



## Working Together for Families Trapped in Crisis:

Innovative, interactive interventions that engage,  
increase resilience and stabilize families

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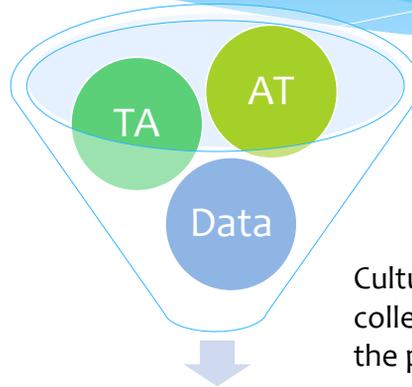
## OATC: Ohio Adventure Therapy Coalition

### Purpose

- \* Expand AT services in Ohio to make them available for youth in the foster care system
- \* Build an infrastructure for more effective youth and family treatment
  - \* Increase cross-system collaboration for youth and families
  - \* Provide quality training for effective programming
  - \* Create sustainable programming for BH agencies
- \* Contribute to validating AT as an evidence-supported service

## OATC: Ohio Adventure Therapy Coalition

Supported  
implementation plan with  
consultation and  
technical assistance



Evidence-supported,  
trauma-informed,  
experiential  
treatment

Culture that embeds data  
collection and research in  
the programming

**Sustainable, effective programs!**

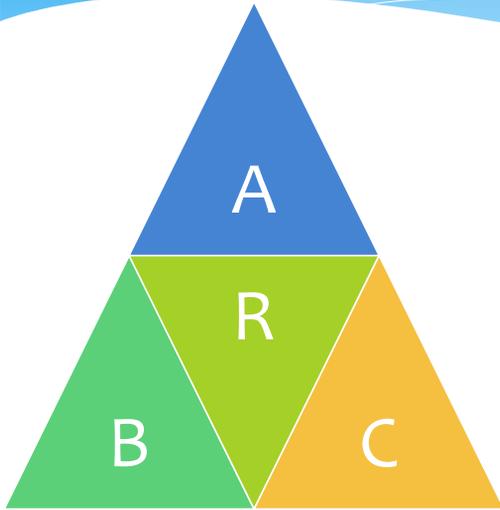
## Adventure Therapy

*The prescriptive use of  
adventure experiences  
provided by mental health  
professionals, often  
conducted in natural settings  
that kinesthetically engage  
clients on cognitive, affective,  
and behavioral levels.*

- \* Cooperative games
- \* Problem solving initiatives
- \* Trust building exercises
- \* Physical challenges
- \* Wilderness trips
- \* Service projects

Gass, Gillis, & Russel, 2012

## Adventure Therapy Model



A = Affect, feelings  
B = Behavior, reactions  
C = Cognition, thoughts  
R = Relationship

Interventions can address any component, grounded by the relationship and ultimately influence the whole.

## Compare & Contrast

### Talk Therapy

- Discussion format
- Skill building as homework
- Verbal participation
- Coaching for future responses
- Learn through insight

### Adventure Therapy

- Experiential format
- In vivo skill building and rehearsal
- Kinesthetic participation
- Point of Performance Coaching
- Learn through activities

## AT Applied Research

AT interventions are intrinsically and extrinsically valuable  
(Garst, et al., 2001)

- \* Nurturing personal growth
- \* Skill and knowledge development
- \* Increasing cooperative behaviors
- \* Increasing ability to effectively relate to others
- \* Increasing ability to resolve problems or conflicts

## AT Applied Research continued...

- \* Russell (2008) Measured youth motivation to change at intake, found that most were resistant to change, and showed readiness to change after participating in AT.
- \* Bettman, et al. (2013) Replicated this study and found that “resistant” clients showed the same large functioning level improvements.
- \* Koperski, Tucker, Lung, & Gass (2015) Outcomes highlighted the potential of adventure therapy to decrease stress, increase coping skills, and build therapeutic rapport with the therapist.

## AT Applied Research continued...

- \* Lewis (2012) found significant decreases in substance use and conduct disorder behaviors
- \* Tucker, et al. (2011) and Zelov, et al. (2013) showed that clients maintained clinical improvements 12 months post treatment

## AT Applied Research continued...

- \* Bowen & Neill (2013) meta-analysis (197 AT studies) found that the short-term effect size for adventure therapy was moderate (Hedges'  $g = .47$ ) and larger than for alternative (.14) and no treatment (.08) comparison groups
- \* Gillis, et al. (2016) meta-analysis (26 studies using YOQ) of psychological intervention programs for youth-at-risk found very large positive effect sizes for AT programs ( $g = 1.38$ ) compared to non-AT programs ( $g = 0.74$ ).

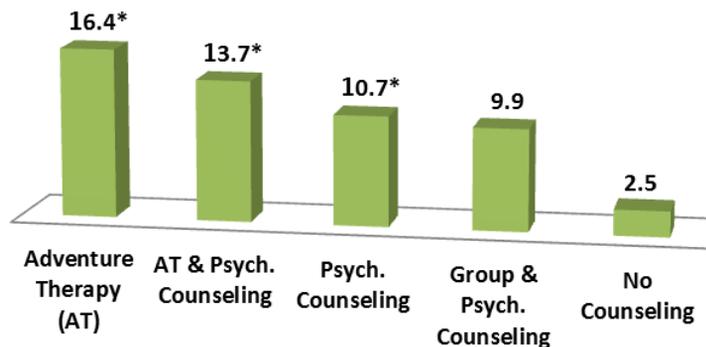
## AT Applied Research continued...

- \* Bratman, et al. (2015) time outdoors has been shown to decrease levels of stress, depression, and anxiety.
- \* Park, et al., (2010) found that being outside in nature reduced stress by lowering the stress-associated chemical cortisol.
- \* Wipfli, et al (2011) Found that unplugged time in nature helps regulate mood disturbance and nervous system arousal caused by too much time in front of screens and improves well-being and positive outlook by impacting serotonin levels.

## Adventure Therapy: EVIDENCE SUPPORTED Treatment

### Mean Decreases in Problem Severity by Treatment Type

\* Considered Clinically Significant Levels of Change



Tucker, Javorski, Tracy, & Beale, 2012

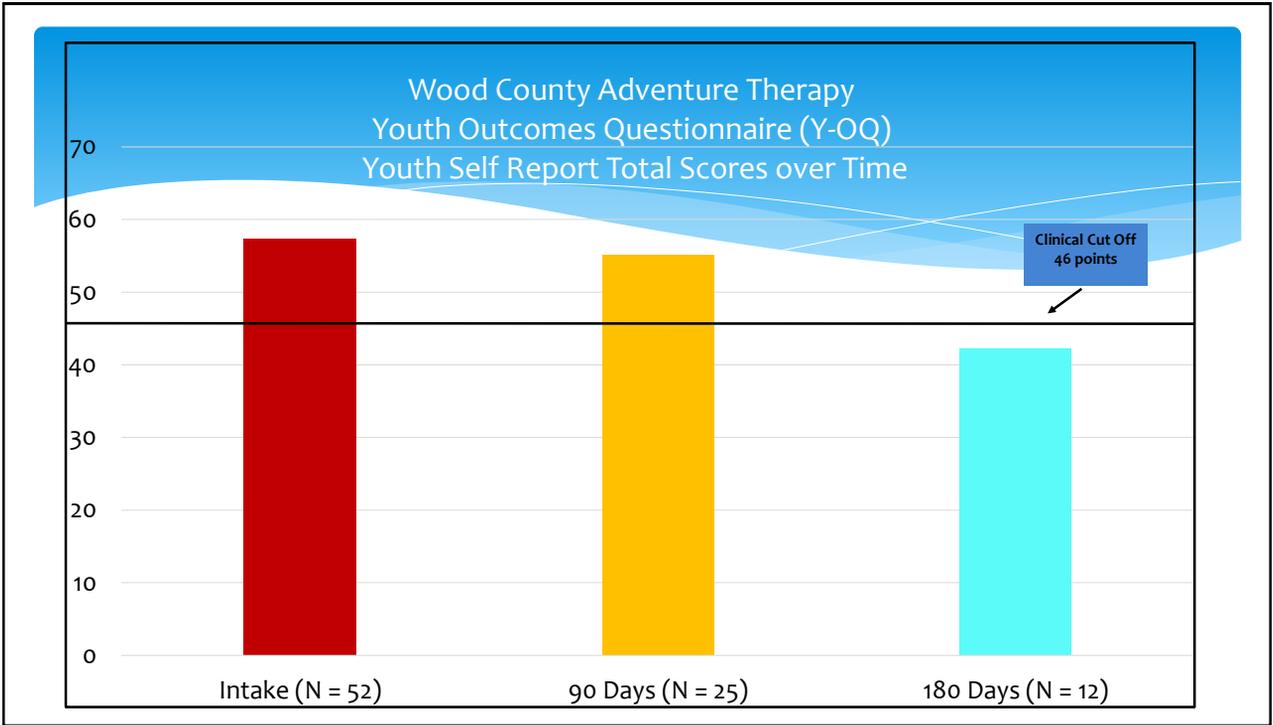
## OATC's Short History

- \* In the spring of 2016 Wood County JFS (a triple combined) began seeking an Adventure Therapy Provider, almost none were available.
- \* Dr. Beale was contacted and hired to help build Adventure Therapy groups in Wood County.
- \* Staff from both the Children's Resource Center and Wood County JFS were trained to be Clinicians and Facilitators for Adventure Therapy groups.
- \* The University of New Hampshire was engaged to monitor data and conduct outcomes research.

## OATC Pilot: Wood County

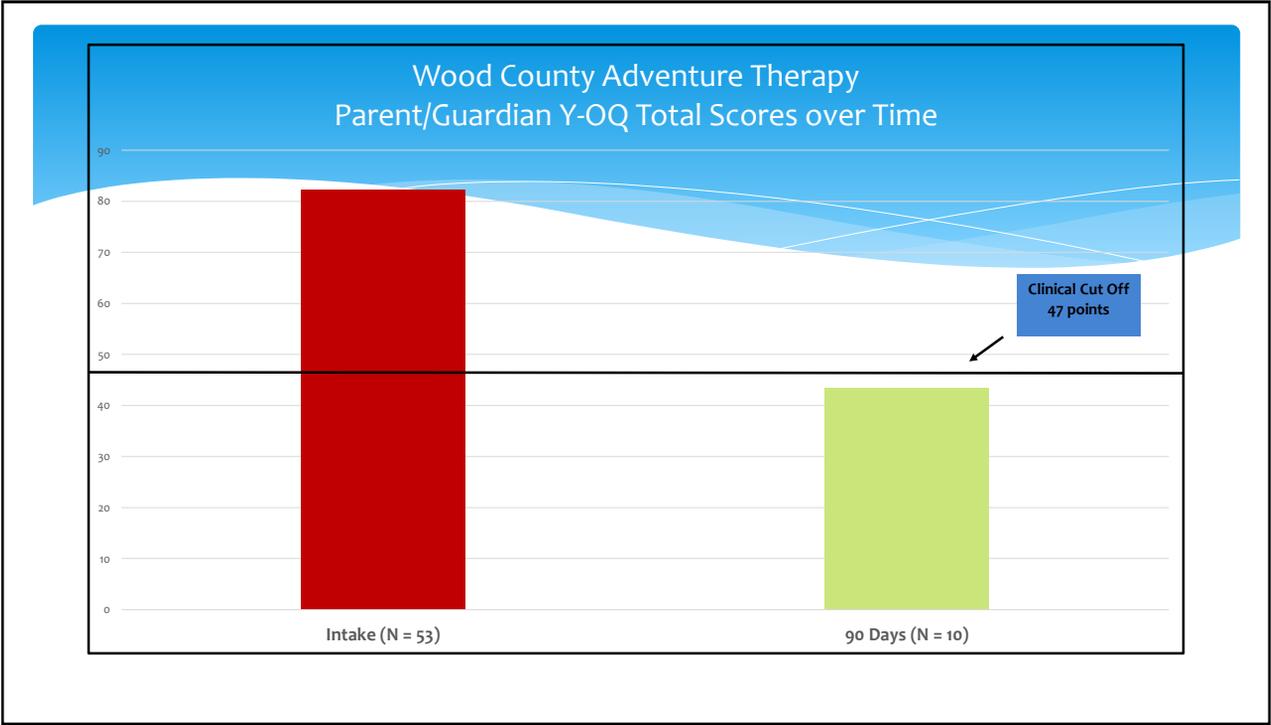
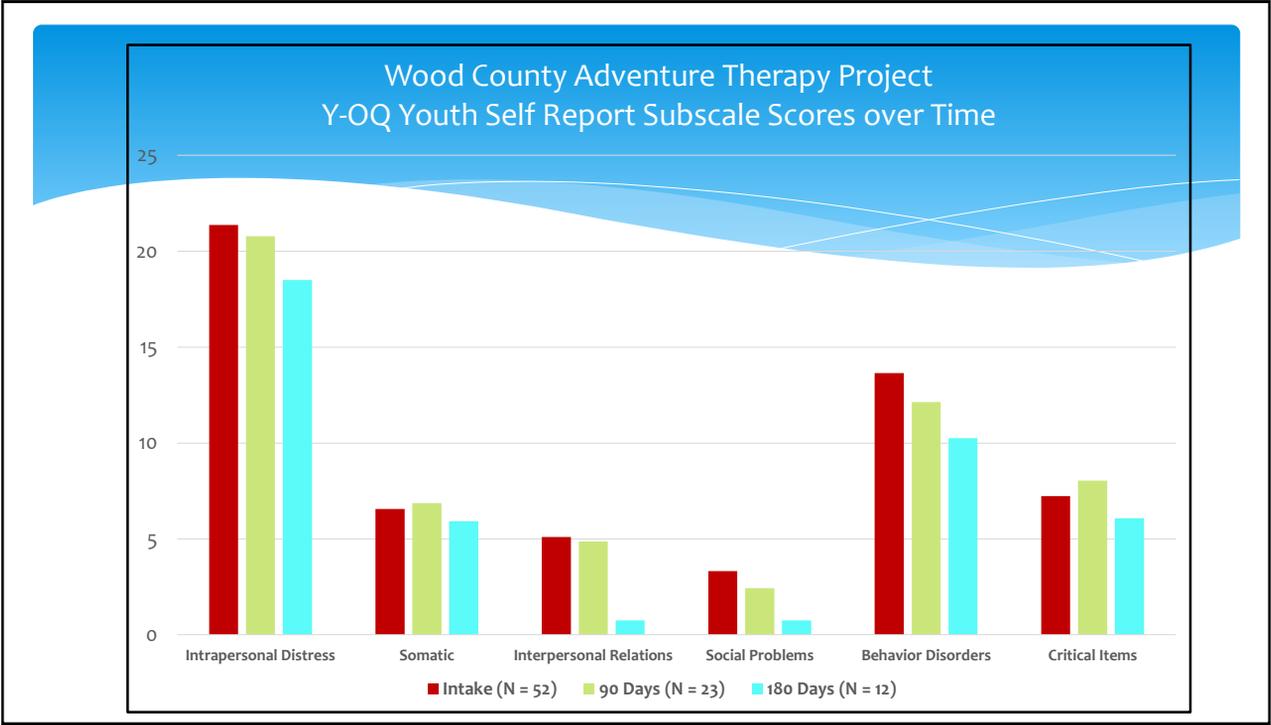
June 2016 – June 2017

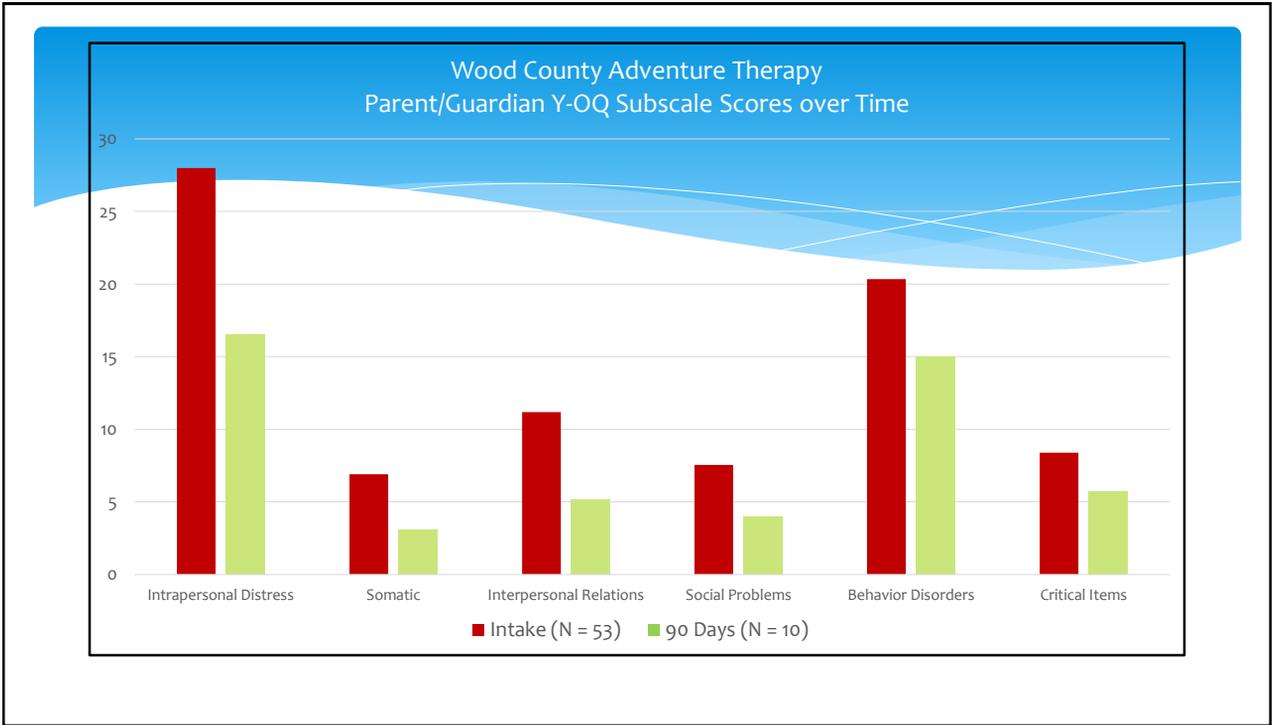
- \* Wood County launched 3 groups, operating year round at the Children's Resource Center.
  - \* Each therapy group has between 10-14 kids
  - \* Service is billed to Medicaid
  - \* Groups are a blend of Child Welfare Kids and Mental Health Kids.
- \* **New application: Leadership and Pre-employment Skills**
  - \* Group is facilitator lead and held in a high school
  - \* Local university is involved and offers college credit!
  - \* Meets state requirements for pre-employment skill building



## Y-OQ Subscales

- (1) **Interpersonal Distress:** Assesses change in emotional distress including anxiety, depression, fearfulness, hopelessness, and self harm.
- (2) **Somatic:** Assesses change in somatic distress typical in psychiatric presentation, including headaches, dizziness, stomachaches, nausea, and pain or weakness in joints.
- (3) **Interpersonal Relations:** Assesses change in the child's relationship with parents, other adults, and peers as well as the attitude towards others, interaction with friends, aggressiveness, arguing, and defiance.
- (4) **Critical Items:** Assesses inpatient services where short term stabilization is the primary change sought: changes in paranoia, obsessive-compulsive behavior, hallucinations, delusions, suicide, mania, and eating disorder issues.
- (5) **Social Problems:** Assesses changes in problematic behaviors that are socially related, including truancy, sexual problems, running away from home, destruction of property and substance abuse.
- (6) **Behavioral Dysfunction:** Assesses change in a child's ability to organize tasks, complete assignments, concentrate, handle frustration, including items on inattention, hyperactivity, and impulsivity.





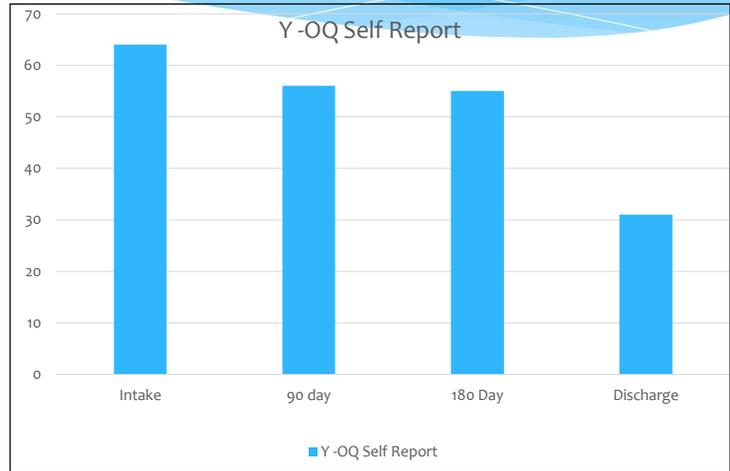
## OATC Supported Expansion

- \* Pilot project in Wood County June 2016 – June 2017
  - \* Child Welfare & Children’s BH collaboration
  - \* Paid for by child welfare agency
  - \* 53 youth with data
- \* **OATC launched: August 2017 – February 2018**
  - \* **Collaborations required; added 7 new partnerships**
  - \* **Funded by the Ohio Attorney Generals Office**
  - \* **Added 70 youth for cumulative total = 123**

## Y-OQ Data Youth

- \* Intake Data from 116 youth out of 123
- \* 90 day Data from 59 youth
- \* 180 day Data from 21 youth
- \* Discharge Data from 3 youth\*

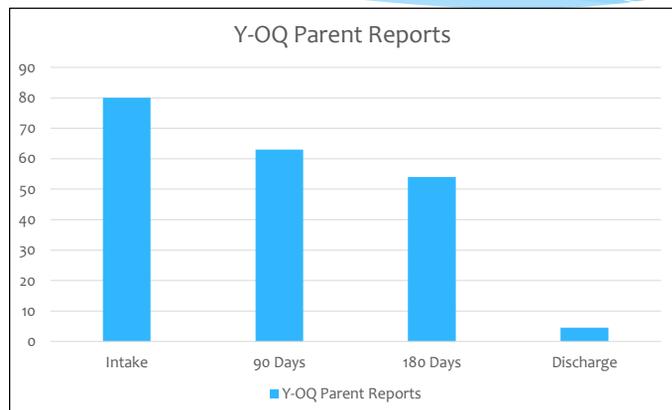
\* Too small to make any assumptions



## Y-OQ Data Parents

- \* Intake Data from 102 parents out of 123
- \* 90 day Data from 38 parents
- \* 180 day Data from 12 parents
- \* Discharge Data from 2 parents\*

\* Too small to make any assumptions



## OATC Supported Expansion

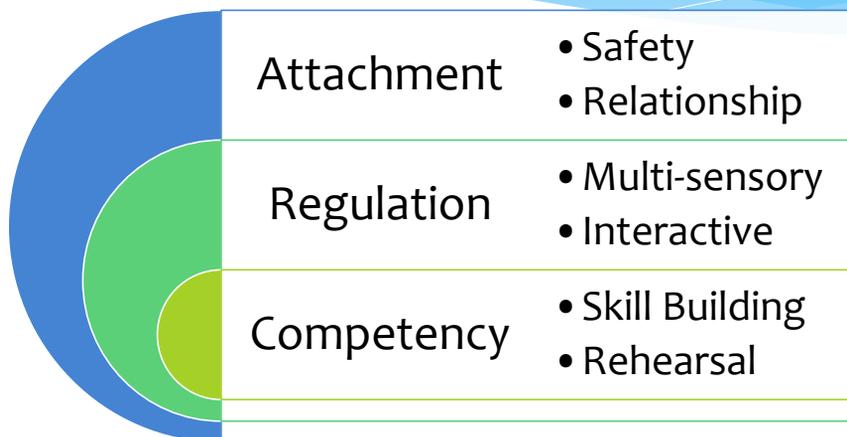
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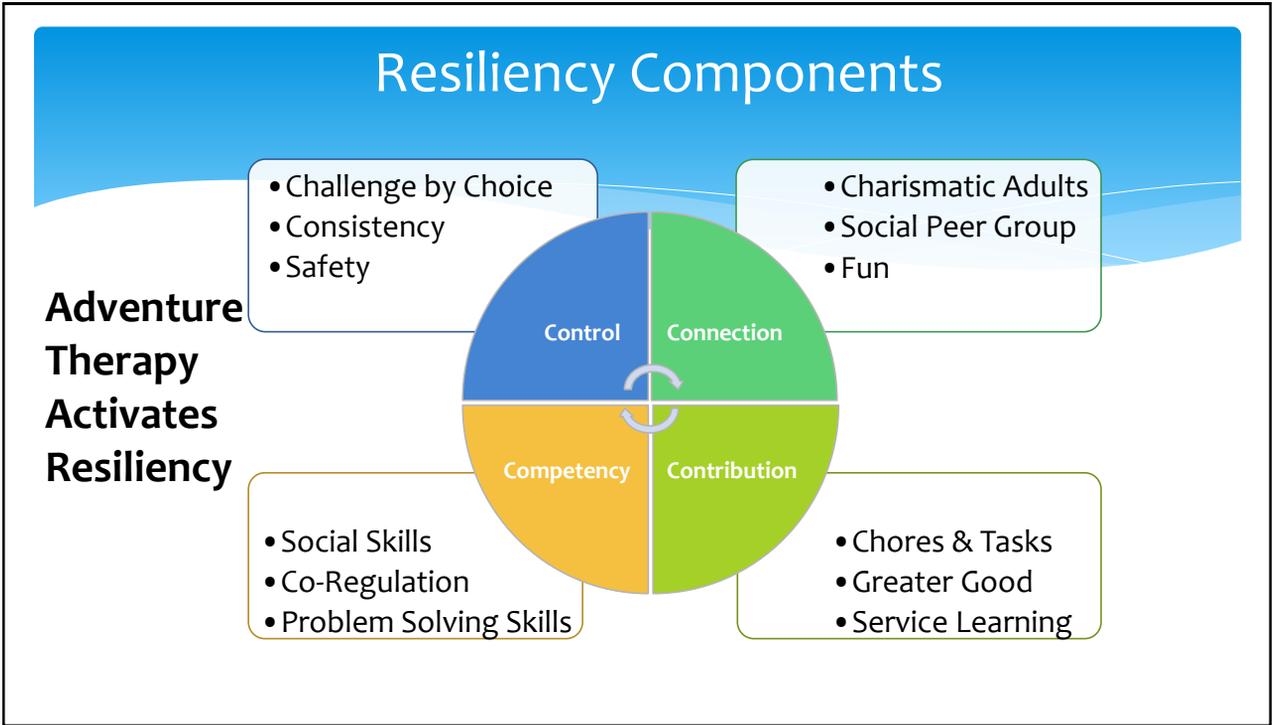
- \* Collaborations required; added 7 new partnerships
- \* Funded by the Ohio Attorney Generals Office
- \* Added 70 youth for cumulative total = 123

**OATC expansion: March – October 2018**

- \* Added 6 additional partnerships, 14 total
- \* Second round of funding by the Attorney Generals Office
- \* Currently have 324 data subjects

## Trauma-Informed Adventure Therapy: ARC Trauma Treatment Framework



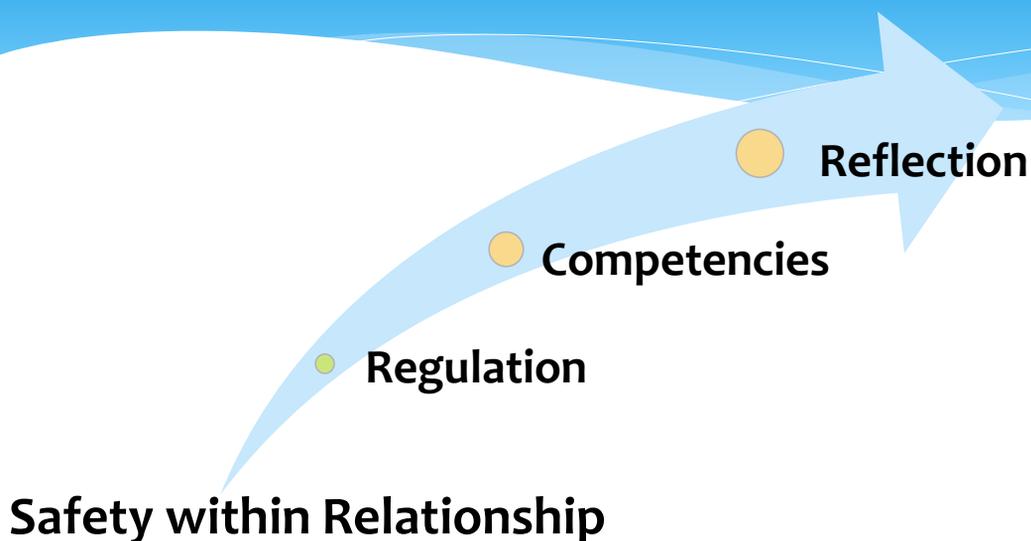


## Align Interventions with Brain Structure and Function

1. Provide SAFETY
2. Increase REGULATION
3. Connection BEFORE correction
4. Access to the Cortex!



## Adventure Therapy Sequencing



## Who doesn't need a little FUN!!

- Fun is critical, and often missing, for youth in services
- Fun is the "antidote" to apathy, particularly with adolescents
- Fun can be a catalyst/motivator for therapy
- Fun may be a primary reason why adventure therapy works so well with adolescents

## OATC Implementation - Training

### Adventure Therapy Immersion

- \* 3-day Workshop
- \* Required for clinicians and facilitators to launch programming

### Adventure Therapy Overview

- \* Half day introduction to the model and application
- \* For administrators, potential referral sources, supervisors, funders, anyone interested

### Adventure Therapy Boosters

- \* One day workshops
- \* Additional curriculum
- \* Special Topics: CCMEP, Early Childhood, Family Preservation

## OATC Sustainability

### Implementation Science

- \* Onsite **Readiness Assessment** and Planning
- \* Establish **culture of data collection** & research participation
- \* Weekly **consultation webinars** to support providers
- \* Monthly **administrative calls** to address barriers
- \* **Technical assistance** to adapt curriculum, address challenges, flex the program to capture revenues

## Family First Prevention Services Act (FFPSA)

- \* FFPSA is the new foster care prevention funding
- \* Prevention services to help children stay safely at home instead of entering foster care
- \* Restrictions based on levels of evidence, but waived in part until FY2024
- \* OATC & the Center for Innovative Practices are partnering to design a curriculum-based AT program for family stabilization in the home

## IHBT Adaptation Level 3: IHBT Family Stabilization

- \* Child Welfare Population: Behavioral Health and Trauma
  - \* Family preservation, Foster care & Kinship support and stabilization
  - \* Increase IHBT statewideness, target rural areas
- \* Address workforce crisis
  - \* Utilize BA/MA unlicensed staff & Peer providers
  - \* Requires additional training, supervision, utilization of manualized resources
- \* Implement **Family Adventure curriculum** for experiential engagement, skill building and resiliency promotion

# OATC Flexibility: Pandemic Response



CENTER FOR INNOVATIVE PRACTICES

## Virtual Family Adventure Therapy

A 12 Session Series for Family Stabilization

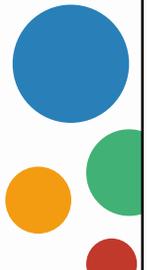
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Begun Center for Violence  
Prevention Research and Education



# Session Plan Components

Background Information



Gathering Activity & Check-in



Review, Toolkit, & Theme



We learn by doing  
because  
we do by learning.  
~ Saji Ijiyemi



Mindfulness



Experiential Activities



Challenge-To-Go

35

# Background Information



**Therapeutic Connection**

The therapeutic alliance helps with factors that influence change and address treatment issues.



**Family Agreements**

Lays a foundation from the beginning of norms around safety and respect.



**Mindfulness**

Enhances the ability to self-regulate, attend to emotion, ground & cope.



**Family Facilitation**

Rules, guidelines, safety, space, and time considerations.

36

Virtual Adventure Therapy for Families Curriculum – Life Adventures For All  
Family Series 1 - Session: 1 - Theme: Family Agreements

**Session Outline**

Time	Activity	Supplies	Therapeutic Focus
10-15 min	<b>Gathering</b> Family Tool Kit	Surveys Envelope Markers	Engage family in treatment Assess starting point, strengths, interests Encourage creativity
5-10 min	<b>Review</b> Family Strengths Check In	Paper Scissors Pen/pencils	Improve communication and relationships skills by sharing thoughts, problems, and feelings.
5-10 min	<b>Theme</b> Five Finger Family Contract (Full Value Contract)	None	Create expectations of participation & learning Engage family to identify values
5-10 min	<b>Family Challenge</b> Full Value ESP	None	Enact desired skill set Process observations to notice patterns
10-15 min	<b>Family Skill Practice</b> Moon Ball	4-5 Socks	Rehearse & reinforce skills Process observations to notice patterns
5-10 min	<b>Mindfulness</b> SIFT	SIFT handout	Introduce/increase mindfulness practice Mental muscle building
5-10 min	<b>Challenge to Go</b>	CTG Handout	Applying today's skill in the family this week

Page 2

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# Session Outline

- Time frames
- Activities
- Supplies
- Therapeutic focus

# Activities

**Description**  
Quick overview of activity and therapeutic purpose

**Time**  
Typical range of time to complete the activity

**Supplies**  
Based on common supplies available in homes

**Procedures**  
Specific directions to facilitate; suggested observations & processing prompts

**Activity Source**  
References and resources

## Guiding the Learning

**Identify**  
Notice thoughts, behaviors, or emotional responses

**Observation**  
Watch to reinforce skills, positive behaviors, healthy choices, trends

**Experiment**  
Opportunity for healthier responses

**Enhance**  
Build strengths and shore up gaps for progress toward goals

**Fun**  
Play is the glue for the learning

**Challenge**  
Match the level for optimum learning

39

## OATC Sustainability: New members welcome!

- \* In order to join you need to sign an MOU agreeing to **research** participation, etc.....
- \* **Implementation Science:**
  - \* Onsite Readiness Assessment and Planning
  - \* 3-Day Immersion Workshop
  - \* AT program implementation and concurrent data collection
  - \* Weekly Consultation Calls
  - \* Monthly Administrative Calls
  - \* Booster Workshops

## Next Steps for Interested Parties:

- \* You can join OATC's listserv to stay informed about our progress
- \* You can purchase training events or spaces at other trainings.
- \* Interested agencies or counties should contact us to discuss your needs and ideas!

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## THANKS FOR LISTENING!



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