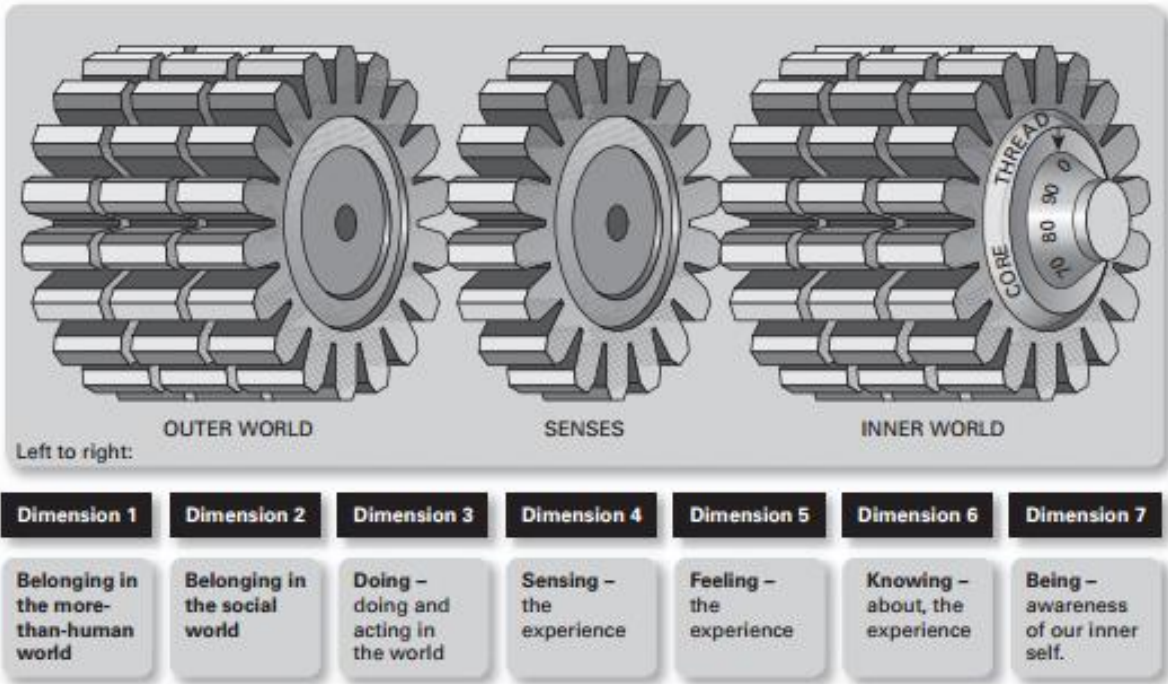


Image 2: The Experiential Learning Combination Lock – Beard 2005 (Beard, 2018, p. 77)

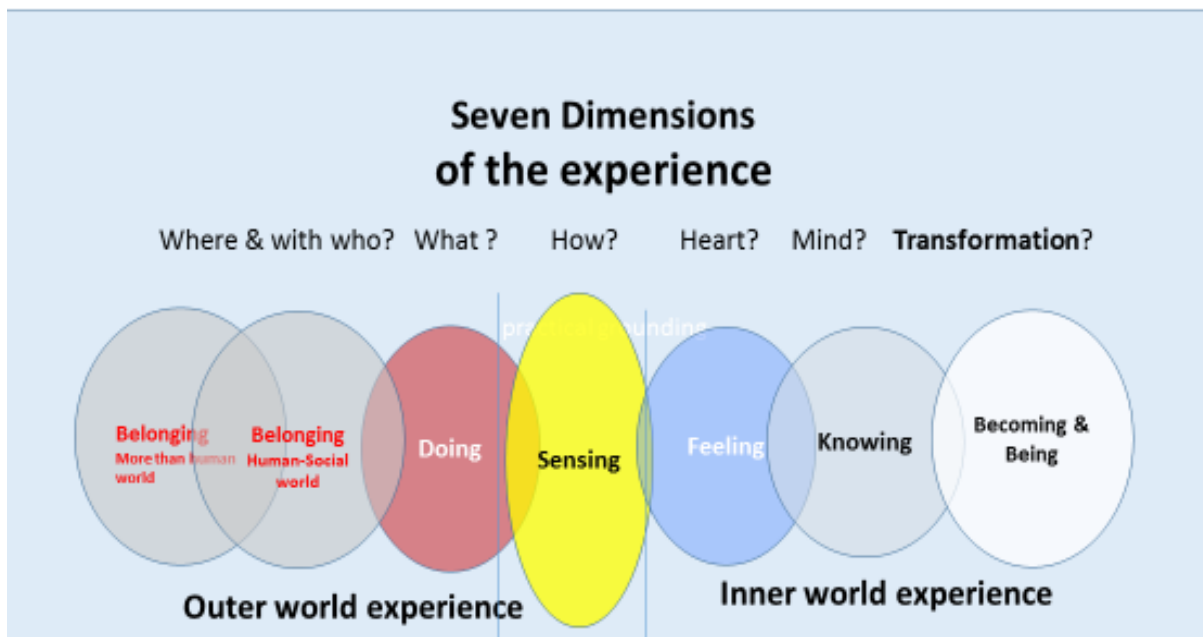


Image 3: The seven core dimensions of the human experience: an oscillating interactive flux – Beard 2005 (Beard, 2018, p. 77)

In an elementary sense, the learning combination lock is based on the notion that the person interacts with the external environment through the senses (Beard 2018 p. 74).

The first three tumblers represent the outer world or external environment, which is broken down further. The first tumbler – *Belonging in the more than human world* involves the learning environment, where and who this will involve (classroom, lecture theatre, outside etc.). The second tumbler – *Belonging in the social world* represents the learning activities used (collaboration, problem solving etc.). The third tumbler - *Doing* represents how the learning is received and through what senses (seeing, touching, hearing, taste, smell etc.).

The last three tumblers represent the inner world and are broken down further. The fourth tumbler – *Feeling* represents the engagement of emotions, how we perceive, interpret and emotionally respond to the outer world and learning experience. “In other words, we internalize the external learning experience” (Beard 2018 p. 76). The fifth tumbler – *Knowing* represents the scope and form of intelligence stimulated (logical thought, interpersonal understanding, spatial awareness etc.). The final tumbler relates to emergent learning, change or transformation.

Beard 2018 states that “each of the six tumblers inform practice, choices and selection of other tumbler options, so as to avoid a random, one-armed-bandit approach to selecting the possible components for experiential learning”. (p. 76). For the OAI practitioner, each of the cogs is rich with options. Practising within an adventure-based or natural setting allows the practitioner to “adjust the tumblers” to maximise learning potential.

4.2.3 Group Work

The group is a critical element and often an undervalued element of PCYC LD programs. Anthropologically, humans have always learned in small groups, with activities such as hunting, farming and crafts typically undertaken in groups of 10 to 20 people. According to Prouty (2007, p. 4), “humans are hardwired through our nervous system to learn in small groups, experientially through interaction with others, and through in-depth direct experience”. This learning “involved oral communication, direct and physical learning and modelling from others” (2007, p. 4).

In her literature review, Pryor (2018, p. 50) summarises the benefits of group work with regard to OAI as follows:

- A safe and supportive group environment enables the development of social and emotional skills.
- The opportunity for the development of a shared identity and sense of belonging enables the development of social competence and confidence.

- The opportunity for young people to observe and learn from positive adult role models in social experiences.
- The experience of feeling safe and respected within a group can transfer to respecting others and being respected in broader social settings.
- Supportive social connections within small groups can assist young people who have experienced adversities to work towards personal change.

4.2.4 Nature-Based Experiences

Given that a critical element of adventure-based learning typically takes place within a natural setting, it is worth noting that there exists a growing body of evidence to suggest that both active and passive nature-based experiences have positive outcomes on mental health. A variety of outcomes have been identified as potential side-effects for those who experience or have contact with nature, such as a positive change in mood state, reduction of stress, and increased self-confidence (Pryor et al., 2005). Whilst further research is required in this area, preliminary findings of an exploratory case study suggest that within a therapeutic intervention, a combination of nature contact, physical activity and social connection may lead to a significant improvement in physical, mental and social wellbeing (Pryor, Townsend, Maller & Field, 2006).

4.2.5 Integrating Play - Taking FUNN Seriously

Playing and having fun is difficult, even for the more serious to ignore as it calls to the inner child. FUNN (Functional Understanding Not Necessary) is an element of the Project Adventure program philosophy, which states that “FUNN” recognises that if participants enjoy what the program has to offer, then they will more willingly engage with the process (Rhonke, 1994, p. ix). Rhonke (1984, p. 9) notes that “just as people approaching new situations may be anxious and even fearful, so should they experience joy, laughter and anticipation”.

PCYC LD programs aim to integrate play into the learning experience at every opportunity, believing that it fosters connection, personal growth and a form of catharsis during what would be an otherwise intense program experience.

4.3 Key facilitation Principles

Facilitation is a broadly used term. Put simply, it can be defined as “the process of making something possible or easier”, or “the act of helping other people to deal with a process or reach an agreement or solution without getting directly involved in the process, discussion, etc. yourself” (Cambridge Dictionary, n.d.). Priest and Gass (2018, p. 282) suggest that facilitation includes anything done before, during and after the learning experience that enhances learning and assists participants in creating lasting and transferrable change. Consequently, the facilitation role extends well beyond the contact time with a group or participants on program.

Within the context of adventure programming and PCYC LD programs, the facilitator’s role is both diverse and complex. To effectively facilitate both the content and processes of OAs, staff need to have a sound understanding of and ability to lead:

- Outdoor adventure-based activities across multiple disciplines;
- Risk management and safety;
- Group management in challenging and often remote environments;
- Reflective processes that stretch from educational to therapeutic.

O’hara (2006, p.189) states that “taking on the role of group leader involves engaging in a variety of tasks and using a range of skills”. A group leader’s ability to manage content that provides valuable group process is a complex task. When combined with the challenges associated with working with complex trauma and the goal of providing therapeutic outcomes, the task can be a challenge for even experienced practitioners. PCYC LD facilitators draw on various techniques that are dependent on their skillset, the needs of the group and the program. Ocre (2013, p. 79) notes that the comprehensive skill set utilised in group facilitation is not widely recognised, valued or understood.

To discuss in detail the range of facilitation techniques available to and utilised by PCYC LD facilitators would be beyond the scope of this report. There are, however, common underpinning principles that would be considered “non-negotiables” in informing PCYC LD facilitators’ decision-making around the facilitation techniques utilised. These include but are not limited to:

- Trauma aware practice with some exposure to therapeutic approaches;
- A strength-based approach to working with groups;
- Understanding of group development and an ability to support groups as they progress through the various stages;

- Understanding of the adventure wave model and how this applies to practice;
- Understanding the Recreation continuum and how this applies to program design and facilitation
- Facilitation practices that allow the practitioner to interpret and best meet the group's needs (micro, macro and met processes);
- Understanding the importance of choice and how to facilitate this within the context of an adventure-based experience;
- The capacity to support participants to be their best;
- Understanding of contemporary personal development and leadership theory; and
- Practising within the scope of one's training and capability.

4.3.1 Stages of Group Development

Tuckman and Jensen (as cited in Ewert & Garvey, 2007, p.29) identified a five-stage model to explain a group's development or progression towards effectiveness:

1. Forming is when a group first comes together. It can be characterised by increased anxiety due to unfamiliar group members, facilitators and experiences.
2. Storming is the process of establishing expectations and group functioning. Sometimes this can appear chaotic or tense as group members try to assert themselves and find their place in the group structure.
3. Norming is the process during which the group agrees on rules or social norms that will facilitate a culture of acceptance and trust.
4. Performing is the stage at which participants are able to function as a team. There is a synergy in their collaborative effort, allowing them to achieve tasks and find success.
5. Adjourning is the final stage as the group disbands, often leaving group members with a feeling of mourning and a need for closure.

The facilitator is responsible for guiding this five-stage process by sequencing and selecting experiences that will allow groups to build trust, connection, and group functioning. The leadership style utilised by the facilitator is also an important consideration with regard to the needs of the group at each stage of its development (Priest & Gass, 1997). For example, in earlier stages of development, facilitators will generally employ a more directive leadership style, which can be relaxed as the group's cohesion and competence increase (Priest & Gass, 1997).

Whilst Tuckman's model is useful in understanding the progression of a group, it does not incorporate all the potential factors that may impact on a group's development (Priest & Gass,

1997). Factors such as the needs of individual group members, variation in development within the group, group restructuring and the unique characteristics of individuals must also be considered (Priest & Gass, 1997). Priest and Gass (1997, p. 69) draw particular attention to the likelihood that a group will regress to earlier stages of development when a group is restructured through the removal or addition of group members. This is an important consideration concerning PCYC LD programs and can be a challenge to manage.

4.3.2 Continuum of Experience

Outdoor programs operate with diverse intentions or purposes with regard to outcomes and benefits, despite the many similarities in the type of experiences offered. What separates each program style along the continuum is the intentional use of facilitation to meet the learning needs and goals at each stage. PCYC LD programming styles have typically aligned with the recreation, education, development, therapy continuum (Priest & Gass, 2018):

- Recreation: programs that change participants' feelings
- Education: programs that change participants' thinking and feelings
- Development: programs that change participants' behaviour, thinking and feelings
- Therapy: programs that change participants' resistance towards change, behaviour, thinking and feelings

What separates OAs from the other program models is the intentional use of the experiential process to facilitate behaviour change. The above continuum gives focus to program design and helps to guide facilitators in their practice. As the program model and participant needs move along the continuum, so should the style of facilitation and how the experiences are offered. Consideration should be given to time spent doing a task (content) and time spent reflecting, learning and engaging in group dialogue (process). Gass and Priest (1993) suggest that programs situated at the recreation end of the continuum are focussed entirely on content. In contrast, programs oriented towards developmental or therapeutic outcomes require a much greater focus on process (50% and 75% respectively).

OAI programs conducted by PCYC LD have traditionally sat in the developmental and therapeutic space, they intentionally aim to influence how participants feel, think, behave, and resist change. Finding the optimal balance between content and process can be a challenge. The nature of the group (age, maturity and readiness) can mean too much time spent in process can be counterproductive. This is often the result of individual trauma and the group's capacity to support group members. This becomes an ongoing challenge for the facilitators, as they aim to balance the content and process elements of the experience to maximise engagement while holding tight to learning.

In recent years PCYC LD has become more trauma-informed. There has been a shift away from programs that intend to influence how participants resist change. As a result, programs have been conducted more so with a developmental approach.

Although Priest & Gass (2018) label programs that seek to influence resistance to change as therapeutic, in the Australian context, the Bush Adventure Therapy model recognises that therapeutic outcomes are possible across the entire continuum of experiences (Pryor, 2018).

4.3.3 Challenge by Choice

Challenge by choice has been a widely accepted principle of adventure programming for many years. However, it tends to have different interpretations to different organisations and facilitators. The concept of “challenge by choice” was established by Karl Rhonke, and allows participants to choose their level of experience and participation, “rather than coaxing people into taking on difficult tasks” (Panicucci, 2007, p. 41). Allowing participants choice supports their right to decide the level of challenge that best meets their needs. Offering choice is an important concept as it gives power and agency back to the participant, supporting them in making their own decisions and becoming lifelong learners.

Challenge by choice is not intended to support passive participation in programs through enabling participants to continuously avoid or opt-out of the program activities (Schoel et al., 1988, p. 147). As program participation is voluntary, it is assumed that participants want to be involved and that they will learn to work within the stretch zone as group trust is established (Panicucci, 2007). However, challenge by choice supports participants in addressing areas of vulnerability where they genuinely feel unable to participate, even if this is something they had previously committed to undertaking (Schoel et al., 1988, p. 147).

It is crucial that facilitators create an environment where participants feel supported to challenge themselves and that it is okay to say no to a particular experience. Establishing a safe group environment is achieved by allowing group discussions around expectations, goal setting, establishing trust, and appropriate sequencing of activities. It is imperative that facilitators are mindful of how support and encouragement are utilised when challenging participants to step into the stretch zone. Mittens and Clement (2017, p. 88) note that the line between pushing and encouraging is thin. They draw attention to the risks of creating an environment that encourages participants to push through or ignore their physical and emotional limits, particularly when working with people who have experienced trauma (Mittens & Clement, 2017, p. 88). Webb (in Mittens & Clement, 2017, p. 88) notes that “for some

clients, it may be therapeutically appropriate for them to take a firm stand in saying ‘no’ to an activity”. This empowers participants to take responsibility for their physical and emotional safety.

It is important to note that the reality of “choice” may be somewhat removed or challenging to support within remote settings. The natural environment and isolation of expeditions can dictate inevitable consequences and remove some of the personal choices available to participants. In these instances, facilitators need to respond by coaching and supporting participants to cope with the challenge in a healthy way so that they are not pushed to the panic zone, allowing the participant to still have a learning experience (Panicucci, 2007).

Schoel et al. (1988, p. 147) note that instances in which participants have the choice taken from them can be growth opportunities. However, it is necessary to be mindful that when choices are made for a group, an essential power is taken away.

Mittens and Clement (2017, p. 88) note that leaders hold a great deal of power in defining what choices are available to participants. In many cases, participants can either participate or not participate. They suggest that unless an entirely flexible approach to programming exists, participants maintain very little power in this situation. While this scenario maintains an illusion of choice, real choice does not exist for participants.

4.4 Practice Approaches

PCYC LD and the practice of BAT draws from multiple approaches. While this section of the report seeks to explore the commonly held approaches to OAls, more investigation into practice approaches is required. Below are some widely accepted practices that align with PCYC LD’s approach.

4.4.1 Strengths Perspective

A strengths-based approach recognises and builds on participants’ strengths instead of focusing on their deficits. This is fundamental to PCYC LD’s approach to partnering, collaboration, and as an approach for working with young people. Looking through a strengths-based lens allows practitioners to see strengths and utilise those strengths to leverage outcomes regardless of the context. Adopting a strengths-based approach to OAls frees the practitioner from trying to “fix problems” and instead focus on the strengths that can be used to create new opportunities and reduce hardship. This process also allows the participant to be their own agent of change and reduces dependence on the facilitator as they shift towards greater independence. Strengths observable in participants may include inter-

and intra-personal capability, intellectual intelligence, physical capability, interests, supportive relationships, financial stability and social networks. (McCashen 2005)

The strength approach believes that all learning and growth occurs due to personal strengths and capabilities. McCashen (2005, p. 9) summarises that “identifying and appreciating our strengths and capacities exposes stories that contradict negative and unhelpful beliefs”. In exploring stories of strength, people have an opportunity to experience self-esteem, confidence and efficacy while also creating new opportunities for change (McCashen, 2005).

Healy (2014, p. 168) notes that a strengths-based approach is much more than “a mantra emphasizing client capacities”, she identifies a fundamental set of practice assumptions and principles that underpin this perspective:

- All people have strengths, capacities, and resources;
- People usually demonstrate resilience rather than pathology, in the face of adverse life events;
- Service users have the capacity to determine what is best for them and do not need human service workers to define their best interests for them;
- Human service professionals tend to focus on perceptions of service users’ problems and deficits while ignoring their strengths and resources. A key goal of the strengths perspective is to focus on and work with service users’ and communities’ capacities.
- Collaborative partnerships between workers and service users reflect and build service users’ capacities. But human service professionals are reluctant to collaborate with service users in a spirit of mutual learning and genuine partnership, preferring instead to protect their professional power.

As an approach to practice, rather than being skill-based, it is dependent on the values and attitudes at an organisational through to practitioner level. It provides a value-base through which practitioner skills and knowledge can be leveraged to enable change (McCashen, 2017, p. 15). McCashen (2017, p. 16) claims that “what we believe (our beliefs) and believe in (our values) are more influential in determining the ways in which we work with people (and the outcomes for them) than what we know or how skilled we are”. Healy (2014, pp. 169-173) suggests that the following five practice principles should be considered by those who wish to practice from a strengths-based perspective:

1. Adopt a hopeful, optimistic attitude. This is essential in enabling facilitators to identify and build on participants’ strengths and resources. This may include challenging others in participants’ helping networks to reconsider views and assumptions which

are deficit-based and pathologising. It is also imperative that facilitators communicate to participants a belief in their ability to resolve their problems on their own terms. Facilitators' use of language is a key consideration, with person-first language being imperative to strengths-based practice (for example, rather than describing a person as "a borderline", a person-first alternative might be "person who has received a diagnosis of borderline personality disorder).

2. Focus primarily on assets. Whilst the reality of the issues that people face is not denied by a strengths-perspective, these should not become the focus of assessment and intervention. People are only able to build on their strengths rather than deficits. This requires facilitators to pay careful attention to signs of resourcefulness and capability. According to Wormer (in Healy 2014, p. 170), with regard to a strengths-based approach to listening, "the challenge is to find themes of hope and courage and in so naming to reinforce them".
3. Collaborate with the service user. Collaboration with service users is essential in that outcomes for service users are likely to be more useful than those which are imposed on them by others. Creating a collaborative physical environment, building collaborative interpersonal relationships, and encouraging collaborative and creative solution-seeking are crucial steps toward collaboration between practitioners and service users.
4. Work towards the long-term empowerment of service users. From a strengths-perspective, empowerment of service users involves uncovering their hopes and dreams for the future and focussing on future possibilities as opposed to past problems. A necessary step towards achieving this is affirming service users' resilience and capacities, including those developed through adversity, rather than viewing them as victims of situations or social structures.
5. Create community. A strengths perspective recognises the importance of social connection and support for enhancing the quality of life and resilience. Community support can improve service users' strengths and support them in achieving their hopes and dreams. Community networks may not only increase service users' capacity to help themselves but also to help others.

As practitioners, a strengths-based approach is an opportunity to move away from maintaining power over the process through a need to elicit change in participants through the use of skills, techniques and processes. As McCashen (2005, p. 16) notes, a strengths-based approach "reminds us that each and every individual, family, group and community holds the keys to their own transformation".

4.4.2 Narrative Approach

Typically, narrative principles underpin PCYC LD program intentions and purposes; however the facilitators may also utilise narrative therapy techniques as a macro process to support participants in their healing journey. A narrative approach is essentially a set of principles used differently by individual practitioners (Morgan, 2000).

Narrative Therapy aims to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. It intentionally differentiates the problem from the person (Morgan 2000). Like a strength-based approach, it recognises that people have many skills, beliefs, and abilities that will reduce challenges and impact people's lives. Morgan (2000) notes that many principles inform narrative therapy, but two are of particular importance:

1. Always maintaining a stance of curiosity; and
2. Always asking questions to which you genuinely don't know the answer.

Morgan (2000) also notes the importance of Collaboration. The person seeking support from a therapist plays an integral part in the direction of the conversation and the narrative process. Narrative conversations are interactive and always in collaboration with the person consulting the therapist.

Morgan (2000) states, "As humans, we are interpreting beings. We all have daily experiences of events that we seek to make meaningful. The stories we have about our lives are created through linking certain events together in a particular sequence across a time period, and finding a way of explaining or making sense of them. This meaning forms the plot of the story. We give meanings to our experiences constantly as we live our lives. A narrative is like a thread that weaves the events together, forming a story".

Narrative therapists think in terms of stories. They recognise that our lives involve many stories, each with a plot and others with an alternative (Morgan 2000). Over time certain narratives can thicken and become the dominant narrative. Narrative therapy seeks to support people to re-write and attach new meaning to these experiences by "re-authoring". OAI's led by PCYC LD have a natural alliance with narrative practices. The programs conducted and the experiences provided allow participants to respond in a different way, thus allowing participants to begin re-authoring old narratives and the development of entirely new stories.

4.4.3 The Transtheoretical Model

The Transtheoretical Model (TTM) uses stages of change to integrate processes and principles of change across major theories of intervention. The TMM emerged from a comparative analysis of 25 leading theories of psychotherapy conducted in an effort to integrate a field that had fragmented into more than 300 theories of psychotherapy (Prochaska 1979) (cited by Prochaska, Redding & Evers 2015 p. 125).

TMM identifies six stages that evolve over time. These stages are identified as:

- Pre-contemplation - No intention to take action within the next six months.
- Contemplation - Intends to take action within the next six months.
- Preparation – Intends to take action within the next 30 days and has taken some behavioural steps in this direction
- Action – Changed Overt behaviour for less than six months.
- Maintenance – Changed overt behaviour for more than six months.
- Termination – No temptation to relapse and 100% confidence.

The TMM presents change as an unfolding process, previously believed to be a singular event such as quitting smoking. Why some people fail to implement change or need multiple attempts is explained through this theory (Prochaska, Redding & Evers 2015 p. 126 -127).

OAs delivered by PCYC LD seek to support participants ready for or already showing a desire to change. Staff often noted that participants who showed little or no interest in change by the conclusion of the lead-in phase would struggle to engage or commit to the program. A lack of “contemplation” or readiness contributed to high attrition rates or reduced effectiveness in supporting young people to implement positive change. Stronger and more focused interviewing of participants, and an adjusted program design may allow for earlier assessment of a participants readiness for the intervention. Placing more energy in the interviewing and assessment stage may improve participant retention and program effectiveness.

4.4.4 Trauma-Informed Care

Catalyst began its life as an early intervention crime prevention program for young people “at risk”. We now understand that experiences of trauma resulting from adverse childhood experiences are a likely reality for young people whose life trajectory includes offending behaviour. The Australian Institute of Family Studies (2016) notes that a large-scale study exploring adverse childhood experiences of a variety of young people within the criminal justice found that each additional adverse childhood experience increased the likelihood that a young person would become a serious, chronic and violent offender by 35%. Adverse childhood experiences are common, and for practitioners working in this space, the likelihood

of working with young people affected by trauma is high. It is estimated that 5 million Australian adults are affected by childhood trauma (Australian Institute of Family Studies, 2016, p. 6). To avoid exposing participants to further harm, an understanding of trauma and implementing the principles of trauma-informed care must be central to BAT program design and delivery.

Adverse childhood experiences include experiences of violence and neglect, as well as a traumatic household environment that may include a parent living with a mental illness, substance abuse, parental separation, the imprisonment of a parent or family violence (Blue Knot Foundation, n.d.; Blue Knot Foundation, 2012, p. 42). A traumatic experience is “experienced by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual wellbeing” (SAMHSA as cited in Australian Institute of Family Studies, 2016, p. 3).

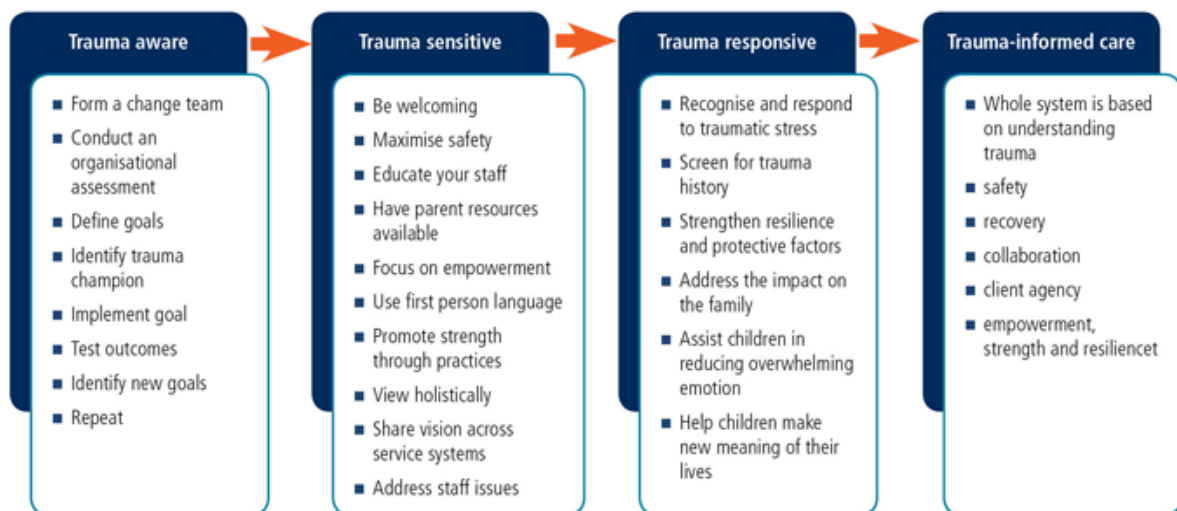
Experiences of childhood trauma affect the developing brain of children – more so if the trauma occurred between the ages of 0 and 6 (Blue Knot Foundation, n.d.), and if the person has experienced multiple traumas (Blue Knot Foundation, n.d.). Experience of multiple traumas, known as “complex trauma”, is common amongst those who experience ongoing problems as a result of trauma, with a large proportion of children who are exposed to abuse or neglect being exposed to multiple types of abuse (Australian Institute of Family Studies, 2016; Blue Knot Foundation, n.d.).

All experiences of childhood trauma have the potential to impact a child’s developing brain. People with a history of trauma are likely to have a sensitised perception of threat, triggering a fear response in situations that an unattuned onlooker may find difficult to comprehend (Blue Knot Foundation, n.d.). Survivors of childhood trauma may also experience difficulties with attention, learning and memory. They may struggle with emotional regulation, and due to changes in the brain’s reward pathways, they may appear unmotivated due to anticipating less pleasure from activities they engage in (Blue Knot Foundation, n.d.). Those with a history of complex trauma may also have difficulties forming and sustaining relationships and connections, as well as ongoing feelings of worthlessness, guilt, and shame (Blue Knot Foundation, n.d.).

The ongoing effects of childhood trauma can impact multi-dimensionally on a person’s life, including problems with physical and mental health, social and relationship difficulties, and reduced educational and employment outcomes (Australian Institute of Family Studies, 2016). Those who experience multiple traumas were more likely to experience multiple negative

outcomes (Australian Institute of Family Studies, 2016). Childhood trauma has been associated with a range of mental health difficulties, including PTSD, depression, psychosis, dissociation, and in the case of children, diagnosis of oppositional defiance disorder (Australian Institute of Family Studies, 2016). One study has also indicated that the ongoing effects of trauma may result in a person being two to five times more likely to attempt suicide. However, it should be noted that this figure is impacted by other factors such as alcohol and drug use. In addition, people who have experienced childhood trauma may also have an increased likelihood of physical health issues such as chronic pain, stroke, heart disease, cancer, hepatitis and diabetes (Australian Institute of Family Studies, 2018). Whilst most BAT practitioners may not be in a position to remediate the effects of trauma (due to their training, program model, or various other factors), it is imperative that practitioners working with young people with a likely history of trauma are informed by the principles and practices that best meet the needs of these young people.

The Australian Institute of Family Studies (2016, p. 5) suggests that a continuum exists from being a trauma-aware organisation – which seeks out information about trauma – to becoming a trauma-informed organisation, which involves a cultural shift within the organisation at a systemic level.



The key assumptions that underpin trauma-informed care are identified as being:

- “Realisation at all levels of an organisation about trauma and its impact on individuals, families and communities,
- Recognition of the signs of trauma,
- Response – program, organisation or system responds by applying the principles of a trauma-informed approach, and

- Resist the traumatisation – of clients as well as staff” (Australian Institute of Family Studies, 2016, p. 9).

The foundational principles of a trauma-informed approach, as referred to in point three above, are establishing a sense of safety, trust, choice, collaboration and empowerment (Blue Knot Foundation, 2012, p.13). Given the likelihood that young people attending OAI programs have been affected by trauma, It is imperative that these principles form the basis of all programming.

It is worth noting that a further level of trauma practice exists, being trauma-specific interventions. Trauma-specific interventions seek to treat trauma clinically through psychotherapy (Australian Institute of Family Studies, 2016). Whilst trauma-specific interventions or psychotherapy may occur in a BAT setting with clinical practitioners equipped to provide such practice, this area of practice falls outside of PCYC LD’s scope of practice and expertise. Therefore, it will not be explored in further detail. However, it is important to note the distinction between trauma-informed care and trauma-specific interventions to ensure BAT practitioners are cognisant of the differences. As mentioned above, there are dangers present if a BAT practitioner attempts to respond to the psychological needs of participants utilising skills and knowledge outside of their training (Pryor, et al., 2005, p. 7).

Operating from a trauma-informed care framework enables human services organisations and practitioners, including BAT organisations and practitioners, to develop a knowledge and awareness of how trauma may impact the lives of program participants and to ensure the service best meets their needs (Australian Institute of Family Studies, 2016). Notably, the framework provides an opportunity for practitioners to consider how participants’ behaviour, affect, and other presentations may be viewed in relation to past trauma, and perhaps more importantly, avoid re-traumatising the participant (Australian Institute of Family Studies, 2016).

4.5 Assessment Frameworks

The assessment frameworks listed below currently exist within PCYC led OAls. However, more investigation into immersing and potentially better suited frameworks is required to ensure PCYC LD maintains an up to date approach to practice.

4.5.1 The Common Approach

The Common Approach (previously known as The Common Approach to Assessment, Referral and Support) is a tool developed by the Australian Research Alliance for Children and Youth in which certain PCYC LD staff have received training. It is a multidimensional tool that practitioners may utilise to incite conversation with children, young people and families. PCYC LD uses it to assess and gain a broad understanding of the needs and strengths of potential program participants. The Common Approach offers a handrail for conversation across six areas of wellbeing from a micro, meso and macro perspective. The six areas for wellbeing are:

1. Physical health,
2. Mental health and emotional wellbeing,
3. Relationships (including social networks and relationships, and family relationships and functioning),
4. Material wellbeing (including housing and self-care and living skills),
5. Learning and development (including school attendance/learning and sport/recreational activities),
6. Safety (including child and family safety).

(Australian Research Alliance for Children and Youth, n.d; 2008).

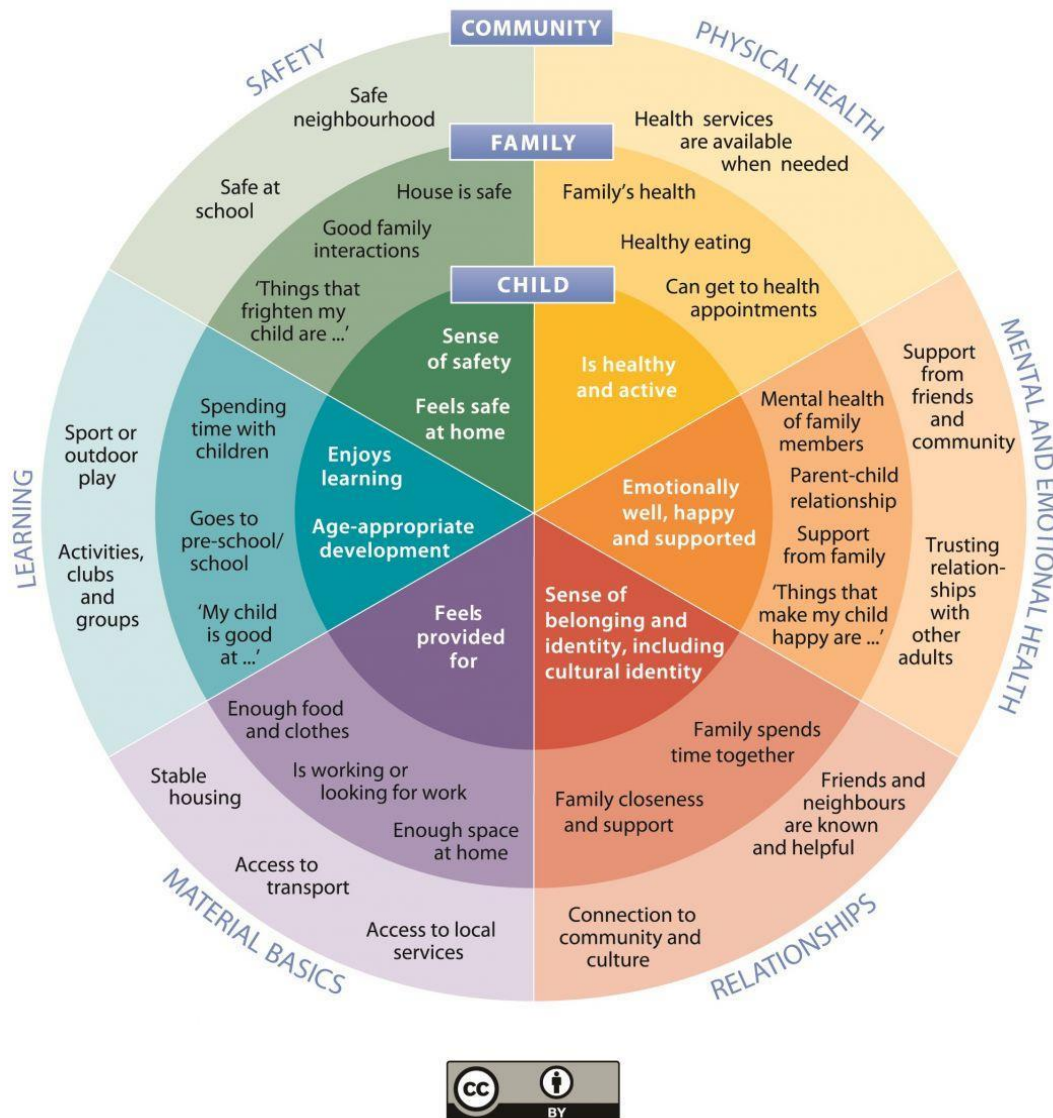


Figure 3 – The Common Approach Wheel: ARACY

4.5.2 GRABBSS

GRABBSS is an assessment modality created by Project Adventure, the acronym stands for Goals, Readiness, Affect, Body, Behaviour, Stage and Setting. As OALs take place in dynamic environments, facilitators must be able to adapt the program to suit the group and the situation (Panicucci, 2007, p. 47). Created as a scanning tool, facilitators can assess across the seven domains of:

- Goals – As they relate to the individual, group or program;
- Readiness – Assessment of skills for a particular activity;
- Affect – Feelings experienced by the group or individual members;
- Behaviour – The actions, or doings of the group and its members;
- Body – The physical ability of group members;

- Setting – The environment that the program or activities take place, as well as the origin of group members;
- Stage of Development – The stage of growth or life cycle where the individuals or group can be found (Panicucci, 2007, p. 47).

Assessing against these variables, facilitators can scan the group for cues that will provide information valuable to the planning and delivery of experiences, allowing the facilitator to make informed decisions beyond gut instinct. Accurate group assessment is integral to delivering a program sequence suitable to the group's needs. Utilising GRABBSS in OAs is necessary not just for learning or development but also for participant safety. GRABBSS can be applied to group members, the collective group and the facilitators or leaders. It can be used pre, during, and post-program (Schoel & Maizell, 2002).

5 PRACTICE EVALUATION

5.1 Challenges – Areas For Evaluation

As PCYC LD continued to deliver OAI programs to varying group types and with different partners, consistent challenges to OAI programs were present. However, the regular Catalyst programs provided under the Safe Communities project highlighted recurring difficulties. The notable or reoccurring difficulties have led us to investigate the following:

1. What are the best opportunities for establishing effective partnerships?
 - a. Schools have struggled to commit the required staff or respond to the opportunity to collaborate. Reasons offered are often due to staff availability or inability to commit to the program requirements. What type of community agency would be better suited and/ or better able to support the program and young people?
2. What program models allow the partnering agency and its staff to commit to the program?
 - a) Staff often struggle to fulfil some of their supporting functions due to competing demands and high workloads.
3. What program models appeal to and support young people suffering from complex trauma?
 - a) Lack of engagement from participants. Young people with trauma struggle to imagine an improved future or anything beyond the here and now.
 - b) Anxiety and the unknown of unfamiliar people (facilitators), experiences and locations appear too much for some young people. Consequently, some who have passed the assessment and interview stage do not attend the first phase or need encouragement to participate.
 - c) High attrition rates between program phases or during the personal journey element. This is sometimes due to injury. However, participant readiness or desire to participate appear to be more common issues.
 - d) Injuries can result in participants missing significant moments in the program and substantial amounts of contact time. Thus reducing the impact or benefit for the individual.
 - e) The program requires participants to commit to all phases. Sport, religion and other commitments can prevent young people from participating.
4. What strategies and program models allow for a sustainable work balance for program delivery staff?
 - a) Staff are excellent outdoor educators relying on good processes and practices but are not clinically trained. The complexities of intervention/ therapeutic programs can take a toll and often lead to a higher staff turnover.
 - b) Staff also work a high number of program days across PCYC LD programs (approximately 90 to 145 days per year). The high number of program days and being

away also contributes to burnout, fatigue or reduced emotional readiness for a particular program.

- c) Relationships, parenting responsibilities and other factors can add to the rostering challenge. Program staff must be away from home and present for the program and participants. This can be up to 7 days long and scheduled amongst other program pieces.
- d) The nature of the work requires staff naturally skilled, formally trained or interested in working with vulnerable young people. Available and suitable staff is a significant hurdle in delivering PCYC led OAs.

This research aims to improve program effectiveness by addressing the above issues. While analytical perspectives and learnt experience have addressed some of the above concerns, it is essential to best practice that we evaluate how our program models align with evidence-based research and best practice. It is also intended to assess whether or not our programs align with our espoused underpinning values, principles and theories.

It is anticipated that the recommendations and increased understanding of contemporary practices will influence partnerships, participant experiences, program design and project delivery. We also hope that it informs facilitator perspective, expectations and knowledge, along with supervision and management of OAs and programs that work with trauma-affected young people.

5.2 Program Model

When we step back and examine our existing program model for Catalyst and other OAI programs, it is apparent that the underpinning values, principles and theories are primarily integrated into the program design and that staff share these values. However, no detailed or prescribed approach to this has been documented. Program facilitators are given full autonomy as to what they consider, how they choose to implement these factors, and to what degree. Varying facilitator experience, personal values and understanding of adventure programming, complex trauma, experiential learning and group dynamics, etc., results in a lack of consistency or continuity of program delivery and partnership support.

While variation in the content element of a program may vary and fundamentally should be allowed some flexibility to align with every group's needs and changing circumstances, it is recommended that the above concepts and understanding of contemporary best practice as identified by AABAT and Blue Knot need to be more tightly documented and adhered to. Ideally, this would sit as an appendix to OAI programming or a part of a manualised program

toolkit that supports the facilitator in working from BAT ethical principles and the foundational principles of a trauma-informed approach.

Documenting these underpinning concepts should not take away from the Facilitator's experience or freedom to work exploratory or intuitively. This only aims to clarify and legitimise the meta processes of the program and its fundamental design principles and concepts. Facilitators can still create suitable macro and micro-processes through the activities or learning experiences provided and facilitated group process.

As Bush Adventure Therapy evolves and practitioners are increasingly aware of neighbouring fields, the OAI program approach becomes just that, meaning it is an approach that can be applied to varying group types. If we're to suggest that PCYC LD should continue to work with people who've experienced trauma, then a more focused trauma-informed approach needs to be adopted and aligned with BAT. Aligning with these approaches will take energy and consideration as PCYC LD already aligns or is trying to align with other fields completely separate from health and well-being, namely the Outdoor Educators Association of Queensland (OEAQ), Outdoors Queensland (formally the Queensland Outdoor Recreation Federation - QORF) and the Australian Activity Standards. This results in adhering to several best practices or "industry masters". This leads to the conclusion that BAT is a complex space to work and needs rigour around program management, delivery and evaluation. "A critical task for adventure therapy program developers, and for advancing the adventure therapy movement as a whole, is the use of high quality program design along with research and evaluation". (Bowen, D. 2016 – Evaluation and Program Planning. P.52)

Below is a table summarising the standards that this report identifies and PCYC LD effectiveness at currently meeting these across Catalyst and other OAIs. As mentioned in the first paragraph, variation in staff capability will influence how effectively these concepts are understood and effectively applied. PCYC LD can leverage this knowledge by upskilling staff and strengthening practice.

Table 1: Underpinning theories and practice

Underpinning Theories & Practices	Understood conceptually	Effectively integrated into program design and practice
Theoretical Concepts		
Adventure-based programming & experiential learning	Yes	Yes
Kolb's experiential learning cycle	Yes	Yes
The Learning Combination Lock	No	No
Group work	Yes	Yes
Nature-based experiences	Yes	Yes
Integrating play	Yes	Yes
Facilitation principles		
Stages of group development	Yes	Yes
Continuum of experience	Yes	Yes
Challenge by choice	Yes	No
Practice approaches		
Strength-Based practices	Yes	No
Narrative Approach	No	No
AABAT - Bush Adventure Therapy Ethical Principles		
Positive regard for all people	Yes	Yes
Respect for differences in culture, gender, age and identity	Yes	Yes
Strong family and community connections	No	No
Transparency, Informed consent, Confidentiality	Yes	No
Voluntary participation (within the confines of service type)	Yes	Yes
Selection for "readiness" to participate	Yes	No
Attention to individual and group needs and hopes	Yes	Yes
Supportive physical, psychological and social environments	Yes	Yes
Tailored adventure experiences	Yes	No
Provision of options and choices (including supported exits)	Yes	No
Respect for cultural custodianship of country	Yes	No
Increasing self-awareness and reflexive practice	Yes	No
Safety and no harm to self, others or natural environments	Yes	Yes
Trauma-informed care principles		
Safety	Yes	No
Collaboration	No	No
Trust	No	No
Choice	No	No
Empowerment	No	No
Assessment Frameworks		
The Common Approach	Yes	No
GRABBSS	Yes	No

The current Catalyst model emphasises adventurous experiences, which includes activities such as caving, abseiling, high ropes, hiking, and canoeing. This provides a content-rich environment but also one with plenty of complexity. When this is added to the group profile and individual challenges, facilitators are managing a lot of complexity and often high-risk activities.

The Catalyst model also puts a high emphasis on the personal journey or seven-day expedition phase. This is seen as the “main course” and where the bulk of the reflective and development work is achieved. While this style of program design creates a rich and isolated experience for group process, it places a need for participants to complete this phase if they are to gain fully from a Catalyst experience. Threats to this have been noted to include sickness, injury, anxiety and family emergencies. These factors have led to some participants not completing the program and gaining the program's full benefit. It can be quickly concluded that this model “places all its eggs in one basket” and may set many up to “fail” the program. A fresh perspective on program design is suggested, which should aim to align with the items identified in *Table 1*. Additionally, a revised program model should include a softer start with less intense adventure and increased flexibility for participants to move in and out of the experience.

Dobud, W. (2016) reports that both participants and family noted strong follow-up as being a significant factor to a 14-day early intervention. Follow-up plans were personalised to the individual's circumstances and included external practitioners, family values, location, communicating with schools and being available to parents post-program. While follow-up is a phase to Catalyst, this area has always been a challenge for the program and staff. Deadlines, funding arrangements, budgets, and competing staff deliverables have all hindered efforts.

Note: The term follow-up as used above aligns with the Mentoring phase of Catalyst and should not be confused with what Catalyst identifies as follow-up, which is the final group phase to the program.

Tucker and Norton (2013) found that programs that employ specialists have a greater positive impact on participants. However, the best programs seek to improve the sustainability of outcomes by building capacity amongst those who will continue with and support young people in the longer term. Catalyst tried to influence this by partnering with the school or learning agency. However, varying schools seemed more capable of delivering the mentoring component. The most successful programs had successful partnerships and better ongoing

support. Teachers trying to support a therapeutic process are not necessarily skilled or resourced to do so. In the case of Catalyst, they were supporting the program on top of their teaching workload.

Pryor, A. (2018) quotes Pointon (2012) in the Churchill report, which states, “I view follow-up as an essential (and arguably the most challenging) part of a young person’s change journey. The follow-up needs to be planned carefully and be comprehensive in order to support the participants when they transition home after the intervention program. It is imperative that a follow-up program encourages family engagement and is sensitive to the demographics of the participants... Further empirical research into follow-up is needed in order to compare different models of follow-up and guide Australian programs when designing or refining their follow-up service” (p.34).

Pryor, A. (2018) states “While the desire to have a formulaic set of structures, components, practice and processes exists, research findings demonstrated that one size does not fit all. Findings led to the decision to present a synthesis of findings in the form of program attributes that flag a safe OAI that is likely to be effective with this target group.”(p.79).

The following attributes of safe and effective OAI program design from the literature review are:

- The more personalised the program experience is, the more meaningful it will be to each participant;
- The more integrated in the life of a community and a person the experience is, the more they will feel supported after the program ends;
- The more tailored the pathway from OAI into other services and community settings, the more likely a healthy trajectory will be continued;
- The more community partnerships involved in the OAI, the stronger the support, and the more options participants will have available after the program;
- The more personally chosen an experience is, the more responsibility participants will take up;
- The more ready participants are to participate, the more they will accept the challenges and lessons involved;
- The more consultative and participant-led the experience, the more they will be readied to lead in other areas of their life;
- The more decision-making opportunities offered to participants, the more agency and empowerment participants will carry forward after the program;

- The more opportunities for leadership participants are offered within the OAI, the more ready participants will be to step up and act responsibly after the experience;
- The longer the OAI, the more options and choices can be offered, and the more changes can be supported to take place;
- The more space and time available to hold participants in a supportive and encouraging environment, the more they will mature into a positive trajectory;
- The more engaging of participants' bodies, minds and hearts, the more engaging of the whole person, and the more they will come to know themselves;
- The more flexible and fluid the OAI can be, the more like life it will be, and the more participants can practice regulation of their own emotions, decisions and responses; and
- The more an OAI is integrated into the life of a community and the close ties it has with a particular natural environment, the more likely the OAI will have a positive effect on that natural environment and nature at large.

It can be concluded that the Catalyst program and others led by PCYC LD have potentially fallen short against some of the program design principles mentioned. Clearer ethos to program design and management is needed, along with a shift in focus that allows a softer and more supported entry. Increased flexibility and more opportunity for participants to help shape their experiences by involving them in decision-making before and during program phases are recommended. Lastly, the community mentoring phase needs increased rigour and attention so that this becomes a valued and significant aspect of the intervention, rather than being left to chance or allowing to wither on the back end of the program.

5.3 Participants

Participant selection has always been a tricky element to Catalyst and other OAIs. PCYC LD has always had a statewide charter, with programs delivered from the Gold Coast to Cunnamulla, across to Mt Isa and Cape York. Participant needs in rural or remote communities are often at contrast to those observed in metropolitan areas. Even when working with two Brisbane based schools from different socio-economic suburbs, the level of trauma and challenges were contrastly different. Partnering staff working in lower economic communities appeared to be desensitized to the level of trauma present. Their idea of a suitable participant was probably on the more “pointier” end of what an OAI like Catalyst could influence. This dilemma has led to several program challenges ranging from runaways, unsafe behaviour towards self, fellow participants and staff. In turn, this has resulted in staff burnout, high

attrition rates, participants not being invited back for subsequent phases, and programs being cancelled mid-process.

The participant selection process currently employed by Catalyst places the school-based partner in the driving seat. They aim to identify fifteen young people who would complete initial paperwork and assessment questionnaires. The lead facilitator would then meet with each participant and use the Common Approach from ARACY to guide conversations surrounding participant strengths and to identify any “red flags” that may exclude a participant. From these interviews, it is intended that ten participants would progress onto the Catalyst program.

While every effort is made in the interview process to communicate the importance of self-selection to participate, it is often observed on the program that participants feel as though they had to attend based on the wishes of parents or teachers. This is typically observed during challenging moments on the journey or when participants feel down. It is assumed (rightly or wrongly) that young people interpret encouragement as coercion in these moments.

5.4 Partnerships

A partnered approach is a fundamental element of a Catalyst program and all other OAls delivered by PCYC LD. The statewide charter of PCYC and remote operating sites of PCYC LD programs results in the absence of a direct community to engage with. Adding to other operational demands, this means that PCYC LD cannot support young people in need without the combined efforts of a primary agency. In the case of Catalyst, these partnerships have always involved a school or learning agency and, on occasions, a local PCYC club. Other OAls have partnered with non-profits with a direct interest in supporting vulnerable young people with a history of trauma. Each offers benefits and challenges. PCYC LD staff have made the following observations:

School-based partnerships:

- Schools vary in the capacity to support programs;
- Teachers are rarely trauma aware;
- Teachers often seek to support but are often observed to be coercive in encouraging participation;
- Teachers often seek to teach participants, rather than allow learning to occur through the natural engagement in the program;
- Schools have many competing priorities. Curriculum and other events are perceived to be of greater importance;

- Teachers are often overworked and are limited in what they can give the program and participants in addition to their teaching load;
- The remote and intensive nature of the program can be a roadblock to passionate teachers willing to support the program;
- The mentoring phase of the program (typically identified as follow-up by the broader network of practitioners), when left to teachers, becomes lost or lacks structure. This can lead to increased relapse of antisocial or negative behaviour;
- The release of teachers - covering time away from the classroom is perceived as a prohibitive expense. In the case of rural schools, they often lack the coverage to support this requirement, ending a partnership before it begins;
- Teachers typically know their students well and are strategically placed to provide daily and ongoing support;
- Teachers involved in the program can follow up and influence what's occurring for students in other classes;
- Teachers are strategically placed to observe positive change or regress; and
- Schools provide the most significant reach into a young person life. Assuming full attendance, this equates to 30 hours a week.

PCYC based partnerships:

- Youth workers and police officers are often not trauma aware and operate from different principles and unknown biases;
- Having support outside school strengthens the community support and safety net for a young person;
- Many participants have reduced or negative interactions at school, resulting in reduced attendance but can choose to attend a PCYC more freely;
- Strengthening relationships with police helps to restore community trust.
- Increased support strengthens the reauthoring of stories by creating additional witnesses and people of support;
- PCYC offers additional services and programs that can support the program and participants during and after the OAI;
- PCYCs are available outside school hours and are not bound by a curriculum agenda; and
- PCYC youth workers are not seen as authority figures allowing them to build trust and connection where teachers and police officers may struggle.

Non-profits with a shared interest:

- There is often a Failure to collaborate and be strength-based. Other non-profits are seen as different or not aligned with the PCYC LD program approach. This has been experienced from both sides of the partnership;
- Staff may lack appreciation for the intensity of remote area work and the additional demands that this can create for a young person in crisis;
- Staff often work from an individual counselling model and struggle to acknowledge group-based counselling practices and the subtle processes at play;
- Physical limitations and health-related issues can prevent staff from engaging and supporting the program. Hiking through steep country and toileting in the bush is often too much for many adults;
- Staff are more commonly trauma-informed;
- Staff are better resourced to provide ongoing support. In some cases, this aligns with their purpose and funding;
- Funding may be available to support participants and the program; and
- BAT and trauma-informed practice are growing fast and expanding into government and non-government services. We're seeing an increase in shared goals and approaches.

PCYC LD staff noted that successful programs and long-standing partnerships had consistent characteristics. Programs with many of the below elements were reported as easier to deliver, and issues appeared to be reduced, effortlessly solved or never arose. These included:

- Strong organisational support from the partnering agency;
- Staff had the emotional energy, personal values and beliefs to support the program fundamentals (challenge by choice, strength-based etc.);
- There were multiple agencies involved;
- Staff had trauma-based training and showed an appreciation for group-based counselling;
- Staff were already aware of BAT practices and were comfortable working in a natural setting;
- Staff were comfortable collaborating and saw this as a strength more than a hurdle to supporting the program and participants;
- There was access to additional funding that could bridge financial gaps;
- There was realism with regards to outcomes and the challenges of the program;
- Individual expertise was valued, and knowledge was shared;
- Staff were working within the scope of their occupation and funding;

- Each partnering agency had the capacity to reach and support the participants in different ways; and
- There was consistent staff across all program phases, ensuring information was not lost in detail handover.

Consequently, programs with a stronger partnership had improved attendance with greater outcomes for participants and funding bodies. These programs took less of a toll on staff, and the mentoring elements post-program appeared to be better realised due to increased collaboration and ongoing support.

5.5 Child Protection and Collaboration – “A Wicked Problem”

The Australian Research Alliance for Children and Youth (ARACY) references the Australian Public Service Commission (APSC) discussion on the challenges in working with complex problems, often referred to as “wicked problems”. This is not suggested that they’re evil but aims to elicit that complex or wicked problems go beyond the capacity of any one organisation and that there is contention surrounding the causes and best methodologies to addressing these problems. Wicked problems are perceived to be highly resistant to resolution, with attempts hindered by the uncertainty that they generate. APSC outline the following characteristics of wicked problems:

- Wicked problems are difficult to clearly define;
- Wicked problems have many interdependencies and are often multi-causal;
- Attempts to address wicked problems often lead to unforeseen consequences;
- Wicked problems are often not stable;
- Wicked problems usually have no clear solution;
- Wicked problems are socially complex;
- Wicked problems hardly ever sit conveniently within the responsibility of any one organisation;
- Wicked problems involve changing behaviour; and
- Some wicked problems are characterised by chronic policy failure.

ARACY go on to discuss the wicked problem through the child protection lens and cite Head and Alford (2008) who state that a problem’s wickedness is determined by two dimensions – complexity and diversity:

Complexity:

- Difficulties in acquiring knowledge about the problem and, therefore, its solution;
- Complexity is driven by a patchy knowledge base;
- Complex interdependencies of processes and structures; and


- Uncertainties arising from the contingent and dynamic nature of social issues and processes.

Diversity:

- The number and variety of stakeholders involved.

Head and Alford combine these two dimensions to form a typology of problem types with different levels of “wickedness”. Using this typology, ARACY proposes that child protection sits within the “very wicked problem” arena. Given the complex and challenging needs of young people involved in PCYC led OAI, we naturally find ourselves as one of the many agencies seeking to address the “very wicked problem” facing our community.

TYPOLGY OF PROBLEMS

Diversity ▶	Single party	Multiple parties, each having only some of the relevant knowledge	Multiple parties, conflicting values or interests
Complexity ▼			
Both problems and solutions known	Tame problem		
Problem known, solution not known (relationship between cause and effect unclear)			Wicked problem
Neither problem or solution known		Wicked problem	Very wicked problem

Source: Head and Alford 2008, p. 10.

Image 4: Typology of Problems retrieved from *Inverting the Pyramid: Enhancing Systems for Protecting Children* (p. 11)

According to the APSC report (2007), traditional hierarchal public management systems have contributed to organisational silos, therefore creating gaps in service. While other approaches which focus on management and contracting out have led to competition between providers, resulting in further silos and narrow approaches. The APSC report identifies three strategies for handling wicked problems, these are:

- Authoritative strategies — the problem is given to some group or individual (identified by their knowledge, organisational position in the hierarchy, or coercive power) who “solves” the problem and others abide by it. These approaches are efficient and quick but have a high likelihood of alienating stakeholders and adopting a solution related to

the individual or group's narrow perspective. Authoritative strategies are helpful in emergency situations.

- Competitive strategies — organisations or governments compete for power, influence and/or market share. These strategies help stimulate innovation between providers but are not generally useful in other situations.
- Collaborative strategies — collaboration is premised on the idea that more can be achieved by joining forces than by individual action. It is particularly relevant where the solution involves behavioural change from stakeholders and/or systems change (APSC 2007; Roberts 2000).

While PCYC LD programs with vulnerable young people are not by definition a “wicked problem”, the nature of the OAs, the complexities identified, and the challenges experienced certainly indicates shared characteristics. The collaborative approach is supported by literature as being most effective in coping with wicked problems and is the clearest methodology for PCYC LD to influence. For this reason, we will focus on the collaborative approach.

Collaborative approaches to wicked problems can be viewed as a system and go beyond organisations working together. Many moving parts complement each other as various organisations and practitioners work towards the same goal. Scott (2005) presents a conceptual framework for analysing interagency collaboration that covers five levels of analysis: inter-organisational, intra-organisational, inter-professional, inter-personal and intra-personal. In this framework, conflict at any one of these levels can impact inter-organisational collaboration.

It must be noted that collaborative strategies won't solve the wicked problem. It is an approach to overcome the high diversity in wicked problems. The element of high complexity will still need analytical problem solving to identify the causal relationships within the problem (Head and Alford 2008).

According to the APSC, a win-win approach sits at the heart of the collaborative process. This encourages all stakeholders to be less protective of their share in the market and be more willing to collaborate and work with, instead of against one another. APSC identifies the following advantages and disadvantages:

- Key advantages include higher stakeholder commitment, more comprehensive and effective solutions, and fewer resources having to be used by any one stakeholder.

- Key disadvantages include increased transaction costs (these costs can be significant) and the fact that the skills of collaboration are in limited supply. In worst cases, collaboration can end poorly—dialogue can turn into conflict, hardened positions and stalemate.

ARACY contribute to the benefits by adding:

- Cooperative networks allow the problem and its underlying causes to be better understood as a wide range of stakeholders bring insight to make sense of the complexity;
- Provisional solutions are more likely to be found and agreed upon; and
- Implementation of solutions is easier as there is agreement and adjustments can be made along the way.

The collaborative approach aligns with strength-based practices and is a worthwhile consideration for PCYC LD and a sustainable partnership approach. However, as previously identified by PCYC LD and above by the APSC, this is not necessarily a straightforward task and will need to become an area of focus for program managers and facilitating staff.

5.6 Staffing

In order to ensure the physical and emotional safety of the group is maintained and that program effectiveness is achieved, outdoor leaders are required to demonstrate competency across a range of knowledge areas and work from a theory and value base that aligns with the program. Priest and Gass (2018, p. 13) outline “12 evidence-based and critical core competencies of outdoor leadership”, they identify the following:

1. Technical skills,
2. safety skills,
3. environmental skills,
4. organisational skills,
5. instructional skills,
6. facilitation skills,
7. flexible leadership style,
8. communication,
9. professional ethics,
10. decision making,
11. problem solving,
12. sound judgement.

Facilitators of OAI programs not only require a more experienced and advanced skill level across a number of these core competencies, but they also require additional capabilities to avoid the re-traumatization of participants and to avoid experiencing vicarious trauma and burnout themselves. As discussed earlier, the therapeutic relationship is one of the major contributing factors to whether or not effective outcomes are achieved for program participants. As well as the ability to build a relationship with participants, it is also imperative that staff possess the values, skills, knowledge and theory base to facilitate OAI programs that align with best practice approaches and principles.

One key factor in ensuring that staff can provide effective, trauma-informed practice is providing training and opportunities for skill development – another is clinical supervision, which will be discussed further on. Pryor (2018, p. 64) notes that the training and development of staff is one of the most important factors in ensuring ethical and effective practice. PCYC LD staff are highly skilled outdoor practitioners with technical and group facilitation capability who regularly undertake training to maintain and further develop skills in this area. However, program facilitators come from diverse backgrounds, resulting in various practice frameworks and training needs. While some facilitators have undertaken professional development in areas such as complex trauma, mental health first aid, narrative therapy, and BAT practice, there is no requirement that facilitators undergo specific training or development in these areas. Given the risk of re-traumatization that exists for program participants who have been affected by trauma, it could be argued that program facilitators should at least be provided with trauma-informed training and therapeutic processes before attempting to support OAI programs. Marchand and Russel (as cited in Pryor, 2018, p. 64) also note that due to the challenging nature of working in this field, training and development is a necessary step towards reducing the risk of staff burnout.

The impact of OAI programs on program facilitators, particularly the likelihood of burnout, has been identified by PCYC LD as one of the significant challenges regarding program delivery. Therefore, it is necessary to explore strategies that promote sustainability and prevent burnout. Bunce (1997, p. 178) noted that, at that time of her writing, there had been very little research conducted into the effects of undertaking work in this field on staff. That appears to have changed only marginally in the intervening years. However, one study (Marchand, 2008) has identified various challenges associated with the facilitation of bush adventure therapy programs. The study identified that facilitators were more impacted by challenges outside of work than whilst at work (Marchand, 2008, p. 287-288). Marchand (2008, p. 287) also notes that the key factors contributing to challenges experienced by facilitators were time and schedule constraints (particularly for those in a relationship), issues relating to anxiety, and

difficulties around physical and emotional challenges. The most significant impact on facilitators came from feelings of pressure to perform, compromises made for work, disconnection from home, and missing time with family and friends (Marchand, 2008, p. 287).

As stated above, to maintain PCYC LD as a financially viable operation, facilitators are required to work up to 145 days in the field per year. The result is that during busy periods, facilitators may move from an OAI program to a school outdoor education program with only a weekend in between - much of which may be spent cleaning and sorting gear, preparing for the week ahead, and undertaking “life admin”. Program hours, intensity, and remote locations can prevent staff from creating balance and instead swing from extremes. Gass (1993, p. 422) notes the importance of both boundaries and balance, posing the question, “where does *quality* programming end and too much *quantity* programming take over?”. He also notes that balance is essential for perspective and growth, stating that “we need to give ourselves time for regeneration, self-care and introspection” (Gass, 1993, p. 423).

Given that staff are likely to be working with participants who have been impacted by trauma, consideration should also be given to implementing strategies to prevent staff from experiencing burnout and vicarious trauma. The Australian Institute of Family Studies (2018, p. 11) notes the importance of trauma-informed organisations providing support to prevent or address vicarious trauma. Including developing practitioners’ skills in self-care and reflexivity, workload management, supervision, debriefing, and a supportive work culture that acknowledges the reality of vicarious trauma. Pryor (2018) also emphasises the importance of reflexivity and self-awareness for OAI facilitators, noting that the provision of external supervision is an integral component of this. Whilst PCYC LD facilitators have the option of accessing the Employee Assistance Program (EAP), the importance of doing so is generally overlooked, and therefore the program is under-utilised. Regardless, despite its potential to provide some level of assistance to facilitators, the current EAP is probably insufficient for the purposes of clinical supervision. Implementation of structured clinical supervision with a professional who understands BAT should be considered for facilitators working in this area.

It is also worth noting the concern expressed in some literature regarding whether or not programs should be facilitated by, or at least include, staff trained in psychotherapy techniques or trauma-specific interventions (Pryor, 2018, p. 64). However, Pryor (2018, p. 64) notes that some programs have achieved positive outcomes for participants without directly addressing trauma or employing clinically trained facilitators. Given that she identifies Catalyst as an example of a successful OAI, it could be assumed that this statement is inclusive of the Catalyst program. Pryor (2018, p. 66) notes that in regard to OAI staff, “what works” is staff

having well-matched values and approaches, adequate training and skills, and high levels of self-awareness. She provides the following list of attributes and practitioner strategies which are informed by research and practice-based evidence:

- Positive - a strengths-based approach that recognises participants as experts in their own lives, helping to avoid stigmatising or pathologising participants,
- Tailored - catering for individual needs and avoiding assumptions and 'formulaic' solutions,
- Integrative - inclusive of significant others and local community members,
- Collaborative - promoting reciprocity and supportive of provision of information to participants,
- Voluntary - avoiding coercion and manipulation,
- Readiness-based - providing participants with opportunities to participate when they are ready, offering interim options for those who are not ready,
- Responsive - building in consideration of individual and collective risks and goals to avoid treating different individuals in the same manner,
- Holistic - developing a safety net that supports participants' biopsychosocial, spiritual and cultural wellbeing,
- Flexible - supporting participants' changing needs and avoiding coercing participants into a pre-planned experience,
- Cultural - acknowledging traditional custodians of the land on which the program takes place,
- Reflexive - valuing practitioners' own skills, knowledge and self-awareness to support practitioner effectiveness. Reflexive practice is best achieved through the provision of structured and safe opportunities for practitioners to reflect on their practice, including through external supervision and the provision of ongoing professional development,
- Responsible - placing importance on personal safety, group responsibility and environmental stewardship (Pryor, 2018, pp. 80-82).

Ensuring that PCYC LD facilitators exhibit these attributes does not simply come down to hiring the right person for the job. Although employing staff whose values align with the above is important, the onus of change in this instance is organisational. It requires a shift in thinking around staff sustainability, training, supervision, and program design.

6 CONCLUSION

Stepping back to consider the research that has been pulled together to formulate this report, it is easy to surmise that OAls are a vastly more complicated program approach than PCYC LD had previously identified. The challenges for practice that started this investigation was only the “tip of the iceberg” and an early appreciation of the difficulties associated with the complex and diverse practice of BAT. Drawing from education, outdoor recreation and psychotherapy, we can begin to understand just how complex and diverse BAT is. Developing professional expertise in anyone of these disciplines alone takes years of study and practice. From this analysis, we conclude the following.

Supporting young people with a history of trauma means PCYC is attempting to work with “very wicked problems”. By definition, the answer to this unknown will require inter-agency collaboration combined with a strength-based approach to cooperation along with strong analytical thinking. PCYC LD cannot expect to do this alone and needs to create successful collisions with like-minded agencies that bring different skill sets to the program.

OAls traditionally have a strong element of recreation and adventure. For most outdoor practitioners engaged in working on PCYC LD programs, this is the easy part. Transitioning to a softer program approach with more robust therapeutic processes that align with BAT values and trauma-informed practice is a void that PCYC LD and staff must make if they seek to be effective and sustainable as a provider of OAls. Therapeutic practices are arguably the more challenging to develop and should be considered equally valuable for OAI facilitators and program managers.

As noted by AABAT and leading researchers (A.Pryor, J.Neil, D.Bowen & W.Dobud), OAls do not necessarily need to be delivered as a form of therapy to benefit participants. Catalyst and other PCYC led OAls can be “generally therapeutic” and still achieve significant personal outcomes and community benefit. Moving forward PCYC led OAls should (at this time) be more accurately described as “therapeutic adventure” than adventure therapy. This differentiation should not detract from the complexity and challenging nature of delivering and managing OAls. Assuming PCYC wishes to continue supporting young people with a history of trauma, there is an increased responsibility to respond with a trauma-informed approach by investing effort and funding to improve training and support for facilitators. Support should extend beyond program facilitators as an organisational trauma-aware understanding would greatly benefit.

Many of the *Underpinning theories and practices* (table 1 – p.42) that relate to PCYC LDs program approach and those identified as critical principles of BAT were held as ideologies rather than fundamentals of practice. It appears that less indoctrinated PCYC LD facilitators have less knowledge of or even awareness of these practices. Creating a clearer professional development pathway that blends in-house with external training would assist skill development in this essential area. Staff would also benefit from progressing from simple to more complex programs under the direct coaching and support of experienced practitioners along with increased clinical supervision.

While there has been a strong focus on the importance of professional capacity, the importance of personal values and attributes of facilitators should not be overlooked or undervalued. Compassionate facilitators with high reflective capability are equal to outdoor technical skills, understanding experiential learning and therapeutic methodologies. It is these character traits that support the therapeutic relationship. This is a crucial point to make. For those who have a history of trauma, the most beneficial aspect of the therapeutic process is establishing a safe and secure therapeutic relationship (Pryor, 2018, p. 12). Dobud, (2016) states that the nature of BAT programs is such that there is an enhanced opportunity for a positive therapeutic relationship to be established.

Given that outdoor recreation exists as the foundational skillset for PCYC LD facilitators, it is only natural that they look to leverage this skill set to reduce challenges and enhance program design. While this may be playing to the facilitators' strengths, it would be naive to assume that this is what's best for the participants. Perhaps the anxious young person who's never had the chance to leave their postcode doesn't need another high-risk multi-day adventure experience in the mountains?

Follow-up or ongoing mentoring and support are valuable elements of a program. Pryor, A. (2018 p.34) quotes Pointon (2012) in the Churchill report, which states, "I view follow-up as an essential (and arguably the most challenging) part of a young person's change journey. The follow-up needs to be planned carefully and be comprehensive in order to support the participants when they transition home after the intervention program. It is imperative that a follow-up program encourages family engagement and is sensitive to the demographics of the participants".

While we set out in search of an improved program model, Pryor, A. (2018) states, "While the desire to have a formulaic set of structures, components, practice and processes exists, research findings demonstrated that one size does not fit all. Findings led to the decision to

present a synthesis of findings in the form of program attributes that flag a safe OAI that is likely to be effective with this target group.” (This detailed list can be found on page 44 of this report). If no singular or prescribed formula exists then, we can surmise that increased understanding of core theories, professional development, affiliation with peak industry bodies and continued program evaluation is required to refine and develop PCYC LD programs.

7 RECOMMENDATIONS

Considering the questions or areas of challenge to PCYC led OAls and the desire to increase practice effectiveness, maximise participation and improve sustainability, there is a need to:

- Reduce program load on staff through improved funding and subsidised operating costs;
- Strengthen program management and clinical supervision for staff;
- Increase professional development pathways with a clearer set of operating practices;
- Strengthen trauma-informed practise and therapeutic understandings;
- Strengthen and increase partnerships with aligned agencies; and
- Re-design programs so that participants have some increased opportunity to engage with or reengage with a program as they feel ready.

Before recommendations can be applied, PCYC Queensland needs to assess whether OAls align with the pillars of Youth Development, Crime Prevention and Community Engagement and its vision statement of “Building safer, healthier communities through youth development”. Any commitment to OAls comes with a responsibility to participants, staff and ensuring that ethical practice is upheld. Consequently, additional obligations will need financial and organisational support that extends beyond PCYC LD.

7.1 Funding and Support

A new funding model is required if staff and program sustainability is to be realised. Rostering staff on back to back programs is an unsustainable model for practice and exposes practitioners to increased risks of vicarious trauma and burnout. Gass (1993, p. 422) notes the importance of both boundaries and balance, posing the question, “where does *quality* programming end and too much *quantity* programming take over?”. He also notes that balance is essential for perspective and growth, stating that “we need to give ourselves time for regeneration, self-care and introspection” (Gass, 1993, p. 423).

PCYC LD facilitators experienced and qualified to facilitate OAls would be best supported by having their position funded or part-funded by PCYC, therefore reducing the need to deliver a high number of field days. Funded or part-funded positions would allow facilitators to give time and energy that best meets the participant and program needs, rather than being dictated by strict budget constraints and allocated hours. Adjusting staff rosters and reducing program load and intensity is a key step to supporting LD facilitators and the sustainability concerns.

Funding has always been scarce, and the dollars are usually distributed to program delivery costs. However, staff regularly struggle with participants not having access to the basic personal items they require. Essential items like sunhats, sturdy shoes, a raincoat, and a warm jumper are often barriers for many program participants. We recommend that any program moving forwards has a budget for these items or a strategy to address this barrier to participation.

7.2 Program Management

A history of trauma has a strong link to anti-social behaviours that typically manifest as either mental health-related concerns and/or criminal activity, coupled with growing statistics of mental health-related issues, is of increasing concern. As the BAT sector grows and the therapeutic standards of ethical practice become more explicit, there will likely be a need for OAls to be supervised and potentially facilitated by clinically trained staff. Dobud and Pryor both discuss the dangers that exist for participants if practitioners are attempting, or expected, to facilitate therapeutic outcomes outside of their professional training (Dobud, 2016; Pryor, et al., 2005; Pryor, 2018). It is important that non-clinical program facilitators are realistic about the limitations of their training and are equipped to manage and refer participants on to more appropriate services when required (Pryor, 2018).

We recommend that PCYC Queensland be proactive in recruiting or providing training pathways for existing staff. Depending on the therapeutic intent, this could involve certificate or diploma level courses in counselling, through to recruiting someone with a degree in social work or psychology. Increasing capacity goes beyond improving program effectiveness and meeting the complex needs of participants as it will assist in protecting staff from vicarious trauma and burnout.

7.3 Clinical Supervision

Practitioners working with people who've experienced trauma are at risk of developing vicarious trauma. This type of trauma should be viewed as a hazard to the employee, which must be mitigated through clinical supervision. Any PCYC LD facilitators working on OAls should be required to connect with a clinical supervisor at regular intervals and in times of need. Supervision should not be confused with the support provided by a program manager or supervising staff member. While peer support is beneficial, the essential difference is that the practitioner engages in their own counselling sessions to help maintain health and wellbeing. It should be noted that this is different to the Employee Assistant Program (EAP) that exists for all PCYC staff. Staff working with trauma need the opportunity to develop their own “therapeutic relationship” and have access to support outside their workplace. Given the

unique and intense practice of OAI, we recommend that PCYC LD establish a clinical supervision program with a service or practitioner who understands and already practices BAT.

7.4 Strengthening Partnerships and Collaborative Efforts

The nature of OAI and working with “wicked problems” requires an inter-agency approach. PCYC LD needs to strengthen partnerships and collaborative efforts with government or non-government agencies concerned with young people's well-being and development. Specifically, PCYC LD needs to create sustainable partnerships with organisations that have the capacity to support young people in need and that share many of the underpinning values of trauma-informed practice. Alining on these core principles will strengthen the program model and give increased support to PCYC LD facilitators. This approach would likely still involve schools but should go beyond this by collaborating with agencies directly working with young people who've experienced trauma. In creating or strengthening partnerships, there should be a focus on:

- Strong organisational support from the partnering agency;
- Supporting staff having the emotional energy, personal values and beliefs to support the program fundamentals (challenge by choice, strength-based etc.);
- Collaborating with multiple agencies;
- Partnering with staff that have trauma-based training and an appreciation for group-based counselling;
- Educating partnering staff on BAT practices;
- Developing collaborative understandings so that PCYC LD staff are comfortable collaborating and see this as a strength more than a hurdle to supporting the program and participants;
- Obtaining additional funding that could bridge financial gaps;
- Valuing individual expertise and valuing knowledge;
- Partnering staff are working within the scope of their occupation and funding;
- Each partnering agency can reach and support the participants in different ways.
- There is consistent staff across all program phases, ensuring information is not lost in detail handover.

7.5 Trauma-Informed Practice

The importance of and the growing need for trauma-informed care should be taken onboard. This is achieved through multiple strategies, from increasing training opportunities for PCYC LD facilitators to developing a trauma-aware workplace that supports the OAI. This would

include all PCYC LD facilitators at a basic level but could extend as far as the broader Youth Programs team.

The key assumptions that underpin trauma-informed care are identified as being:

- *“Realisation* at all levels of an organisation about trauma and its impact on individuals, families and communities,
- *Recognition* of the signs of trauma,
- *Response* – program, organisation or system responds by applying the principles of a trauma-informed approach, and
- *Resist* the traumatising – of clients as well as staff” (Australian Institute of Family Studies, 2016, p. 9).

The foundational principles of a trauma-informed approach are establishing a sense of:

- safety,
- trust,
- choice,
- collaboration and
- empowerment (Blue Knot Foundation, 2012, p.13).

7.6 Professional Development

Table 1, p. 42 identifies the broader skillsets, understandings and ethical principles concerning the field of BAT. We recommend a training pathway and professional development opportunities that would develop PCYC LD facilitators working knowledge of these concepts in an attempt to standardise the expertise of facilitators. Table 1 should evolve to include other developing principles or concepts to keep up with emerging best-practice.

Pryor (2018, p. 66) notes that in regard to OAI staff, “what works” is staff having well-matched values and approaches, adequate training and skills, and high levels of self-awareness. She provides the following list of attributes and practitioner strategies which are informed by research and practice-based evidence:

- Positive - a strengths-based approach that recognises participants as experts in their own lives, helping to avoid stigmatising or pathologising participants,
- Tailored - catering for individual needs and avoiding assumptions and ‘formulaic’ solutions,
- Integrative - inclusive of significant others and local community members,

- Collaborative - promoting reciprocity and supportive of provision of information to participants,
- Voluntary - avoiding coercion and manipulation,
- Readiness-based - providing participants with opportunities to participate when they are ready, offering interim options for those who are not ready,
- Responsive - building in consideration of individual and collective risks and goals to avoid treating different individuals in the same manner,
- Holistic - developing a safety net that supports participants' biopsychosocial, spiritual and cultural wellbeing,
- Flexible - supporting participants' changing needs and avoiding coercing participants into a pre-planned experience,
- Cultural - acknowledging traditional custodians of the land on which the program takes place,
- Reflexive - valuing practitioners' own skills, knowledge and self-awareness to support practitioner effectiveness. Reflexive practice is best achieved through the provision of structured and safe opportunities for practitioners to reflect on their practice, including through external supervision and the provision of ongoing professional development,
- Responsible - placing importance on personal safety, group responsibility and environmental stewardship (Pryor, 2018, pp. 80-82).

7.7 Program Considerations

This analysis has identified that OAls take a trauma-informed approach and allow for voluntary participation and an increased level of choice. In addition to adopting the specific trauma-informed principles, program managers are advised to embed the below considerations for any PCYC led OAls:

1. There is an emphasis on:
 - Time out-of-doors, in contact with nature and environments;
 - Experiences of adventure and challenge;
 - Connecting with others, usually in small groups;
 - An intentional (though diverse) use of therapeutic relationships and frameworks within the intervention for participants;
 - Participation by choice, participants are supported to say no and are free to engage with any elements or experiences offered;

2. Programs and staff adhere to and are assessed against evolving ethical principles. Those identified by the Australian Association for Bush Adventure Therapy (2015) encourages organisations and practitioners to consider the following ethical principles:
 - Positive regard for all people,
 - Respect for differences in culture, gender, age and identity,
 - Strong family and community connections,
 - Transparency, Informed consent, Confidentiality,
 - Voluntary participation (within the confines of service type),
 - Selection for “readiness” to participate,
 - Attention to individual and group needs and hopes,
 - Supportive physical, psychological and social environments,
 - Tailored adventure experiences,
 - Provision of options and choices (including supported exits),
 - Respect for cultural custodianship of country,
 - Increasing self-awareness and reflexive practice, and
 - Safety and no harm to self, others or natural environments.
3. Programs are tailored to each group and the needs of participants.
4. Programs adopt a strength-based approach and seek to work with the resources and character strengths identified. The Common Approach remains a robust tool for this.
5. Participants are invited to participate in decision making.
6. Programs are promoted and viewed as “generally therapeutic.”
7. Program entry and engagement are softened, allowing gradual engagement and the development of trust. This approach adopts a more therapeutic focus, allowing the therapeutic relationship's gradual development before engaging in high adventure activities or journeying to unfamiliar locations with unknown adult leaders.
8. The follow-up phase of program design gets greater attention, with increased contact days, budget and resources.

It is crucial that experiential learning is not lost in a quest to become more trauma-responsive. While strengthening understanding of psychotherapy and therapeutic frames has been identified as an area for growth, the experiential and adventure components of an OAI distinguish it from conventional forms of counselling and significantly enhance the therapeutic relationship.

Program attributes as identified by A. Pryor on page 44 include:

- The more personalised the program experience is, the more meaningful it will be to each participant;
 - The more integrated in the life of a community and a person the experience is, the more they will feel supported after the program ends;
 - The more tailored the pathway from OAI into other services and community settings, the more likely a healthy trajectory will be continued;
 - The more community partnerships involved in the OAI, the stronger the support, and the more options participants will have available after the program;
 - The more personally chosen an experience is, the more responsibility participants will take up;
 - The more ready participants are to participate, the more they will accept the challenges and lessons involved;
 - The more consultative and participant-led the experience, the more they will be readied to lead in other areas of their life;
 - The more decision-making opportunities offered to participants, the more agency and empowerment participants will carry forward after the program;
 - The more opportunities for leadership participants are offered within the OAI, the more ready participants will be to step up and act responsibly after the experience;
 - The longer the OAI, the more options and choices can be offered, and the more changes can be supported to take place;
 - The more space and time available to hold participants in a supportive and encouraging environment, the more they will mature into a positive trajectory;
 - The more engaging of participants' bodies, minds and hearts, the more engaging of the whole person, and the more they will come to know themselves;
 - The more flexible and fluid the OAI can be, the more like life it will be, and the more participants can practice regulation of their own emotions, decisions and responses;
- and

- The more an OAI is integrated into the life of a community and the close ties it has with a particular natural environment, the more likely the OAI will have a positive effect on that natural environment and nature at large.

Catalyst and other PCYC led OAIs typically had a singular lead-in (4 days), personal journey (7 days) and follow-up (4 days) model. If we shift our thinking and program design from singular intensive experiences, we may begin to see outcome improvements and a reduction in the challenges identified earlier in this report. An alternative program model could have a longer and gentler engagement process, focusing less on intensive and singular multi-day expeditions, which then feed into a more robust follow-up. We present an example below:

- Come and try experiences – participants are invited to several low-risk experiences at a location familiar to them. These experiences are intended to provide participants with a taste of what the program offers and should be open to potential program participants. The come and try experiences can assist the intake and assessment process as it allows participants, PCYC facilitators, and supporting adult leaders to observe participants in a group setting while also allowing participants to truly understand the nature of the OAI.
- Lead-in days – participants that choose to engage in the program are invited to attend regular, more engaging program days in new settings that do not require overnight stays. Easing into the program allows a progressive building of trust and the therapeutic relationship between group members, supporting adult leaders and PCYC LD facilitators. This approach also allows for the development of trust, and collaboration between PCYC LD and the supporting agency.
- Personal journey 1 – a short overnight stay at a previously visited location that builds on specific skillsets, self-efficacy and confidence. The increased contact time allows participants the opportunity to step into the “stretch zone” while reducing the sustained level of anxiety previously experienced on other PCYC LD OAIs.
- Personal journey 2 – a multiday journey to a potentially new environment with increased adventure and nature connection. The design of this element should be in alignment with the previous program phases and matched against the readiness of participants.
- Follow-up & mentoring – extensive ongoing coaching and mentoring that continues to provide support to the participants and their families. This would ideally involve PCYC LD facilitators and partnering staff in some capacity. The follow-up should aim to take on a holistic approach by seeking to work with families and the participants.

The follow-up would also be strengthened by connecting with local PCYCs and community initiatives.

The above example assumes a strong challenge by choice approach to participation and should allow participants some input into program design, menu planning and decision making. Involving participants in decision making will strengthen the level of choice offered and personal investment in the program. PCYC LD will need to guide the participants in their decision making to ensure that other ethical principles are not compromised.

Participants invited to the come and try experiences that are either not invited onto the program or choose not to participate further should be offered alternative support by referral to other programs or increased help from the partnering agency.

It should be noted that consistent staff (PCYC LD and collaborating staff) is essential throughout the process. Having staff move in and out of phases is disruptive to group process and its stages of development. In addition, having consistent and reliable staff recognises and supports the therapeutic relationships being created.

The above recommendations are only viable if PCYC commits and secures ongoing funding for OAs. Randomly dipping in and out of therapeutic work will not support the above. We recommend that a project or portfolio of OAs be developed as a strategic goal to support youth development.

8 APPENDIX

8.1 Catalyst Participant Selection

Each Catalyst program accommodates a group of 10 young people aged 14-16 years who face barriers to participating fully and meaningfully in their communities and have a desire to discover and enhance their strengths, develop further skills and resources to enhance their health and wellbeing.

Catalyst is not suitable for all young people. In order for the program to be effective and safe for all participants, it is imperative that significant attention be given to the selection of young people who are appropriate for the program. The following requirements **must** be adhered to in the selection process.

Group Profile:

- The maximum group size is 10;
- Either a mixed gender or single gender group is appropriate, however if a mixed gender program is chosen then a 50/50 or 60/40 split between genders is preferred;
- When selecting participants, it's important that the potential dynamic of the group is considered – it is not appropriate to include participants who have existing unresolved conflict between them or where bullying has previously occurred.

Participant Profile and Selection Criteria:

- Each young person's participation in the program **must** be fully informed and voluntary – they must be provided the opportunity to gain a full understanding of the nature of the program in order to make a fully informed decision about their participation;
- Appropriate participants are those whose barriers to full and meaningful participation in their communities are emerging, rather than well established;
- Participants must demonstrate a desire and willingness to commit to the program and utilise all opportunities for learning and reflection;
- In collaboration with the staff team, participants must be able to identify the potential benefits their participation in the program may have for them.

To ensure the safety of all participants and staff, and in order to ensure program effectiveness, Catalyst is **not** suitable for young people who meet **any** of the following criteria:

- Unwilling to commit to the program on a voluntary basis, the program should not be used as a bargaining tool to encourage unwilling participants (e.g. the participant will be accepted back into school if they attend the program);
- Currently dependent on alcohol or illegal substances;
- Possess an extensive police record and have not taken steps to cease their offending behaviour;
- Have a severe allergy which would require immediate advanced medical care (e.g. ambulance/hospital) which is not available in a remote setting;
- Have a history of violence towards others or recent self-harm;
- Have a mental health condition that would be difficult to manage without the presence of a trained therapist or which may be exacerbated by the remote and strenuous nature of the program (program suitability may be decided in collaboration with Bornhoffen PCYC facilitators);
- Have a severe medical condition or disability which is unmanageable in remote areas or prevents them from hiking with an expedition pack (program suitability may be decided in collaboration with Bornhoffen PCYC facilitators).

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