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
Sustainable, effective programs!

**OATC: Ohio Adventure Therapy Coalition**

- Evidence-supported, trauma-informed, experiential treatment
- Culture that embeds data collection and research in the programming

**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 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

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.
* 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

* 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
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.

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
Wood County Adventure Therapy
Youth Outcomes Questionnaire (Y-OQ)
Youth Self Report Total Scores over Time

Intake (N = 52)
90 Days (N = 25)
180 Days (N = 12)

Clinical Cut Off
46 points

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.
Wood County Adventure Therapy Project
Y-OQ Youth Self Report Subscale Scores over Time

- Intrapersonal Distress
- Somatic
- Interpersonal Relations
- Social Problems
- Behavior Disorders
- Critical Items

Intake (N = 52)  90 Days (N = 23)  180 Days (N = 12)

Wood County Adventure Therapy
Parent/Guardian Y-OQ Total Scores over Time

Clinical Cut Off 47 points

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Wood County Adventure Therapy
Parent/Guardian Y-OQ Subscale Scores over Time

- **Intrapersonal Distress**
- **Somatic**
- **Interpersonal Relations**
- **Social Problems**
- **Behavior Disorders**
- **Critical Items**

- Intake (N = 53)
- 90 Days (N = 10)

**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

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

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

- Attachment
  - Safety
  - Relationship

- Regulation
  - Multi-sensory
  - Interactive

- Competency
  - Skill Building
  - Rehearsal
Resiliency Components

Adventure Therapy Activates Resiliency

- Challenge by Choice
- Consistency
- Safety
- Charismatic Adults
- Social Peer Group
- Fun
- Social Skills
- Co-Regulation
- Problem Solving Skills
- Chores & Tasks
- Greater Good
- Service Learning

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

- Reflection
- Competencies
- Regulation

Safety within Relationship

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

Virtual Family Adventure Therapy
A 12 Session Series for Family Stabilization

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Session Plan Components

- **Background Information**
- **Gathering Activity & Check-in**
- **Review, Toolkit, & Theme**
- **Mindfulness**
- **Experiential Activities**
- **Challenge-To-Go**

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

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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.
Session Outline

- **Time frames**
- **Activities**
- **Supplies**
- **Therapeutic focus**

### Virtual Adventure Therapy for Families Curriculum – Life Adventures For All

**Family Series 1 - Session: 1 - Theme: Family Agreements**

#### Session Outline

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Supplies</th>
<th>Therapeutic Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 min</td>
<td>Gathering Family Tool Kit</td>
<td>Markers, Envelopes</td>
<td>Engage family in art project to assess starting points, strengths, interests; encourage creativity</td>
</tr>
<tr>
<td>5 min</td>
<td>Review Family Strengths</td>
<td>Paper, Scissors</td>
<td>Improve communication and relationships skills by sharing thoughts, problems, and feelings</td>
</tr>
<tr>
<td>5 min</td>
<td>Thera View Finger Family Contract (Full Value Contract)</td>
<td>None</td>
<td>Create expectations of participation &amp; learning; engage family to identify values</td>
</tr>
<tr>
<td>5 min</td>
<td>Family Challenge</td>
<td>None</td>
<td>Enhance skill set and process observations to notice patterns</td>
</tr>
<tr>
<td>5 min</td>
<td>Family Skill Practice</td>
<td>5-Sock, Moon ball</td>
<td>Refresh &amp; reinforce skills; process observations to notice patterns</td>
</tr>
<tr>
<td>5 min</td>
<td>Mindfulness SIT</td>
<td>SIT Handout, Introductory mindfulness practice</td>
<td>Enhance mindfulness practice; mental muscle building</td>
</tr>
<tr>
<td>5 min</td>
<td>Challenge to Go</td>
<td>Challenge to Go Handout</td>
<td>Applying today’s skill in the family this week</td>
</tr>
</tbody>
</table>

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**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

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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

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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

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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!

References

References


THANKS FOR LISTENING!

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